State of Maryland / Department of Health and Mental Hygiene 7

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth . 1997 Month **Physician** KEYSER June 14, 12:20 P.M. Faye Alverta /Medical 4a. Feclity Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 8937 Indian Springs Road Frederick Frederick 7. Age (In yrs. lest birthdey) If Under 1 Year | if Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) 5. Social Security Number Birthplece (State or Foreign Country) **Funeral** 1□M 200 F Deys Yrs. Director 216-22-8337 69 March 9, 1928 Maryland Usuel Residence of Deceden 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Wedical Examinar mant on notified at Frederick Frederick 1 ☐ Yes 2 No Director Maryland 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 8937 Indian Springs Road 21702 U.S.A. Funeral Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S Armed Forces? 14. Rece - American Indien, Bleck, White, etc. 1 ☐ Yes 2X No If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried 1 ☐ Yes 2 ☐ No Specify: White Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed Decedent's Usuel Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Polisher Optical Company permit. Peges 1 and 2 should be file.
Department of Health and Mental Hy
Important: if Item 27 is merked other
any Injury or other trauments 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Goldie P. Baugher James Lincoln Schultz 19e. informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Betsy Kidd/Daughter 9983 Harvest Drive, Frederick, Md. 21702 20e. Method of Disposition 20b. Plece of Disposition (Name of 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) Brookhill Methodist Cem. June 18, 1997 Yellow Springs, Maryland 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility M00021 Keeney & Basford Funeral Home 106 East Church St., Frederick, Md. 21701 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or hear failure. List only one cause of each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediete Cause (Finel diseese or condition resulting in death) Examiner Due to (or as a consequence of) Examiner buriel-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medical the Due to (or es e consequence of): esn ŏ Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? signed by 1 Yes 2 XNo 3 Probably 4 Unknown þ 24e. Wes an eutopsy performed? 24b. Were autopsy findings evellable prior to completion of cause of deeth? Completed cate has 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: Within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, g Be 25. Wes case referred to medical 28. Place of Deeth (Check only one) examiner? Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Inpatient 2 ER/Outpetient 3 DOA 27. Manner of Deeth 28e. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury et Work? 120 eturei 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 Homicide 29e. Certifier 1 Certifying Phyeician: To the best of my knowledge, death occurred et the time, date end place, end due to the ceuse(s) end manner as stated Medicai **20Medical Examiner:** On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated. 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D35164 June 14, 1997 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Andrew Zarick, Jr., M.D., 1080 West Patrick Street, Frederick, Md. 21701

31. Date filed (Mapth Par. Var.) 32. Register Estatement (Mapth Par. Var.) 1080

State Registrar

the Meryland

deeth

filed within 72 hours efter thygiena.

Maryland 21215-0020

Baltimore,

The law requires that the death certificate be executed

Box 68760.

Records, P.O.

Division of Vital

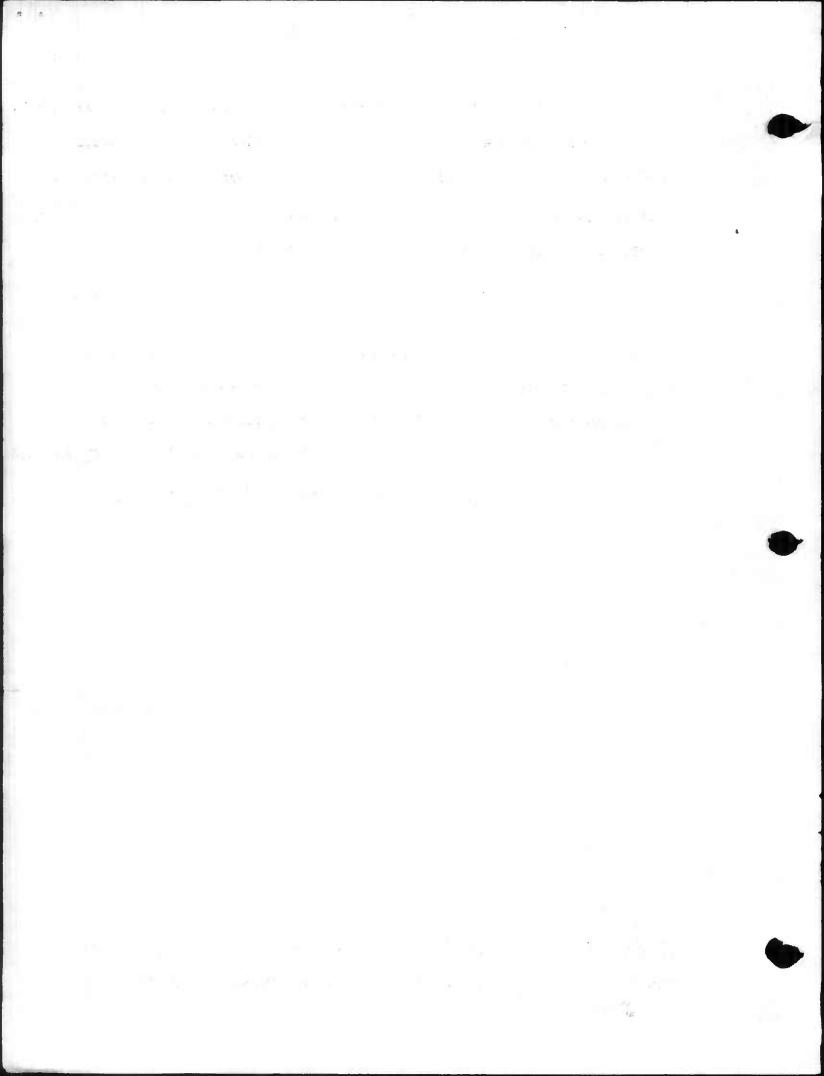
end

attending physician

the

peed

certificate

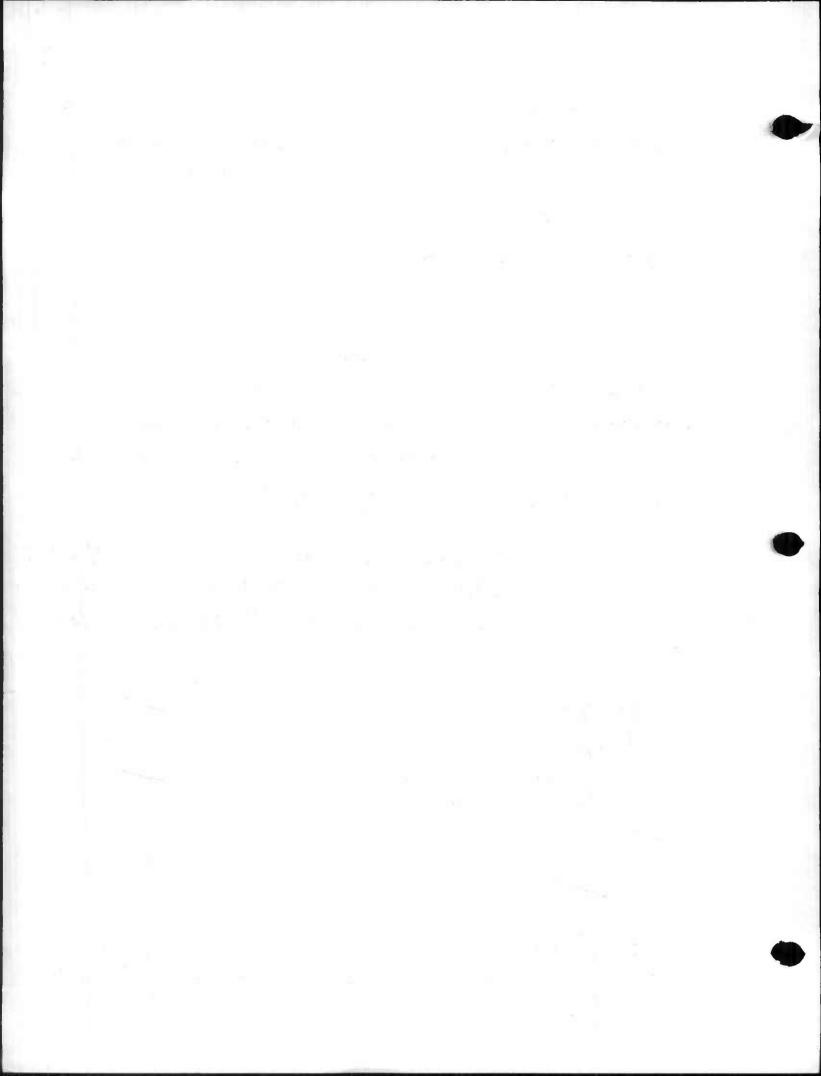


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 22002

							Ce	rtificate of	Death		Reg. No.	, ,	
	Physic		Decedent's Name (First, Mi  ANNIE		•	·				2. Date of D	Dou	Year	3. Tima of Death 3:30 pm
	/Medi Exami		4a. Facility Name (If not institu	tion, give	street end numb	er)			4b. City, Town, o	Location of Dea	th 4c. Coun	ty of Death	
7			ANNE ARUNDEL	MED:	ICAL CEN	TER			ANNAPOLI	S	ANNE	ARUNI	DEL
	Funeral Director		5. Social Security Number 218-14-3725		9x 7. □ M 2 1 F	Age (In yrs.	last birthday Yrs.	Months Days		. (Month, D	irth ey, Yeer) 29 1919	9. Birth Cou MARYI	ptace (Stete or Foreign ntry) LAND
	pue *-		Usual Residence of Decedent 10a. State 10b. Cou			10c. Cit	y, Town or L	ocation			=		10d. insida City Limits
	Maryl f sho	ō	MARYLAND ANNE	ARU	NDEL		APOLIS						1X Yas 2 No
	288.	rec	10e. Street and Number					10f. Zip Code			10g. Citizen of	What Cou	ntry?
	3a or		29 W. WASHINGTON STREET APT. 209 21401					)]			US		
	ems 2	Funeral Director	11. Marital Status	31011	12. Was Decede Armed Force	ent Ever in U.			Hispanic Origin? ( ban, Mexican, Pue	Specify Yes or N	o- 14. Ra	ice - Amari	
020	72 hours efter death with the Marylend natural', or Itema 23a or 28e-f show dical Examiner must be noulled at	by	1 Never Married 2 N 3 XWidowed 4 Divor		1 ☐ Yes 2 If Yes, Give Year or Date	No No		1□ Yas 2 No		,	Spec	*	ACK
21215-0020	- 1	Completed	15. Dece (Specify only hig	hest gre	de completed)	o. F \	16e. Dece (Give life.	dent's Usual Occu kind of work done DO NOT use retin	ipation e during most of wi ed)	orking	16b. Kind of	Business/In	dustry
21	filed within Hygiene. ther than "	mo:	Elementery/Secondary (0-12)					DOMESTIC			OUT SID	E THE	HOME
	should be filed within and Mental Hygiene. merked other than imatic event, the M	Be	17. Father's Name (First, Midd	lla, Last)					18. Mother's Na	ame (First, Middle			
Na Na	Mental Mental Merked o	To	WILLIAM C	HASE	SR.				MA	RY E. HA	ALL		
Maryland	2 sho end is me		19a. Informant's Name/Relationship (Type, Print)  CAROLYN CHASE (DAUGHTER)  19b. Mailing Address (Street end Number or Rurel Route Number, City or To									n, Stete, Zij	Code)
Baltimore, 1	ages 1 nt of He if them or oth		CAROLYN CHASE  20a. Method of Disposition  1X Burial 2 Cramatic 4 Donation 5 Other	Removal from Sta	ote C	lace of Disp emetery, cre	TOLL GAT osition (Neme of matory or other plants MEM. GA	ece)	Date 7/11/97	20c. Location		own, State	
Baltil	permit. Pa Departmen Important: any injury strice.		21. Signature of Funeral Serv				2	2. Name and Addi		1		_	
n	4. P.E.		23a. Part1. Enter the disease shock, or heart failure. I	or comp	plications that ceu	sed the death	n. Do not an	21 WEST Star tha moda of dy	ST - ANNAF ring, such as cardi	OLIS, MI	D. 2140: arrest,		Approximate Interval Between
	Physician /Medical Examiner		immediate Cause (Final disease or condition resulting in death)		. Se	705î	1 -	sTa	ph				Onset and Death 4 days
	D ::	iner	, ,	_	C	Due to (o	ras a conse	quence of):	1 fa	, lure		 	2 most
Box 68760,	death certificete be executed e ettending physician end of for use es the buriel-transit	Physician/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants resulting in death) Last	$\left\{ \right.$	c	ong	r as a conse r as a conse	Tive	Hear	T fo	alire	-	Yrs
B	death cer ettendir	clai	Port II Other clanificant cond	lielana a		h h.u. a a t.u.a.u	ulaine in the c	andred in a new and	i no in Don't	ook Die	I tahanan was a	andelbude d	to the cause of death
, P.O.	es thet the de igned by the be deteched	by Phys	Part II. Other algnificant cond	00	M)	n but not rest	nung in the t	andanying ceuse g	iven in Part i.		Yes 212 No		obably 4 Unknow
Records,	been s	Completed b	Hyp	er	Tens	on					s an autopsy formed?	a\ cc	Vere eutopsy findings vallabla prior to omplation of causa i death?
l Re	The ete h page	Com	Men	hvo	Tec:	SYN	droi	me		1 🗆	Yes 2		□Yes 2□No
Vital	Physician: The this certificate ral director, pag	Be (	25. Was case referred to mud examiner?	ical					26. Place of D	eath (Check only	one)		
of	Physic this co	၉	1 Yes 2 III No				ER/Outpatie	nt 3LI DOA		Home 5□Res			(b)
Division o	Attending P r death. actor: After t by the funera	27. Manner of Death 1								how injury occ	urred		
Divi	al or Attends setter deat	Sertifi		emined	286. Place of	Injury - At ho etc. (Specify	ome, farm, st	reet, factory, office		28f. Location City or To	(Street end Nun own, Stete)	n <i>ber</i> or Rur	ral Route Number,
	To the Hospital or Attending Physician: within 24 hours effer death.  To the Funeral Director: Affer this certific completely filled in by the funeral director,	edicai	29a. Certifier 1 Certification (Check only one)	ying Phy al Exam	rsicien: To the besiner: On the besiner and manner	s of examinat	wledge, deat ion and/or Ir	th occurred at the livestigetion, in my	time, date and plac opinion, death occ	ce, and due to the curred at the time	e cause(s) and r , date and place	manner as : a, and due !	stated. to the ceuse(s)
	With Tot	Σ	29b. Signature and title of cen	fiar	Finer	1		29c. Licer	7965	_	29d. Date sign	red (Month,	Day, Year)
			30. Name and address of pers	on who	completed cause of	of death (Item	23a) (Type	Print)	1.1.	n	1	10	/

State Registrar



State of Maryland / Department of Health and Mental Hygiene 7

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Month **Physician** 0828a.M Althea Mae King 3 1997 July /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Peninsula Regional Medical Center Salisbu Salisbury Wicomico Birthplace (State or Foreign Country) 8. Date of Birth (Month, Dey, Yeer) **Funeral** 1 M 2 F Months Deys Yrs. Director 214-70-5358 39 Sept.4 1957 Maryland Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits must be notified at 1 ☐ Yes 2 No Director Maryland Wicomico Salisbury 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? death with Funeral 624 Wellington Circle 21801 U.S.A Items 2 12. Wes Decadent Ever in U,S. Armed Forces?
1 ☐ Yes 2 No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Raca - American Indian, Bleck, White, etc. traumatic event, the Medical Examiner filed within 72 hours efter 1 Never Married 2 Married 21215-0020 5 1□ Yes 2 No þ Specify: Specify: 3 Widowed 4 Divorced "natural" **Black** Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) I Hygiane. Elementary/Secondery (0-12) College (1-4or 5+) permit. Pages 1 end 2 should be filed w Department of Health and Mentel Hygian Important: If item 27 Is marked other th, any Injury or other traumatic event, the once. 12 Domestic None Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Ollie King Hazel Bryson 19e. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 29827 Polks Rd. Princess Anne, Md. 21853 Sylvia Phillips (Sister) 20a. Method of Disposition

1. 3uriel 2 □ Cremation 3 □ Removel from State 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete Israels Mem. Cemetery 7-7-97 Princess Anne, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility 21. Signeture of Funerel Service Licenses Stewart Funeral Home B. Stewart 821 West Rd.Salisbury, Md.21801 40 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heer feilule. List only one cause on each line. Approximata Intervel Between Onset end Death Physician /Medical Immediate Ceuse (Finel diseese or condition resulting in deeth) Respiratory Arrest 5 minutes **Examiner** Due to (or es e consequence of) Physician/Medical Examiner Acute episode, asthma 8 hours The law requires that the death certificate be executed the bunal-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequenca of): P.O. Box 68760, physician Pulmonary hypertension years Due to (or as e consequenca of) USB BS Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Sarcoidosis Division of Vital Records, þ 8 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? director, pege 2 should Completed 24a. Wes en eutopsy performed? 2 No this certificate 1 ☐ Yes 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Wes case referred to medical 26. Piece of Death (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 2 No To the Hospital or Attending Phy within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral of 27. Manner of Death 28e. Date of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred 1 Naturel 5 Pending Investigation Injury 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homicide 1 Certifying Phyelclan: To the best of my knowledge, deeth occurred et the time, date end place, end due to the cause(s) end manner es steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, dete end place, end due to the ceuse(s) end manner stated. 29a. Certifier Medical (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dev. Year) AW mlay CKD 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) 21802-2018 p.o.box 2018, salisbury, Maryland 31. Date filed (Month, Day, Year) 32. Registrer's Signeture

iki Dewelen Rardall

**DHMH 16 Rev 6/95** 

State

JUL 071997

Registrar

white to be all the

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Date of Deeth **Physician** Month 1830 KELLY July /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner SALISBURY WICOMICO PENINSULA REGIONAL MEDICAL CENTER If Undar 1 Yaar if Undar 24 Hrs. 8. Data of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthpieca (Stete or Foreign Country) **Funeral** Days 1 □ M 2 1 F 216-16-7159 Director 72 November 16,1924 Mary land Usuai Residenca of Decedent Pegas 1 and 2 should be filed within 72 hours after death with the Maryland nent of Haalth and Mentel Hygiane. Int: If Item 27 is marked other than "naturel", or Items 23s or 28s-f show 10a. State 10c. City, Town or Location 10b. County 10d. Inside City Limits "naturel", or items 23a or 28a-f ehow edical Examiner must be notified at Director 1 Yas ZX No Maryland Wicomico Salisbury 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1710 S. Kaywood Drive USA Funeral 21804 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck White etc. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yas 2 ☑ No Specify: by Specify: White 3 Widowed 4 □ Divorced permit. Pegas 1 and 2 should be filed within 72 hc Dapartment of Haalth and Mentel Hygiane. important: if item 27 is marked other than "natur any Injury or other traumatic event, the Medical once. Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 6 Homemaker Domestic 17. Fether's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Meidan Surnema) Be Clarence Dryden Olive Frances Arvey 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Coda) Donald L. Kelly/Son 1600 S. Kaywood Dr., Salisbury, MD 21804 20b. Plece of Disposition (Neme of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete Date 1 X Buriai 2 ☐ Cremetion 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) 7/7/97 Salisbury, MD Parsons Cemetery 21. Signature of Funeral Service License 22. Name and Address of Fecility Holloway Funeral Home Enter the disease, or complications that exceed the death. Do not enter the mode of dylng, such as cardiac or respiratory errest, or heart feilure. List only one cause on each light. 501 Snow Hill Rd., Salisbury, MD 21804 Onsat end Death **Physician** lemply seng /Medicai immediete Ceuse (Finel 412/3 disease or condition resulting in deeth) Examiner Examiner sician end buriel-trensit The law requires that the death cartificate be executed Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events rasulting in death) Lest Due to (or es e consequence of) physician s tha buriel P.O. Box 68760, Physician/Medical Dua to (or es e consequence of) Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, Completed by 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physicien: within 24 hours efter death.

To the Funerel Director: After this cartifica complately filled in by the funeral director, t Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) P 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Death 28e. Date of injury (Month, Dey Year) 28b. Time of Certification: 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending invastigation 1 Neturel 1 Yes 2 No 2 Accident 3 Suicide 6 ☐ Could not be determined 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, end due to the ceuse(s) end menner es stated.
2 Medical Examíner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and menner steted. Medicai 29a. Certifier 29c Licanse number 3/5/6 29b. Signeture and title of certifier 29d. Dete signad (Month, Day, Year)

frm. 106 Milford St. Salishung Md.

State Registrar

**DHMH 16 Rev 6/95** 

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

JUL 07 1997

signahus 31. Date filed (Month, Day, Year) 13, Natho

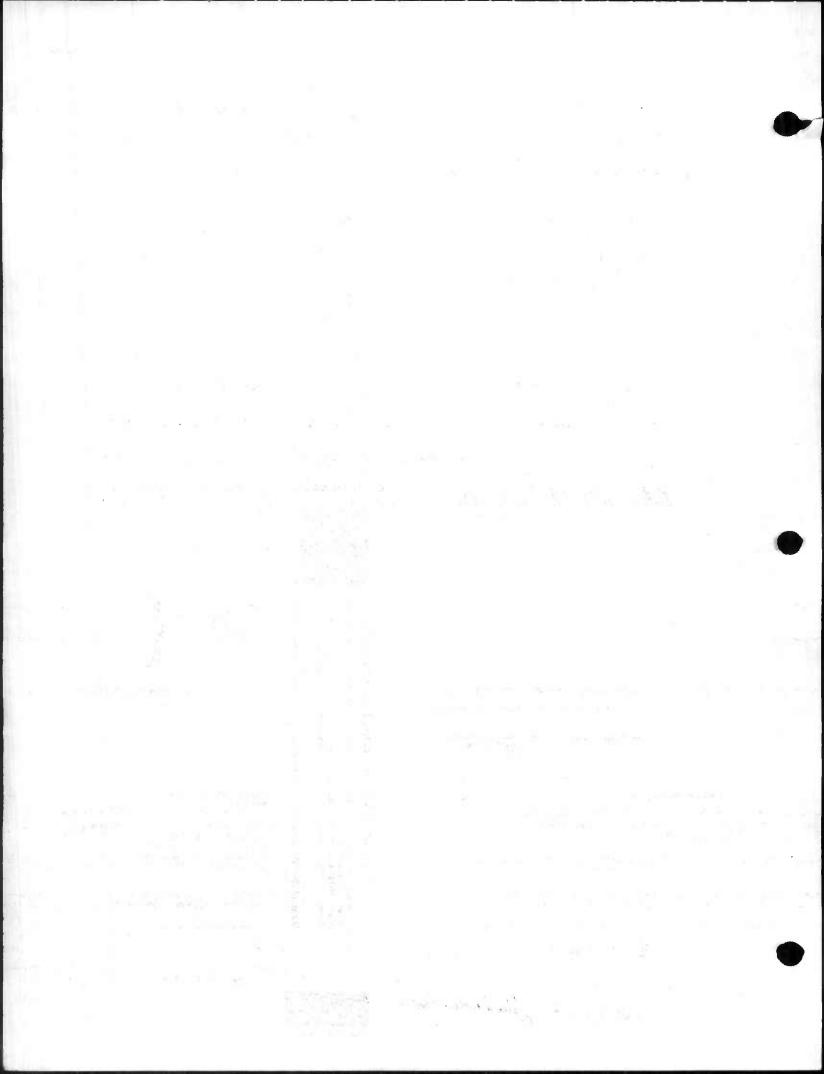
32. Registrer's Signature

9 44 40

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 2 0 0 5 State of Maryland / Department of Health and Mental Hygiene

						Cei	rtificate of	Death		Re	g. No.			
			1. Decedent's Neme (First, Middle,	Last)						2. Dete of Deeth	)	Vaca	3. Time of D	eath
	Physic /Medi		Laura Lea	Kidd						July 9,	1997	Yeer	2:50	am
	Exami		4a. Fecility Name (If not institution,		11.51					ocation of Death	4c. County			
	<u> </u>		1758 Traver				W11-4-4 V	Cam			1		hester	
	Funeral Director		015-34-6458	6. Sex 1 □ M 2 A F	7. Age (In yrs. lest i	Yrs.	If Under 1 Yea Months Days	The second second second	Min.	8. Dete of Birth (Month, Dey, Aug. 30	, 1945	9. Birthr	place (Stete or Fintry) ew Yor	Foreign k
	is 1 and 2 should be filed within 72 hours efter death with the Maryland of Health and Mental Hygiene. Item 27 is marked other than "natural", or ferms 23a or 28s-f show other traumatic event, the Medical Exertines must be notified at	tor	Usuel Residence of Decedent  10e. State 10b. County  Maryland Dor	chester	10c. City, To		mbridg	2				1	10d. Inside City	9
	the 28s	9	10e. Street end Number	CHODECL			10f. Zip Code			10	g. Citizen of W	/het Cour	ntry?	
	th with	a D	1758 Traver	s Wharf	Rd.		21	613			7	S.A	•	
	dea	ner	11. Marital Status	12. Wes Deci	edent Ever in U,S.	13.	Was Decedent of If Yes, specify Cu	Hispanic Ori	igin? (Sp	ecify Yes or No-			cen Indien,	
21215-0020	ours efter death with the Marylan el, or frems 23e or 28e-f show Exeminer must be rictined at	by Funeral Director	1 ☐ Never Married 2 ☑ Marrie 3 ☐ Widowed 4 ☐ Divorcad	d 1 Tes If Yes, Giv Yeer or D	2 🔯 No /e		1 ☐ Yes 2X No			rican, etc.)	Specify:		hite	
5-0	72 ho	Completed	15. Decedent's (Specify only highest	Education	16	ie. Deced	dent's Usual Occi	petion	t of word	rina 1	6b. Kind of Bu			
21	thin e.	npie	Elementery/Secondary (0-12)	College (1	-4or 5+)	life.	kind of work done DO NOT use retir	ed)	t or work	arig				
	ed w	5	12	0	2		Nurs	_					Care	
pul	d oth	Be	17. Fether's Neme (First, Middle, La							e (First, Middle, M		B)		
yla	Men Men arka	10	Robert F. B	arker						abeth L				
Maryland	2 sho end Is m		19a. Informent's Name/Relationshi							rei Route Number,				13
	os 1 end of Health item 27 other to		James S.L. Ki	dd, Jr.				vers	Wha					
Baltimore,			20a. Method of Disposition  1 ☐ Burial 2 ☒ Cremetion 3  4 ☐ Donetion 5 ☐ Other (Spe	B □Removal from	Stete cemer	tery, cren	sition (Name of netory or other pl ge Crem		,	Date 2	Oc. Location - Camb		own, State ge, MD	,
alti	permit. Page Department of Important: If any Injury or once.		21. Signature of Funeral/Selfrica Li	A	Came	22	. Name end Add	ess of Fecilit	ly					
ä	Departimbol		HONODO A HAT VERD	11. Kgn	VIIIII					Funera.				
			234 Party. Enter the disease, or c	omplications that c	aused the death. Do	o not ent	08 High	St.	cardiac	ambridge	e, MD	216		
	Physician	6 1	234 Party Enter the tisease, or c abeck, or heart fatture. List or	nly one cause on e	ach line.				ou. did	or roop, along ano	J.,		Approximete Interval Betwe Onset end De	en eth
)	/Medical		Immediate Cause (Final		Netasta	-6	0.	1 -	-1	Cane	-		3 Mo	ath
	Examiner		diseese or condition resulting in death)	θ				aen	aI	Carra	20		21110	aur.
		ē			Due to (or as	a conseq	(uence of):					i		
	cuted	Examiner	Sequentially list conditions	b	Due to (or es	conseq	uenca of):					1		
o,	an ar inial-t		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events				10011011 01/					1		
68760,	ite be iysici	cal	Ceuse (Disease or Injury that initieted events resulting In deeth) Lest	C	Due to (or es e	conseq	uenca of):							
×	eath certificate be executed attending physician and for use as the bunal-transit	Medical	resulting in deathy Lest	<b>d</b>								i		
Bo	death of attended for us	Physician										1		
o.	0 0	ysi	Pert II. Other significant condition	contributing to de	eth but not resulting	In the ur	nderlying cause g	iven in Pert I		23b. Did tob		tribute to	o the cause of	death?
, P.O	as thet the	by Ph								1 □ Ye	2 2 No	3 Pro	bably 4 □ Ur	nknown
Vital Records,	law requiras thet the les been signed by the 3 2 should be detache	Completed b								24a. Wes en		ev	ere eutopsy find eileble prior to empletion of cau	
Rec	0 - 2	d L										of	death?	
a	ician: The li certificate he rector, page									1 ☐ Yes	2 No	1[	☐Yes 2 No	0
₹	Physician: this certific ral director,	o Be	25. Wes case referred to medical examiner?	Hospital:			0	her.		h (Check only one				
o	Phys this ral di	<del> </del>	1 ☐ Yes 2 No  27. Manner of Death	28e. Date o	npatient 2 ER/C	Outpatien  Time of	t 3LI DOA	4LI NU	rsing Ho	ome 5 Resider			у)	
	B 6 6	to	1 Netural 5 ☐ Pending	(Mont	h, Dey Year)	Injury	28c. Inju	ork? ]Yes 2∐I	No	28d. Describe how	v injury occurre	Ю		
S	death death ctor: y the	2 Accident investigation M 1 Yes 2 No 3 Suicide 6 Could not be determined elements. Suicide 1 Suicide 28e. Placa of Injury - At home, ferm, street, factory, office 28f								28f Location /Str	not and Numbe	or or Pur	al Pouto Numbe	
Division	or Attandir efter death. Director: Af d in by the fu	Certification:	4 ☐ Hornicide determin	ed buildir	ng, etc. (Specify)	ieiii, sire	set, ractory, onice			28f. Location (Str. City or Town,		7 OF PIUTA	Il Moute Numbe	N,
	ours ours ours filled		29a, Certifier 12 Certifying	Physician: To the	best of my knowledg	no dooth	coourred at the t	ima data an	d alaga	and due to the sour	una/a\ and mad		And and	
	To the Hospital or A within 24 hours effer To the Funeral Direct Completely filled in b	edicai	(Check only 2 Medical Ex	aminer: On the ba	sis of examinetion e	nd/or Inv	estigetion, in my	opinion, deal	th occur	red et the time, da	te end place, e	nd due to	the ceuse(s)	
	To the sound	M	29b. Signeture end title of certifier	. (	) .		29c. Licen	se number		29	d. Date signed	(Month,	Day, Year)	
	\		> William	n r	Sola		D	432	38		7/9	190	1	
	24		30. Name and address of person with	recompleted cause	of deeth (Item 22a)	(Tune I	Print)	0-2			, , (	1 1		
			Willram	Sair	19 8	ran	klon	St.	0	cembric	dge,	ma	216	13
	Sta Registr		31. Date filed (Month, Day, Yeer)  JUL 1 1 19	97 July	egiarar's Signatur	rdall					4			

DHMH 16 Rev 6/95



ted by Funeral Director	HANNAH LUCRE  4a. Facility Name (If not Institution, 13412 UPPER  5. Social Security Number 213 09 9881  Usual Residence of Decedent 10a. State 10b. County  MARYLAND ALLEGA 10e. Street and Number 13412 UPPER G  11. Marital Status 1 Never Married 2 Married	GEORGES CRE 6. Sex 1 M 2 XF 10	EK ROAD ge (In yrs. last bi	Yrs. If Under Months		b. City, Town, or Locat FROSTBUI	RG	4c. County of De	8:00 A.M.		
by Funeral Director	13412 UPPER  5. Social Security Number 213 09 9881  Usual Residence of Decedent 10a. State 10b. County  MARYLAND ALLEGA 10e. Street and Number 13412 UPPER G  11. Marital Status	GEORGES CRE 6. Sex 1 M 2 X 10	EEK ROAD ge (In yrs. last bi	Yrs. If Under Months	r 1 Year	FROSTBUI	RG	ALLEGA	NY		
by Funeral	5. Social Security Number 213 09 9881 Usual Residence of Decedent 10a. State 10b. County  MARYLAND ALLEGA 10e. Street and Number 13412 UPPER G 11. Marital Status	6. Sex 7. As	ge (In yrs. last bi	Yrs. If Under Months		If Under 24 Hrs. 8. Hours Min.					
by Funeral	Usual Residence of Decedent  10a. State 10b. County  MARYLAND ALLEGA  10e. Street and Number  13412 UPPER G  11. Marital Status	¹□M ŽŽF 10	0	Yrs. Months		Hours Min.	1 Year If Under 24 Hrs. 8. Date of Birth 9. Birtholece (State or Foreign				
by Funeral	10a. State 10b. County  MARYLAND ALLEGA 10e. Street and Number  13412 UPPER G  11. Marital Status	NY	10a. State 10b. County 10c. City, Town or Location						Birthplece (Stete or Foreign Country) RYLAND		
by Funeral	10e. Street and Number 13412 UPPER G 11. Marital Status	TA I	FDOC	vn or Location  TBURG					10d. Inside City Limits 1 ☐ Yes 2 X No		
by Funeral	11. Marital Status		FRUS	10f. Zip	Code		100	. Citizen of What	Country?		
þ	11. Marital Status	EORGES CREE	K ROAD.	SW 21	532			U.S.			
þ	1 Never Married 2 Marrie	12. Wes Decedent Armed Forces?				spenic Origin? (Specify n, Mexican, Puerto Ric	/ Yes or No-	14. Race - Ar	merican Indian,		
		ed 1 Yes 2	, No				an, etc.)	Black, W	hite, etc.		
Pe	3 X Widowed 4 ☐ Divorced	Year or Dates:		1 ☐ Yes 2	21X No	Specify:		Specify:	WHITE		
	15. Decedent's (Specify only highest	s Education	168	. Decedent's Usua	ai Occupa	ation furing most of working )	16	b. Kind of Busines	ss/Industry		
Completed	Elementary/Secondery (0-12)	College (1-4or	5+)	life. DO NOT us	se retired	)	-				
Con	8			HOUSEWIF	E			OWN HOL	ME		
Be (	17. Father's Name (First, Middle, L.	.ast)				18. Mother's Name (F	irst, Middle, Ma	iden Sumame)			
Lo	KEELEY F	OLK				MARY JA	ANE LOGS	SDON			
	19a. Informant's Name/Reletionshi			_		and Number or Aural A					
	ELAINE ANDERSON	/ DAUGHTER				EORGES CREI	EK RD, SV	N, FROSTB	URG,MD 21532		
	20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation	3 □ Removel from State	comoto	of Disposition (Nan ary, crematory or o	me <i>of</i> other place	e) [	Date 20	c. Location - City	or Town, State		
	4 Donation 5 Other (Spe			BURG MEMO	ORIA	L PARK 7/9	/97 FI	ROSTBURG	, MD 21532		
	21. Signature of Funeral Service Li	icersee		22. Name en							
	1 / Kinika	111.	NUPM			ERAL HOME,					
	23a. Part1. Enter the diseese, or c shock, or heert failure. List o	only one cause on each li	ine.						Approximete Intervel Between Onset and Deeth		
	Immediate Cause (Final disease or condition resulting in death)	e. A	Due to (or as a	consequence of):	the	Cardeo	Vosul	n Vicen	र ३० ५५		
ine		<b>-</b> b	Congos	time	He	our ta	eleu	re	2 4x		
xan	Sequentially list conditions, if any, leading to immediate		Due to (or as a	consequenca of):							
7	Cause (Disease or Injury	C									
dic	that initiated events resulting in death) Last		Due to (or as a	consequence of):							
Me		d							i.		
clan											
ysi	Part II. Other significant condition	s contributing to death b	out not resulting	in the underlying ca	ause give	en in Pert I.	23b. Did toba	1 -			
							1 Yes	20 No 3□	Probably 4 Unknow		
db							240 18/00 00	24	b. Were autopsy findings		
ete									eveilable prior to completion of cause		
료									of death?		
ပ္ပ							1 🗆 Yes	2-BINO	1 ☐ Yes 2 ☐ No		
Be	25. Was case referred to medical examiner?	Manatal			100		heck only one)				
P	1 ☐ Yes 2 ☐ No	1 LI Inpatie			70	4 Li Ivursing Home	-		pecify)		
= 1	1 Naturel 5 Pending	28a. Date of Inju (Month, De	y Year) 28b.				. Describe how	Injury occurred			
0	E LI Modidatit	ot be									
cation		ned 286. Place of Inj	ury - At home, fo c. (Specify)	, office	28f.	City or Town,	et <b>e</b> nd Num <i>ber or</i> State)	Rural Route Number,			
rtification							-				
Certification:			of my knowledge	e, death occurred a	at the time	e, dete end plece, and pinlon, death occurred a	due to the ceus	se(s) end menner and placa, end d	as steted. fue to the cause(s)		
	(Check only 2 Medical Ex	xaminer: On the basis of	f examinetion ar	avor Investigation,			nd plece, and due to the ceuse(s) end menner as steted. ath occurred et the time, date and placa, end due to the cause(s)				
edicai	(Check only 2 Medical Ex	Physician: To the best of xaminer: On the basis of and manner sto	f examinetion ar								
	(Check only 2 Medical Ex	xaminer: On the basis of	f examinetion ar	29c	c. License	number					
edicai	(Check only 2 Medical Ex	xaminer: On the basis of	f examinetion ar	29c	c. License						
edicai	(Check only 2 Medical Ex	xaminer: On the basis of and manner str	f examination arated.	(Type, Print)	. License	number	29d	I. Date signed (Mo			
	To Be Completed by Physician/Medica	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Part II. Other significant condition  Part III. Other significant condition  25. Was case referred to medical examiner?  1	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part II. Other significant conditions contributing to death by the conditions conditions contributing to death by the conditions contributing to death by the conditions conditions contributing to death by the c	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part II. Other algnificant conditions contributing to death but not resulting to death but not resulting in death)  Part II. Other algnificant conditions contributing to death but not resulting to death but not resul	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Part II. Other significant conditions contributing to death but not resulting in the underlying cause give that initiated events resulting in death) Last  Due to (or as a consequence of):  D	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a cons	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a cons	Sequentially list condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequen		

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Time of Death Physician 1997 FAYE LESEMANN 08:02a.m DEANN July /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva street and number) 4c. County of Death **Examiner** Prince Frederick

If Undar 1 Year | If Undar 24 Hrs. | 8. Date of Birth
Months | Days | Hours | Min. | (Month, Day Calvert Memorial Hospital Calvert 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foraign Country) **Funeral** 1 ☐ M 2 🕻 F 59 561-48-1369 Yes Director Dec. 25, 1937 Kansas Usual Rasidance of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Pages 1 and 2 should be filed within 72 hours efter death with the Manylan nent of Health and Mantal hygiene.
ant: If Item 27 is marked other than "naturel", or Itema 23a or 28a-f show until Item and the manual overly, the Mades Escripe manual or not intential any or other traumatic event, the Mades Escripe manual or not intential at 1 Yas 2 No Director Maryland Calvert Solomons 10e. Street and Number 10f. Zip Coda 10g, Citizan of What Country? U. S. A. 20688 14748 Patuxent Avenue Funerai 12. Was Decedant Evar in U,S. Armad Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. I ☐ Yes 2 ☐ No If Yas, Giva A Yaar or Datas: 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Spacify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Medical Industry Medical Secretary 18. Mothar's Nama (First, Middla, Maiden Sumeme) 17. Fathar's Nama (First, Middla, Last) Bertha Lee Homer Creighton 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Steta, Zip Coda) 14748 Patuxent Avenue Solomons, Maryland Donald F. Lesemann/Husband 20b. Place of Disposition (Nama of cemetary, cramatory or othar place) 20a. Method of Disposition 20c. Location - City or Town, Stata Date July pemit. Pages Department of Important: If it any injury or o to Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 Donation 5 Other (Specify) 11,1997 Ft. Myers, Virginia Arlington National Cem. 21. Signature of Juneral Service Lices 22. Nama and Addrass of Facility Lee Funeral Home Calvert, P.A. Entar the disease, occomplications that ealised the death. Do not enter the mode of dying, such as cardiac or respiretory errest, k, or heart fellure. List only one cause on each line. 20736 **Physician** /Medical Immadiata Cause (Final ED STORE CHRUNIC MYFLOGONOUS LEVEN, A 13 YEARS disaasa or condition rasulting in death) Examiner Physician/Medical Examiner Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or Injury Dua to (or as a consaguance of): Division of Vital Records, P.O. Box 68760, physician the buria thet initiated avants rasulting in daath) Last Dua to (or as a consaquence of) Part II. Other aignificant conditions contributing to death but not rasulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown PREVAUNIA ò Completed 24a. Was an eutopsy performed? 24b. Wara autopsy findings availabla prior to complation of ceusa of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificata funeral director, 25. Was cesa rafarrad to medical axeminar? Be 26. Placa of Daath (Check only ona) Hospital: 1 1 Inpatiant Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No Certification: To 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 1 Naturel 5 Panding 2 Accidant

or Attending Physicien: The lew requires that the death certificate be executed After this 24 hours after death.

Funeral Director: A Hospital

1 ☐ Yas 2 ☐ No invastigation 6 Could not ba 3 Suicida 28f. Location (Straat and Number or Rural Routa Number City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 4 Homleida 1 🖵 **Certifying Physician**: To tha bast of my knowladga, daath occurred at the time, date end place, end dua to the causa(s) and mannar as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated.

D26358

(Check only one) 29b. Signature and title of certifie

29c. Licensa number 29d. Data signed (Month, Day, Year)

30. Name and address of person who complated cause of deeth (Item 23a) (Type, Print) John H Weigel, M.D.

Prince Frederick, MD. 20678

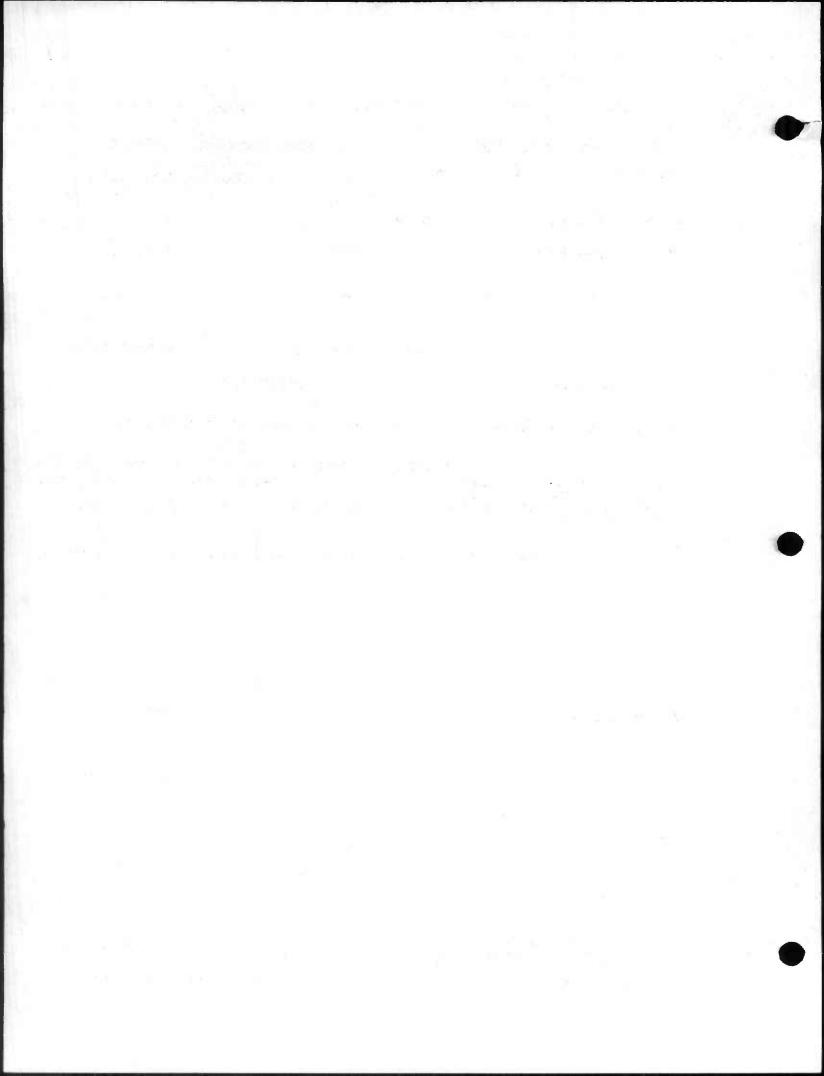
State Registrar

Medicai

29a. Cartifier

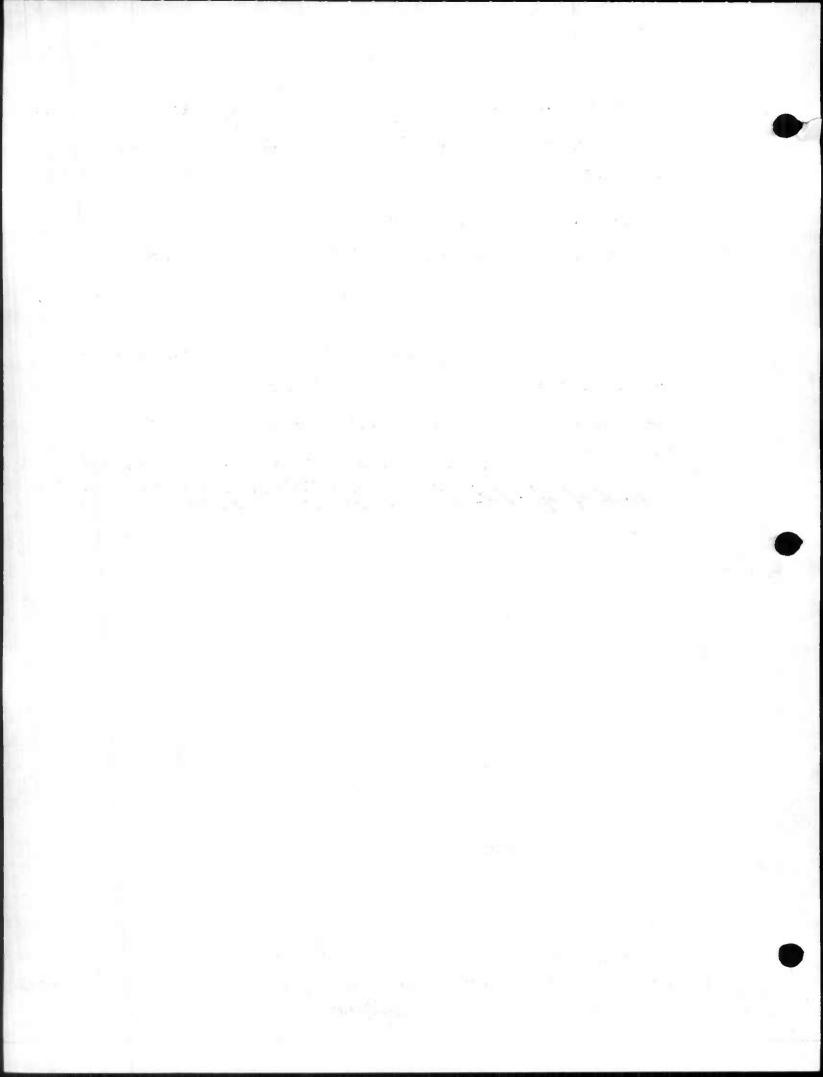
32. Registra 's Signature Randall 31. Data filad (Month, Day, Yaar) JUL 0 9 1997

within 2 To the the



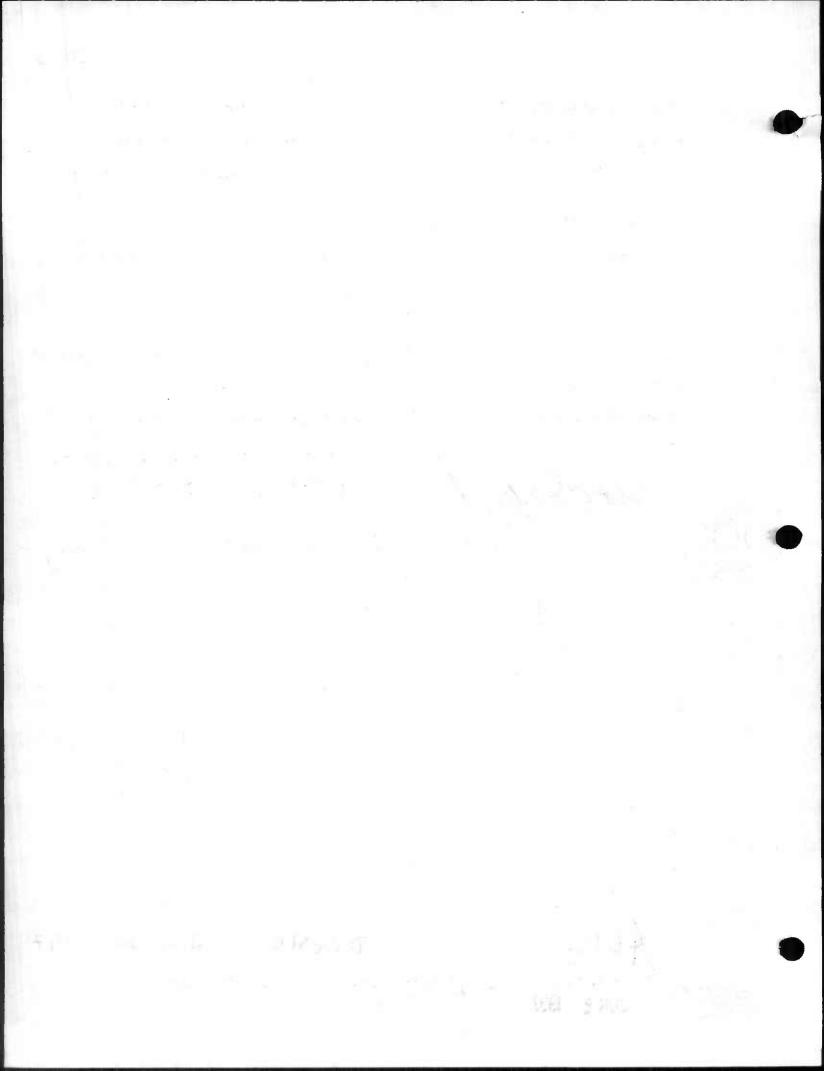
State of Maryland / Department of Health and Mental Hygiene 97 22008

					Cei	rtificate o	f Death		Reg. No.			
	Di.		1. Decedant's Name (First, Middla, La					2. Data of	Deeth	Vaca	3. Time	of Daath
	Physic /Medi		Helen Virginia	Larrimore				July 6	1997	Yaar	7:15	a.m.
	Exami		4a. Facility Name (If not institution, give	a street and number)			4b. City, To	wn, or Location of Da		nty of Death		Comme
			Pines Springs M	obile Court,	Lot #27		Cru	npton	Qu	een A	nnes	
	Funeral Director		5. Social Sacurity Number 6. S		rs. last birthday) Yrs.			Min. August		0.00	nplaca (Stata untry) W Jers	or Foraign Sey
	and w		10a. State 10b. County	10c.	City, Town or Lo	cation					10d. Insida (	City Limits
	Manyi f sho	6	Maryland Queen	Annes	Crumpto	m					10000	s 2 No
	the 28s	Director	10e. Street end Number			10f. Zip Coda			10g. Citizen	of What Cou	intry?	
	With Ba or		Pines Springs M	obile Court	Lot #2.7				U.S			
	daath ms 2	Funeral	11. Marital Status	12. Was Dacedant Ever in				gin? (Specify Yes or , Puarto Rican, atc.)		Raca - Ameri	ican Indien,	
21215-0020	72 hours after death with the Maryland natural, or items 23e or 28e-f show and Exercises must be notified at	þ	1 ☐ Navar Married 2 ☐ Married  3XXV Widowad 4 ☐ Divorcad	Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Giva Year or Dates:		f Yes, specify Cu 1 □ Yas 21X N		, Puarto Rican, atc.)		Black, Whita		
5-0	d within 72 hours jiana. r than "natural", the Medical Exis	Completed	15. Decedent's Ed (Spacify only highast gra	fucetion	16a. Deced	dant's Usual Occ	upation	of working	16b. Kind of	Business/Ir	ndustry	
121	within ana.	id	Elementary/Secondery (0-12)	Collega (1-4or 5+)		kind of work don DO NOT usa ratii		or woming	- 1			
	lled v dygial her ti		8		Fac	tory Wo	_				acture	er
and	I be filed htal Hyg od othe event,	Be	17. Fathar's Name (First, Middla, Last, Robert Earl Bro					r's Nama (First, Midd		ema)		
N	d 2 should be filed within the end Mantal Hygiana. 7 Is marked other than traumatic event, the Mantal traumatic event ev	2			401. 14. 111	- 1 11 10		aret Devit				
Maryland			19a. Informant's Name/Relationship (	rypa, Philip				r or Rural Routa Nur			p Code)	
á	Hage H		Dolores Sloane 20a. Mathod of Disposition	201	. Placa of Dispo	sition (Nama of		Lem, Alaba	20c. Locatio		own Stata	
Baltimore,	Pagas 1 nant of He nt: If Iten		Nation 2 ☐ Cramation 3 ☐	Ramoval from State	cematary, cren	natory or other p						
	permit. Pagas Department of Important: If II any Injury or or		4 □ Donation 5 □ Other (Specifical Service Licer			Cemeter  Name and Add		9, 1997	Crumpt	on, M	arylar	nd
Ba	Per		1/10/5	1.11	Fe	llows, 1	Helfenl	bein & New				
-			23a. Part1. Entar the disaasa, or com	plications that assessed the d	13	0 Speer	Road,	Chesterto	wn, Mar	yland		
	Dhysisian		Shock of heart failura. List only	one couse on each line			-				Approxima Interval Be Onsat and	ata atween 1 Deeth
	Physician /Medical		Immediata Cause (Final	000	10.0.			4				
	Examiner		diseasa or condition resulting in daath)	a. Carac	gruce	consu	7 ar	us f				
	- Tenen	Je		Do - 1 da	for as a consaq	uance of):	1					
	artificata be executed ling physician end a as the buriel-trensit	Examiner	Sequentially list conditions	a. Cardio  Dua to  C. Evel  Due to	o (or as a conse	uance of):	me			-		
0	e exe ian el uriel-t		Sequantially list conditions, if any, leading to immediate ceusa. Entar Undarlying Causa (Diseasa or Injury that initiated avants	6,0	Chap	e CHun	2.7 06	Kchuf in	Ou Die	unes		
68760,	ata b hysic the b	Medical	that initiated avants rasulting in death) Last	Due to	(or es e conseq	uance of):	MCUA	25/100/107	1 de			
9 x	in a se	Mec							Hese	ne		
<b>B</b> 03	9 6 8	lan/		d								
0	that the death ed by the atte dateched for	Physician/	Part II. Other aignificant conditions of	ontributing to death but not a	esulting in tha ur	ndarlying ceusa g	jivan In Part I.	23b. Di	d tobacco use	contributa (	o the cause	of death?
Ф.	d by		Hyper Leusin	, ASCUD	Hit	- 11	Inexis	Tino 11	7Y08 2□ N	3 □ Pro	bably 4	Unknown
ds,	8 5 9	by	01		Milan	y M	and a	-				
Vital Records,	v require been si	Completed	Heart Farely	e Anx	retu ,	and be	hress		as an autopsy rformed?	a۱	Vara eutopsy vaileble prior omplation of	rto
360	2 8 6	jdu	2			/					deeth?	Causa
a	T ata		Recurent	numor	in			1 [	Yas 2 No	11	☐ Yes 2☐	□No
Ë	ician: The certificata rector, pag	Be	25. Was casa rafarrad to madicel axaminer?	Hospital:		10		of Deeth (Chack only	y ona)			
ō	this rail di	10	1 Yas 2 No  27. Mennar et Death	1 Inpatient 2	☐ ER/Outpatien	1 JLI DON		sing Homa 5 🗷 Ra			fy)	
o	ding h. Aftar fune	Fig	1 ☑Natural 5 ☐ Panding	28e. Data of Injury (Month, Dey Year)	28b. Time of Injury	28c. Inj W	unyat onk? ⊒Yas 2∐N		e how injury occ	urrea		
S	Attanding or death.  octor: Aftar by the fune	fica	3 Sulcide 6 Could not be	1000-	home farm stre		- 1/1		(Straat and Nu	mher or Pur	ral Pouta Alur	mhor
Division	aftar aftar Direction by	Certification:	4 ☐ Homicida detarmined	building, etc. (Spa	cify)	iat, ractory, omce		City or 1	own, Stata)	noor or ridir	ar Floura / vui	noer,
	To the Hospital or Attano within 24 hours after deatt To the Funeral Director: completely filled in by the		29a. Certifiar 1 Certifying Phy	veician: To the best of my k	nowledga, daath	occurred at the t	tima data and	place, end due to th	a causa(s) and	manner as i	stated	
	Ho Ho Ful	edical	(Check only 2 ☐ Medical Examone)	iner: On the basis of axami and mennar stated.	netion and/or Inv	estigation, in my	opinion, daatt	n occurred at tha time	e, data end plac	a, and dua t	o tha cause(	(s)
	withir To th	×	29b. Signatura end title of cartifiar	0		29c. Licar	nsa number		29d. Data sig	ned (Month,	Day, Year)	
			Quela	(m.1).		1/2	388	9	71	8/9	7	
			30. Nama and address of person who o	completed ceusa of death (It	am 23a) (Type F			/				
		8		Mu no sue	1. 94	+ Wush	wieter	Are, C	leste	Lown	Med	12/62
	Sta	te	31. Data filed (Month, Day, MA)	97 32. Registrar's St		٧, ٠		1			- page	
	Registra	ar	JUN U	JI & gu	ma wavidso	n-Vandell						



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 22009

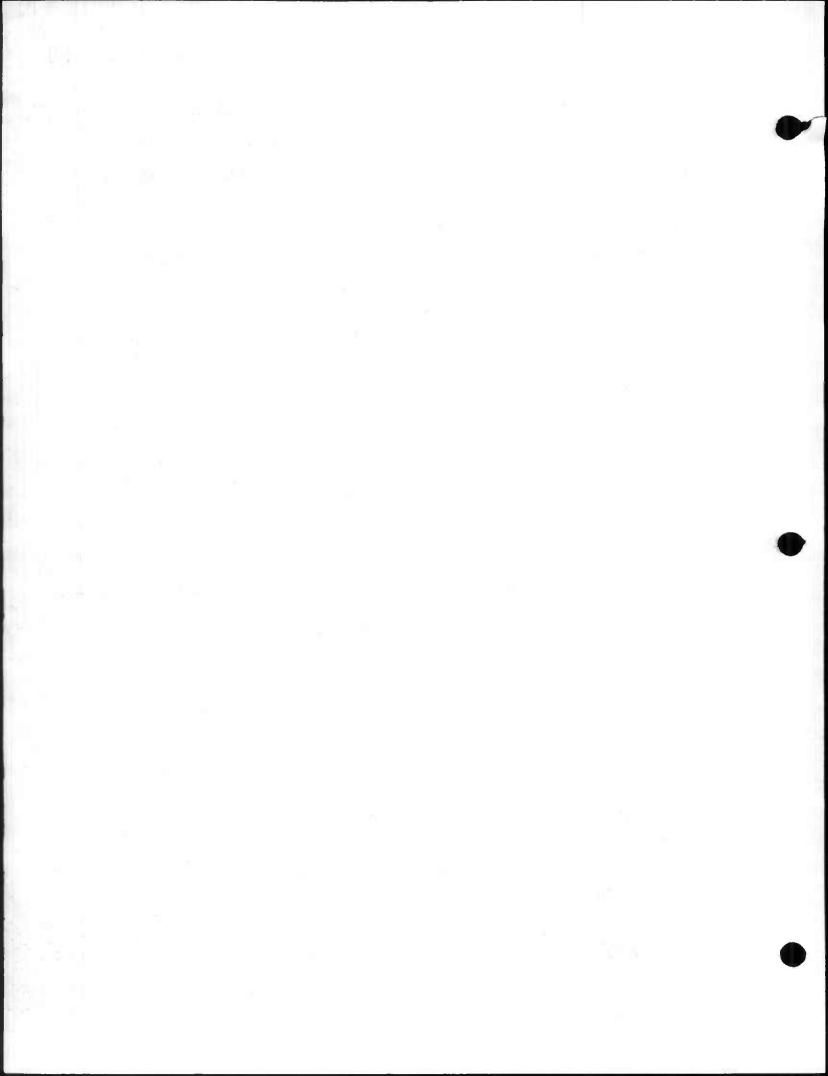
						Ce	rtificate	of	Death			Reg. No.				
П	Q.,		1. Decedent's Neme (First, Middle, L.	ast)						1	2. Dete of D	eeth		3. Ti	ime of Death	
н	Physic		ELVIN S. LONG,	SR.							Month June	Dey 24, 1	Yeer 997	5 : 1	O PM	
	/Medi Exami		4e. Fecility Name (If not institution, gi		)				4b. City, Tow				ty of Deeth		O III	
	EAGIII.		College View Nur	sing Home					Fred	deri	- k	Fred	lericl	L -		
	Funeral		5. Social Security Number 6.	Sex 7. A	ge (In yrs. las	st birthday)	if Under 1		If Under 24		B. Date of B (Month, L		_		Steta or Foreign	
	Director		219-14-9481 Usuel Residence of Decedent	<b>X</b> □M 2□F	74	Yrs.	Months	Days	Hours	Min.	Dec.	31 <b>,</b> 1922	Mary	ylan	d	
	72 hours efter deeth with the Maryland natural', or itams 23a or 28a-f show diral Examinat rust be notified at	tor	10a. State 10b. County  Maryland Washin	aton		Town or Lo	ocation									
	288 1	Se Se	10e. Street end Number	gron	пап	COCK	10f. Zip C	ode		_		10g. Citizan of	Whet Co.	intry?		
	Sa or	Funeral Director	14104 Maple Ridg	0				175	50							
	ins 2	era	11. Marital Stetus	12. Wes Decedent	Ever in U.S.	13		-	lispenic Origi	n? (Spec	ifu Vas or N				ien	
	itar	녎	1 Never Married 2 Married	Armed Forces	?		If Yes, specif	Cub	an, Mexican, I	Puerto R	ican, etc.)				011,	
21215-0020	ours er	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:	140		1⊡Yes 2√	No.	Specify:			Speci		nite		
5-0	n 72 hours *natural',	Completed	15. Decedent's E (Specify only highast gr	ducation		16a. Dece	dent's Usuel	Occup	ation duning most o	of work in		16b. Kind of E	3usiness/ir	ndustry		
2	S 1.35	ple	Elementery/Secondary (0-12)	College (1-4or	5+)	life.	DO NOT use	retire	d)	JI WOIKIII	,					
2		5	10			Ca	rpente	r				Constr	uctio	on C	ompany	
b	be filed tral Hyg d other event,	Be	17. Father's Neme (First, Middle, Last	)			•		18. Mother's	s Nama (	First, Middl	e, Meiden Sume				
<u>a</u>		To E	Lowell Lee Long						Myrt1e	e Rui	th Was	ner				
Maryland		-	19e. Informent's Neme/Relationship	Type, Print)		19b. Mailir	ng Address (	Street					n. Stete. Z	ip Code)		
	end 2 eeith a n 27 is er trau		Frances Showe/P.													
Baltimore,	- 1 5 5		20a. Method of Disposition		20b. Plac	e of Dispo	sition (Neme	of			Dete				ete	
0	8 = 5		1 Burial 2 □ Cremetion 3 □				metory or oth		•							
=			4 ☐ Donation 5 ☐ Othar (Speci		Rest		n Mem.			6,	/27	Frederi	ck, N	lary!	land	
Ba	permit. Departr Importa any inje		21, Signature of Euneral Service Lice	1 80 ,	,/.	RO		. I	DAILEY							
	_		Septet CX	autel	41	12	01 NOR	TH	MARKET	C ST.	, FRI	EDERICK,	MD 2	2170	1	
			23a Part Enlar the change or cons shock, or heert failure. List only	on course on each	deeth.	Do not ent	er the mode	of dyln	ng, such es ca	ardiec or	respiratory	errest,	i	Interve	el Between	
	Physician			0 00					0	0	1-		i	Onset	end Deeth	
	/Medical Examiner		immediate Ceuse (Finei disease or condition	. Cer	elvor	asc	ular		acc	ula	A		1922 Maryland  10d. Inside City Limit: 1□ Yas 2☒No.  Citizan of Whet Country?  U.S.A.  14. Reca - American Indien, Black, White, etc.  Specify: White  Construction Company fon Surneme)			
	LAUITITIO		resulting in death)		Due to (or e	s e consec	quenca of):								1	
	D =	ine		h												
	certificate be executed ding physician and se as the burial-transit	Examiner	Sequentially list conditions,	D. —	Due to (or e	s e consaq	juance of):									
Ď,	e exerian e		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Undarlying Ceuse (Disease or Injury										İ			
<b>68/60</b> ,	ate b nysic he b	edicai	thet initieted events resulting in death) Lest	C	Due to (or es	s e conseq	uence of):									
õ	ntifica ng pł	/Med	resulting in deathy Less										į			
u	2 5 3	Sur Sur		d									i			
מ	the atten the atten hed for u	sicle	Part II. Other significant conditions of	ontributing to death b	ut not resultin	na in the u	nderlylna cau	se aiv	en in Pert I		23h Did	tobacco use co	ontribute (	to the ce	use of death'	
л Э	ac ac	Physician	No. 4		at Hot Fooditi	ng mi tho di	idony in ground	oo giv	OTT INTO CET.			Yee 20 No			4 □ Unknow	
	S 50	by P	Linewa					_		-		2010	0_110	Judiny	4 CHRION	
5	v requires been sign should be											s en eutopsy	24b. W	/ere euto	opsy findings	
ပ္သ	- JJ (0)	plet								_	pen	ormed?	CC	ompletion deeth?	n of causa	
ř	0 - 0	Completed										Yas 2 No		□Yas	0776	
Ū	ilcian: The	O	25. Wes case referred to medical											LI Tas	2/2/No	
VII Mecords,	Physician: rthis certific rral director,	00	axaminer?	Hospitel:		.0		Oth	26. Plece or							
5	Phys this rai di	٦.	1 ☐ Yes 2/2 No 27. Menner of Deeth	1 LI Inpetie		VOutpetien			4 Nurs			idence 6 Oti	1-1	ify)		
DIVISION	Attending is death.	ion	27. Menper of Deeth 28e. Date of Injury 28b. Tima of Injury at Work? 28b. Accident Investigation 28c. Injury at Work?								d. Describe	how injury occu	ITed			
S	ttend death ctor: / y the f	Cal	2 Suiside 6 Could not be									(0)				
2	or Attende efter deat Director:	Certification:	4 ☐ Homicide determined		ury - At home c. <i>(Specify)</i>	e, tarm, stre	eet, factory, o	ffice		28		(Straat end Num own, Stete)	ber or Run	al Route	Number,	
-	urs eral				10	and a										
	To the Hospital or Attending I within 24 hours efter death.  To the Funeral Director: After completely filled in by the funer	edical	(Crieck only 2 Medical Exam	yeician: To the best of niner: On the basis of	exemination	dge, deeth end/or inv	occurred et restigetion, in	he tim	ne, dete end p pinion, death	occurred	d due to the	cause(s) end m	enner es s	steted. to the car	use(s)	
	the side	Med	3110)	end menner ste	eted.											
	P * P 8	-	29b. Signeture and title of certifier				29c. I	icense	e number			29d. Dete signe		Dey, Ye	ar)	
			AMS				D	2	6514	0		JUNE	26		997	
			30. Neme and a dress of person who	completed cause of d	eeth (Item 23	Be) (Type, I	Print)									
			Dr. Allen J. Gil:	son. MD	1475 1	anew	Δυρη	۵	Freder	·i ole	Max	1and 21	701			
7	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registri	ar's Signature	P	A.A	- 9	rieuel	LLA	nary	Tallu 41	701			



State of Maryland / Department of Health and Mental Hygiene 97

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Deeth 3. Time of Death Vaar **Physician** Month RALPH FRANCIS LIPPS. 23, JR. JUNE 1997 9:10 PM /Medical 4a. Facility Nama (If not institution, give streat and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Frederick Memorial Hospital Frederick Frederick 7. Aga (In yrs. last birthday) if Undar 1 Yaar If Undar 24 Hrs. 5. Social Sacurity Number Birthplaca (Stata or Foreign Country) 8. Dala of Birth (Month, Day, Year) **Funeral** 110 M 2□ F Months Deys Hours Yrs. Director 220-26-7468 66 March 6, 1931 Maryland Usual Residanca of Decedan with the Maryland 10a Slate 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23a or 28a-f show traumstic event, the Medical Examinat must be notified at 1 Yas 2 No Director Maryland Frederick Thurmont 10e. Street and Numbar 10f. Zip Coda 10g. Citizen of Whet Country? 16204 Kelbaugh Road 21788 United States Funeral 12. Was Decedenf Ever in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indien, Black, Whita, atc. permit. Peges 1 and 2 should be filed within 72 hours effer c Department of Health and Mental Hygiene. Introcrant: If teem 27 is merked other than "naturel", or item any injury or other traumatic evens. 1 Nes 2 No If Yes, Giva Yaar or Datas:1953-55 1 Never Marriad 20 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: White PV 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacedant's Education 16b. Kind of Businass/Industry (Specify only highast grada complated) Worthington Dresser Elementary/Secondery (0-12) College (1-4or 5+) Pumps 12 Development Engineer 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meiden Surnema) Be 2 Ralph Francis Lipps, Sr. Naomi J. Smith 19a. Informanf's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Numbar, City or Town, Stata, Zip Coda) Barbara L. Lipps, wife 16204 Kelbaugh Road Thurmont, Maryland 21788 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 DBurial 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) 6/27/97 Frederick, Maryland Resthaven Mem Gardens 21. Signature of Funeral Service Cloensee 22. Nama and Addrass of Fecility Stauffer funeral Homes, P.A. 104 East main street Thurmont, Maryland 21788 23a, Part Lines the disease, or completions that caused to death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Onsat and Death **Physician** /Medical Immediata Ceuse (Final Due to (or es e consequence of): disaasa or condition resulting in daath) 16-Examiner Examiner EXETABLE ce11 sician end burial-trensit 5 00011 201 be executed Sequentially list conditions, if any, leading to immadiata causa. Enlar Undarlying Causa (Disease or injury that initiated avants rasulting in daath) Lasf Dua to (or as a consaguanca of): Box 68760. ettending physician for use es the buria 1019 Physician/Medical Due to (or as a consequanca of): signed by the et d be deteched for Part il. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert i. Records, P.O. 23b. Did tobacco usa contributa to the cause of death? 1 yas 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings avellebla prior to complation of causa of daath? should 24a. Was an autopsy performad? Completed 2 D certificate Division of Vital Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certifica 25. Was casa rafarrad to medical examinar? Be 26. Pleca of Deeth (Check only ona) 1 Yas 2 No Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Spacify) 10 1 ☐ Inpetient 2 ☐ ER/Outpatient 3 ☐ OA 27. Mannar of Death 28a. Date of Injury (Month, Dey Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 5 Pending investigation 1 Natural 2 Accidant 1 ☐ Yes 2 ☐ No in by the 3 ☐ Suicide 6 Could not be datermined 28f. Location (Straat and Numbar or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - Al homa, farm, straat, factory, offica building, atc. (Spacify) 4 - Homicida To the Hospital or within 24 hours of To the Funerel D 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as stated.
2 Madical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) end manner stated. 29a. Certifian Medical 29b. Signatura and titla of certifier 29c. Licansa number 29d. Date signed (Month, Day, Year) PIYC 26 30. Name end address of person who completed cause of death (Itam 23e) (Typa, Print) Dr Gregor ( 31. Data filad (Month, Day, Year) W. 7th St. Frederick, MD 21701 ausch 32. Ragistrar's Signature State JUN 3 0 1997 Registrar

**DHMH 16 Ray 6/95** 



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 / 220 | |

						Certificat	e of	Death		Reg. No.			• • •
	Dhusia	!aa	1. Decedent's Name (First, Middle, La	ast)					2. Date of E				Time of Deeth
	Physic /Medi		Eva Maria Lange							22,			6:30 AM
	Exami		4a. Fecility Name (If not institution, given	ve street and number)				4b. City, Town,	or Location of Dea		County of De		
			Montgomery Genera			Killedo	1 Van	Olney	Dec 1		ontgome		
1	E Funeral	н		Sex 7. Ag 1 ☐ M 2 ☒ F	je (In yrs. last bin	Yrs. Months	Days	If Under 24 I Hours N	Ain. (Month, L			irthplace Country)	(State or Foreign
	Director		Usual Residence of Decedent		81				May 2	, 191	6 Ge	rman	.у
	yland Mand		10a. State 10b. County		10c. City, Town	or Location						10d. l	nside City Limits
	Mar me-f st	iç	Maryland Howard		Mt. Air	V						1	☐ Yes 2 No
	1 th	Director	10e. Street and Number			10f. Zip	Code			10g. Citi	izen of What (	Country?	
	23a	<u>                                      </u>	1919 Long Corner	Road		21	771			USA			
	72 hours after death with the Maryland naturel, or items 23a or 28a-f show pical Examiner (wit be notified at	Funeral	11. Marital Status	12. Was Decedent Armed Forces?		13. Was Deced	dent of l	Hispanic Origin'i an, Mexican, Po	(Specify Yes or Nuerto Rican, etc.)		14. Race - Am Bleck, Wh		idien,
20	or h	by F	1 Never Married 2 Married	1 ☐ Yes 2 ☒ If Yes, Give	No	1 ☐ Yes					Specify:		
5-0020	"naturel".	D D	3 ☑ Widowed 4 ☐ Divorced	Year or Detes:	10-	Described to	10			101.16		Vhite	
15	c	Completed	15. Decedent's E (Specify only highest gro	ade completed)		Decedent's Usua (Give kind of wo life. DO NOT us	rk done	during most of	working	16b. KI	nd of Busines	s/Industr	1
2121	filed within Hygiene. Ither then "I	E	Elementary/Secondary (0-12)	College (1-4or !		neral Ad		•		Con	rman Co		1 - 4 -
	e filed Il Hygie other I	BeC	17. Father's Name (First, Middle, Last		1001	CTAL AU	111111		Name (First, Midd			JESO	Lale
Maryiand	s 1 and 2 should be filed within f Health end Mental Hygiene. Item 27 is marked other than other treumatic event, the M	To E	Hans Mankiewicz					Alice	Sussman	Mank:	iewicz		
lan	2 sho end i is me		19a. Informant's Name/Relationship (	Type, Print)	19b.	Mailing Address	(Stree		Rural Route Num			, Zip Cod	(9)
	1 and Health em 27		Angela Jones, dat	ıghter	19	19 Long	Cor	ner Roa	nd, Mt. A	iry,	MD 2.1	1771	
ore			20a. Method of Disposition  1 Burial 2 Cremation 3	Removal from State	20b. Place of cemeter	Disposition (Nar.	ne of other pla	ice)	Date	20c. Lo	cation - City o	or Town, S	Stete
Baltimore,	permit. Pages 1 and Department of Health Important: If Item 27 eny Injury or other to once.		4 Donation Other (Special		Hager	stown C	rema	tory	6/24/97	Hage	erstown	a. Ma	ryland
gai	Departimon Important any In		21. Signature of Funeral Service Licer	nsee		22. Name en	d Addre	ess of Facility	Stauffe	r Fur	neral H	Home	
	2050a		Tylu 11-	Deen		1621 0	poss	sumtown	Pike, Fr	eder	ick, MI	21	L702
п			23a. Part 1. Enter the disease, or com shock, or reart failure. List only	plications that cause ona cause on each li	I fhe death. Do n	of enter the mod	e of dyl	ng, such as care	diec or respiretory	arrest,		App	proximete rval Between
	Physician /Medical		Immediate Cause (Final	Dece		n			1.			Ons	et and Deeth
	Examiner		disease or condition resulting in death)	a. FUL	MOINT	LY E	DE	:MA,	ACUTE			1	hour
Ċ.		ē		16/1	Due to (or as a c	onsequence of):	חח	INMY	PATH	14			
	uted	Examiner	Sequentially list conditions	b. 1767	Due to (or as e o		LV	com (	777111	1 .		i	
ó	en an	EX	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury	ADD	TIC S	TEN 119	412	-				1	
68760,	certificate be executed rding physiclen and use es the burial-transit	edicai	Cause (Disease or Injury that Initiated events resulting in death) Last	c. /10/C	Due to (or as a c	onsequence of):	J	)				+	
	1 00	Me	L.									1	
Rox	attendii for use	lan/		d								1	
	law requires that the death as been signed by the atter o 2 should be detached for u	Physician/	Part II. Other algorificant conditions of	ontributing to death be	ut not resulting in	fhe underlying c	ause gi	ven in Part I.	23b. Die	tobacco	uae contribu	te to the	cause of death?
1	hat the		DIABETE	5 1	NELL	-1T49			10	Yes 2	No 3□1	Probably	4 ☐ Unknown
ds,	ires that signed I d be det	d by								110-27-00	0.45	14/	to the state of
Ö	v require been si should	ete	50							s an eutop formed?	sy 240	avallable	utopsy findings e prior to tion of cause
ě	0 - 0	Completed										of death	1?
	lclen: The L certificate ha rector, page		A						1 🗆	Yes 2	Q No	1 🗆 Yes	2 □ No
5		o Be	25. Wes case referred to medical examiner?  1 ☐ Yes 2 ☐ No	Hospital:			Ott	ner:	Death (Check only				
ō	Phys or this eral d	n: To	27. Menner of Deeth	1 Impatte 28a. Dete of Injur (Month, Day			A	4 Li Nursin	g Home 5 Res			ecify)	
0	Attending in death.	ation	1 Natural 5 ☐ Pending 2 ☐ Accident investigation		Year) In	jury M	8c. Inju Woi 1 □	rk? Yes 2∐No					
	I or Attend after death Director: / d in by the f	ifica	3 ☐ Suicide 6 ☐ Could not be determined	28e. Piece of Inju	ıry - At home, far	m, street, factory	, office		28f. Location	(Street and	d Number or F	Ru <i>ral R</i> ou	ite Number,
5	rs afte	Certification:	- I Tomolde	building, etc	. (эрөспу)				City or 10	own, Stete)			
	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fune fune	edicai	29e. Certifier 1 Certifying Ph	yalcian: To the best of	f my knowledge,	death occurred a	at the tir	me, date and pla	ace, and due to the	cause(s)	and manner a	as stated.	
	To the h within 2. To the F complete	Pe led	one)	and menner sta	ted.				curred et the time				
	5 1 V	Σ	29b. Signeture end title of gertifier	, DI. L	2/1.	290	. Licens	se number	~ a a		e signed (Mor	nth, Day,	Year)
			Junanan	rul.	nu V	V /		レクセ	507	JUN	E Z	1,10	17+
			30. Name end address of person who	completed cause of de	eath (Item 23e) (	Type, Print)	~	SHANV	GROVE	0.00	D 1	202	Dockuis
			31. Dete filed (Month, Day, Year)	32 Danis	r's Signature	1)10	)	רשניווט	GLANCE	ILVIT	D #	WY	KULTVILL
	Sta Registr		IIIN O / 10	///	A .	0							

6 - 6 Pholo

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple.

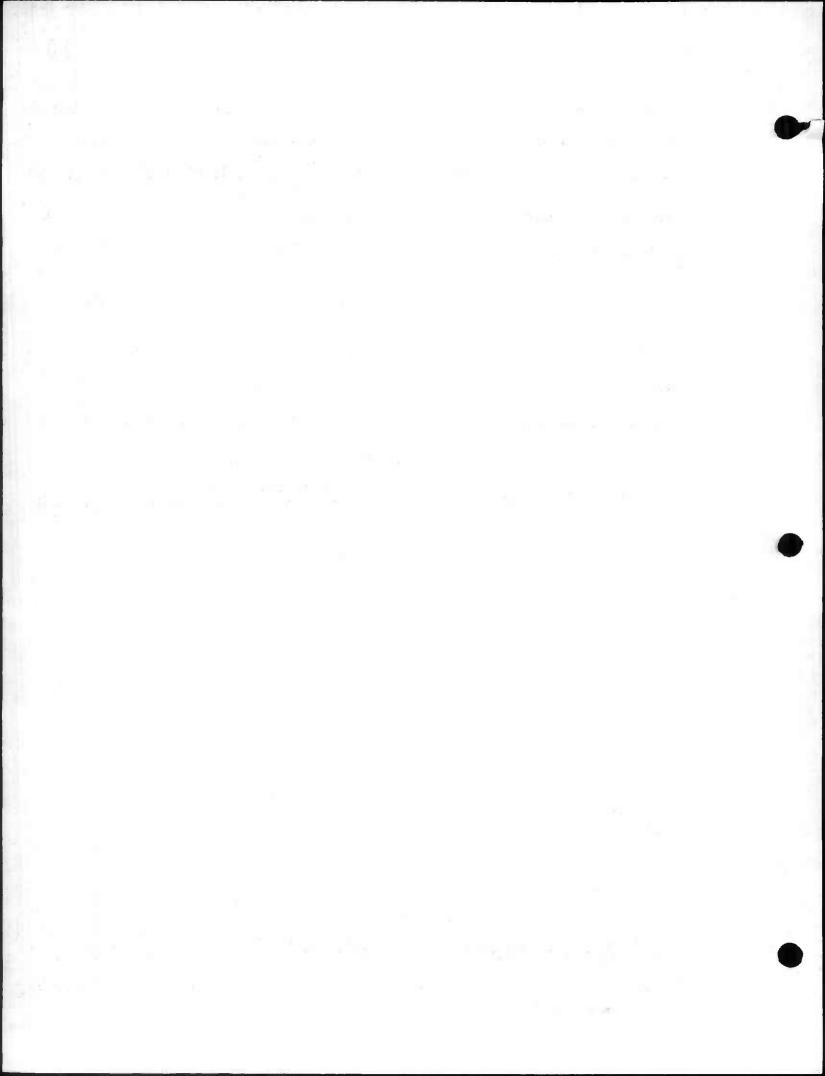
State of Maryland / Department of Health and Mental Hygiene 22012

	_														
		1. Decedant's Neme (First, Middle	, Last)							2. Dete of D		3 100%	3. Time of Death		
Physic			Fran	CAC Am	n Lewi	c				June	Dey 22	Yaer	0.53		
/Med		4a. Fecility Neme (If not institution			III LENT	5		4h City To	wn or Lo	ocation of Dea			9:33am		
Exam	mer		-				1			- 54511 51 550					
	- 1	Montgomery Gene 5. Social Security Number			Sound St. Lab.	If Under	1 Van	Olne If Undar							
Funera			6. Sex 1 ☐ M 2 ☑ F		. lest birthday)	Months		Hours	Min.	8. Dete of Bi (Month, D	irth Jey, Year)	9. Birthi	placa (Stete or Foreig ntry)		
Director		215-34-1194		57	Yrs.						3,1939				
g .		Usual Residence of Decedent  10e. State 10b. County		10- 0	St. Town and										
r 28a-f show	_	Toe. State 100. County		10c. C	ity, Town or Lo	ocation						1			
the Ma	용	Maryland Montgo	mery	Ga	ithers	burg							1 ☐ Yas 2 ☒ N		
ith th	10	10e. Street end Number				10f. Zip	Code				10g. Citizen o	f Whet Coul	ntry?		
th wil	0	24416 Welsh Roa	d			200	882				TT. 1 6 3	a			
Jaset Tas 2	le.	11. Marital Stetus	12. Was Dece	dent Evar in I	J.S. 13.			ispenic Ori	igin? (Sp	ecify Yes or N					
fler daa inerms	Funeral Director	1 ☐ Navar Married 2 ☐ Marrie	Armed Fo ed 1 ☐ Yas			If Yes, spec	cify Cube	n, Maxicar	n, Puerto	Rican, etc.)					
72 hours efter death with the Manyland natural; or items 23a or 28a-f show alical Examinal must be notilised at	þ	3 ☑ Widowad 4 ☐ Divorcad	If Yes, Giv Yeer or Do	е		1 ☐ Yes 2	2⊠ No	Specify:			Spec	ify:			
natural',	2				16a Dass	dantia I lacca	-1 0				405 105 1 - 6				
C 1 40	et	15. Decedent' (Specify only highes	t grede completed)		(Give	dent's Usue kind of wor DO NOT us	rk done d	ation du <i>n</i> ng mos	t of work	ing	16b. Kind of	Businass/In	dustry		
within ene.	Be Completed	Elamantary/Sacondary (0-12)	Collega (1	-4or 5+)											
Hygie ther t	ပိ	12			Admin	istrat	tive					See   1997   9:53am			
d out	Be	17. Fether's Name (First, Middla, L	.ast)				4	18. Mothe	er's Name	e (First, Middle	a, Maiden Suma	ame)			
should be filed vind Mantal Hygie marked other turnatic event, It	2	Estel William H	olston					Ste1	1a M	lae Mus	ser				
oks Du	1.	19a. Informent's Neme/Relationsh	ip (Type, Print)		19b. Meili	ng Address	(Street	end Numbe	er or Run	e/ Route Numb	ber, City or Tow	n, Stete, Zip	Code)		
C1 00 100 00		Sheila Saunders	/Daughter												
Health tem 27		20e. Method of Disposition	, zaagneer	20b.	Pleca of Dispo	sition (Nem	ne of		· PIL	Dete					
permit. Pagas 1 end Department of Health Important: If Item 27 any injury or other tr once.		1 Burlel 2 ☐ Cremation		State	cemetery, crer	metory or of	ther plec						100		
tant fury		4 □ Donetion 5 □ Other (Sp		La	ytonsv				6/2	5/1997	Layton	sville	e,Marylan		
permit. I Departm importar any injui		21. Signetura of Funerel Sarvice L	icansee			2. Name end				D 4 T					
20539		2 Weld 9	/ line of		26	1111 L.	· MO.	Teswo	rtn	P.A. F	uneral	Home	20072		
	_	W. Marie													
hysician		23a. Part 1. Enter the disease, or o	complications thet ca	aused tha dea	th. Do not ent	tar tha mode	le of dyln	g, such as	cardiec o	or raspiratory	s, Mary	Tand			
		23a. Part1. Enter tha disease, or o shock, or heart feilure. List of	complications that cannot only one course on ea	aused tha dea ech lina.	th. Do not ent	tar tha mode	le of dyln	g, such as	cardiec o	or raspiratory a	s, Mary arrest,	Tand	Approximeta Intervel Between		
Physician /Medical		er orana sanya ar			th. Do not ent	tar tha mode	le of dyln	g, such as	cardiec (	or raspiratory a	s, Mary arrest,		Approximeta Intervel Between Onset end Death		
Physician /Medical Examiner		Immediate Ceuse (Fine)		Jan	th. Do not ent	tar tha mode	le of dyln	g, such as	cardiec	or raspiratory	s, Mary arrest,		Approximeta Intervel Between Onset end Death		
/Medical	35	Immediate Ceuse (Finel		Jnn	th. Do not ent	tar tha mode	le of dyln	g, such as	cardiec	or raspiratory a	s, Mary arrest,		Approximeta Intervel Between Onset end Death		
/Medical Examiner	ilner	Immediate Ceuse (Fine)		Jnn	ith. Do not ent	tar tha mode	le of dyln	g, such as	cardiec	or raspiratory a	s, Mary arrest,		Approximeta Intervel Between Onset end Death		
/Medical Examiner	aminer	Immediate Ceuse (Fine) disaase or condition rasulting in deeth)		Jan. Dua to (	ith. Do not ent	EL L	le of dyln	g, such as	cardiec	or raspiratory a	s, Mary arrest,		Approximeta Intervel Between Onset end Death		
/Medical Examiner	i Examiner	Immediate Ceuse (Fine) disaase or condition rasulting in deeth)		Jan. Dua to (	or es e consec	EL L	le of dyln	g, such as	cardiec	or raspiratory a	s, Mary arrest,		Approximeta Intervel Between Onset end Death		
/Medical Examiner	ical Examiner	Immediate Ceuse (Finel disaase or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that Initiated events		Dua to (	or es a consec	EL Quence of):	le of dylni	g, such as	cardiec	or raspiratory a	s, Mary		Approximeta Intervel Between Onset end Death		
/Medical Examiner	edicai	Immediate Ceuse (Fine) disaase or condition rasulting in deeth)		Dua to (	or es e consec	EL Quence of):	le of dylne	g, such as	cardiec	or raspiratory a	s, Mary		Approximeta Intervel Between Onset end Death		
Medical be executed ing physician end as the buriel-trensit	/Medical	Immediate Ceuse (Finel disaase or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that Initiated events		Dua to (	or es a consec	EL Quence of):	le of dylne	g, such as	cardiec	or raspiratory a	s, Mary		Approximeta Intervel Between Onset end Death		
Medical pe executed ing physician end as the buriel-trensit	/Medical	Immediate Ceuse (Finel disaase or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that Initieted events resulting in deeth) Last	e. Now c	Due to (	or es a consector as	quence of):	le of dying	g, such as	e a	or raspiratory a	s, Mary		Approximeta Intervel Between Onset end Death		
Medical physician and the forus as the bunel-trensit	/Medical	Immediate Ceuse (Finel disaase or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that Initiated events	e. Now c	Due to (	or es e consector es a consector as a consector as a consector es a consector as	quence of):	le of dying	g, such as	e a	or raspiratory a	arrest,		Approximeta Intervel Between Onset end Death  3 mon Ks		
Gaath cartificate be executed  Water and the punel-trensit as the bunel-trensit as the bunel-	Physician/Medical	Immediate Ceuse (Finel disaase or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that Initieted events resulting in deeth) Last	e. Now c	Due to (	or es e consector es a consector as a consector as a consector es a consector as	quence of):	le of dying	g, such as	e a	23b. Did	tobacco use c	ontribute to	Approximeta Intervel Between Onset end Death  3 mon 14,3		
So that the daath certificate be executed  Way  gned by the ettending physician end  be detached for use as the buriel-trensit  or	by Physician/Medical	Immediate Ceuse (Finel disaase or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that Initieted events resulting in deeth) Last	e. Now c	Due to (	or es e consector es a consector as a consector as a consector es a consector as	quence of):	le of dying	g, such as	e a	23b. Did	I tobacco use c	ontribute to	Approximeta Intervel Between Onset end Death  3 mon 14,3		
So that the daath certificate be executed  Way  gned by the ettending physician end  be detached for use as the buriel-trensit  or	by Physician/Medical	Immediate Ceuse (Finel disaase or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that Initieted events resulting in deeth) Last	e. Now c	Due to (	or es e consector es a consector as a consector as a consector es a consector as	quence of):	le of dying	g, such as	e a	23b. Did	I tobacco uae c	ontributa to	Approximeta Intervel Between Onset end Death  3 mon Ks  between the caues of death  bably 4 Unknown under under the caues of death		
reduires that the daath certificate be executed  Way  Been signed by the ettending physician end  should be detached for use as the buriel-trensit  a b	by Physician/Medical	Immediate Ceuse (Finel disaase or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that Initieted events resulting in deeth) Last	e. Now c	Due to (	or es e consector es a consector as a consector as a consector es a consector as	quence of):	le of dying	g, such as	e a	23b. Did	l tobecco uae c	ontributa to	Approximeta Intervel Between Onset end Death  3 mon Ks  between Death  4 Unknown  ere eutopsy findings elleble prior to moletion of causa		
May requires the use datan certificate be executed that been signed by the ettending physician end as 2 should be detached for use as the bunel-trensit	by Physician/Medical	Immediate Ceuse (Finel disaase or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that Initieted events resulting in deeth) Last	e. Now c	Due to (	or es e consector es a consector as a consector as a consector es a consector as	quence of):	le of dying	g, such as	e a	23b. Did	tobacco uae c  Yes 2□ No s en eutopsy ormed?	ontribute to	Approximeta Intervel Between Onset end Death Death Onset end D		
ate has been signed by the ettending physician end paga 2 should be detached for use as the burief-trensit	Completed by Physician/Medical	Immediate Ceuse (Finel disaase or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Entar Undartying Cause (Disease or Injury that Initiated events resulting in deeth) Last	e. Now c	Due to (	or es e consector es a consector as a consector as a consector es a consector as	quence of):	le of dying	g, such as	e a	23b. Did	I tobacco uae c	ontribute to	Approximeta Intervel Between Onset end Death  3 mon 14 s		
In law requires thet the daath certificate be executed to a second at the has been signed by the ettending physician end baga 2 should be detached for use as the bunel-trensit and a second baga as the bunel-trensit and baga as the baga a	Be Completed by Physician/Medical	Immediate Ceuse (Finel disaase or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that Initieted events resulting in deeth) Last	e. Now e. d	Due to (	or es e consector es a consector as a consector as a consector es a consector as	quence of):	e of dyln	en in Pert I	e andiec o	23b. Did	tobacco use coves 2 No sen eutopsy ormed?	ontribute to	Approximeta Intervel Between Onset end Death  3 mon 14 s		
Security: The law requires then the Baam certificate be executed  Securificate has been signed by the ettending physician end  director, paga 2 should be detached for usa as the bunel-trensit	Completed by Physician/Medical	Immediate Ceuse (Finel disaase or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Entar Indarlying Cause (Disease or Injury that Initiated events resulting in deeth) Last  Pert II. Other significant condition  25. Wes case referred to medical examiner?  1  Yes 2	e. Now	Due to (c	or es e consector es a consector as a consector as a consector es a consector as	quence of): quence of): quence of): quence of):	ausa give	en in Pert I	t and	23b. Did 10 24a. Was perfe	tobacco use coves 2 No sen eutopsy ormed?	ontribute to 3 Prof	Approximeta Intervel Between Onset end Death Death Onset end Death Death Onset end Death Death Onset end Death Death Death Dea		
his certificate has been signed by the ettending physician end might be detached for use as the bunel-trensit or a second	To Be Completed by Physician/Medical	Immediate Ceuse (Finel disaase or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Entar Undartying Cause (Disease or Injury that Initieted events resulting in deeth) Last  Pert II. Other significant condition  25. Wes case referred to medical examiner?  1	e. Now e. d. d. Hospitel: 1 Mar	Due to (contact the partient 2 [	or es a consector as	quence of): quence of): quence of): quence of):	ausa give	en in Pert I	e of Deeth	23b. Did 1 24a. Was perfi	I tobacco uae control ves 2 □ No sen eutopsy ormed?  Yes 2 No one)	ontribute to 3 Proi	Approximeta Intervel Between Onset end Death Death Onset end Death Death Onset end Death Death Onset end Death Death Death Dea		
his certificate has been signed by the ettending physician end mpa al director, page 2 should be detached for use as the buriel-trensit	To Be Completed by Physician/Medical	Immediate Ceuse (Finel disaase or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Entar Indarlying Cause (Disease or Injury that Initiated events resulting in deeth) Last  Pert II. Other significant condition  25. Wes case referred to medical examiner?  1  Yes 2	e. Now e. d. d. Hospitel: 1 Mar 28a. Date o	Due to (contact the but not reserved)	or es a consector as	quence of): quence of): quence of): quence of):	ausa give	en in Pert I	e of Deeth	23b. Did 1 24a. Was perfi	I tobacco use concept of the concept	ontribute to 3 Proi	Approximeta Intervel Between Onset end Death Death Onset end Death Death Onset end Death Onset end Death Death Onset end Death		
his certificate has been signed by the ettending physician end mps ald irector, page 2 should be detached for use as the buriel-trensit	To Be Completed by Physician/Medical	Immediate Ceuse (Finel disaase or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that Initieted events resulting in deeth) Last  Pert II. Other significant condition  25. Wes case referred to medical examiner?  1 Yes 2 Yes  27. Manner of Death  1 Yes 2 Yes  29. Accident Investigs  3 Suicide 6 Could not	e. Now e. Long to de la	Due to (compatient 2 [finjury - At h	or es a consector as	quence of): quence	ausa give	en in Pert I  26. Place er: 4 □ Nu / et /?	e of Deeth	23b. Did 1 24a. Was perfe  1 Check only me 5 Resi	I tobacco use concept of the sen eutopsy ormed?  Yes 2 No one) Idence 6 Or how injury occurs.	ontribute to 3 Proi	Approximeta Intervel Between Onset end Death Death Onset end Death Death Onset end Death Onset end Death Death Onset end Death		
his certificate has been signed by the ettending physician end might be detached for use as the bunel-trensit or a second	To Be Completed by Physician/Medical	Immediate Ceuse (Finel disaase or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that Initieted events resulting in deeth) Last  Pert II. Other significant condition  25. Wes case referred to medical examiner?  1 Yes 2 Volo  27. Manner of Death 1 DNaturel 5 Pending Investigal Processing Pending Investigal Processing Pending Investigal Processing Pending Processing Pending Investigal Pending Investigation Pending Investigatio	e. Now e. Long to de la	Due to (compared to the compared to the compar	or es a consector as	quence of): quence	ausa give	en in Pert I  26. Place er: 4 □ Nu / et /?	e of Deeth	23b. Did 1 24a. Was perfe  1 Check only me 5 Resi	I tobacco uae contract,  I tobacco uae contract  Yes 2 No  one)  Idence 6 □ Ochow Injury occur  Idence 6 □ Ochow Injury occur	ontribute to 3 Proi	Approximeta Intervel Between Onset end Death  3 mon Ks  between the caues of death  bebly 4 Unknown  ere eutopsy findings elleble prior to mpletion of causa death?  Yes 21 No		
his certificate has been signed by the ettending physician end and director, page 2 should be detached for use as the bunel-trensit	Certification: To Be Completed by Physician/Medical	Immediate Ceuse (Finel disaase or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that Initieted events resulting in deeth) Last  Pert II. Other significant condition  25. Wes case referred to medical examiner?  1 Yes 2 Acident 1 Onaturel 5 Pending Investige 2 Accident 1 Investige 6 Could not dataming 1 Percent 1 Pending 1	b. c. d. Hospitel: 1 Mar 28a. Date o (Month of be lad 28e. Pleca buildin	Due to (compared to the compared to the compar	or es a consector as	quence of): quence	ausa give	en in Pert I  26. Place er: 4 U Nu ert ert ?Yas 2 U	e of Deeth	23b. Did 1 24a. Was performed to the Check only me 5 Resided Describe 28f. Location (City or To	I tobacco use control of the series of the s	ontribute to 3 Prof 24b. Wave co of 1 [ ther (Specifiered	Approximeta Intervel Between Onset end Death Death Onset end Death Death Onset end Death		
his certificate has been signed by the ettending physician end might be detached for use as the bunel-trensit or a second	Certification: To Be Completed by Physician/Medical	Immediate Ceuse (Finel disaase or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that Initiated events resulting in deeth) Last  Pert II. Other significant condition  25. Wes case referred to medical examiner?  1 Yes 2 No  27. Manner of Death 1 O'Naturel 5 Pending Investige   Pending Investige	e. No we e	Due to (compatient 2 [Injury, Dey Year)  of Injury - At h.g., etc. (Special opast of my knoss of examines of exami	or es a consector es a consector as	quence of): quence	ausa give	en in Pert I  26. Place er: 4   Nu	e of Deeth	23b. Did 1 24a. Was perfi	I tobacco use coves 2 No s en eutopsyormed?  Yes 2 No one) Idence 6 Oo how Injury occu	ontribute to 3 Proi 24b. Www.vo. of 1[ ther (Specifiarred)	Approximeta Intervel Between Onset end Death 3 mon 14, s		
his certificate has been signed by the ettending physician end and director, page 2 should be detached for use as the bunel-trensit	edical Certification: To Be Completed by Physician/Medical	Immediate Ceuse (Finel disaase or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that Initieted events resulting in deeth) Last  Pert II. Other significant condition  25. Wes case referred to medical examiner?  1 Yes 2 No  27. Manner of Death 1 Phaturel 5 Pending Investige 1 November 1 Pending Investige 2 Accident 3 Suicide 6 Could not dataminer?  29a. Certifier (Check only one)	b. c. d. Hospitel: 1 Mar 28a. Date o (Month of be lad 28e. Pleca buildin	Due to (compatient 2 [Injury, Dey Year)  of Injury - At h.g., etc. (Special opast of my knoss of examines of exami	or es a consector es a consector as	quence of): quence	ausa give	26. Place er: 4 \( \text{Nu} \) Nu (ct. \( \text{Yas} \) 2 \( \text{Distribution} \) I he, data anointon, deei	e of Deeth	23b. Did 1 24a. Was perfi	I tobecco use coves 2 No s en eutopsyormed?  Yes 2 No one) Idence 6 Och how Injury occu (Straet end Num wn, Stete) cause(s) and no date end place	ontributa to  3 Prol  24b. Ww.co. of  1[  ther (Specifiered)  ther or Rure  nennar es si, end due to	Approximeta Intervel Between Onset end Death Death Onset end Death Death Onset end Death D		
his certificate has been signed by the ettending physician end model director, page 2 should be detached for use as the buriel-trensit	Certification: To Be Completed by Physician/Medical	Immediate Ceuse (Finel disaase or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that Initiated events resulting in deeth) Last  Pert II. Other significant condition  25. Wes case referred to medical examiner?  1 Yes 2 No  27. Manner of Death 1 O'Naturel 5 Pending Investige   Pending Investige	e. No we e	Due to (compatient 2 [Injury, Dey Year)  of Injury - At h.g., dec. (Special opast of my knoss of examines of exami	or es a consector es a consector as	quence of): quence	ausa give	en in Pert I  26. Place er: 4 Nu (?? Yas 2 1	e of Deeth	23b. Did 1 24a. Was perfi	I tobacco use coves 2 No s en eutopsyormed?  Yes 2 No one) Idence 6 Oo how Injury occu	ontributa to  3 Prol  24b. Ww.co. of  1[  ther (Specifiered)  ther or Rure  nennar es si, end due to	Approximeta Intervel Between Onset end Death Death Onset end Death Death Onset end Death D		
his certificate has been signed by the ettending physician end mps ald irector, page 2 should be detached for use as the buriel-trensit	edical Certification: To Be Completed by Physician/Medical	Immediate Ceuse (Finel disaase or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that Initieted events resulting in deeth) Last  Pert II. Other significant condition  25. Wes case referred to medical examiner?  1 Yes 2 No  27. Manner of Death 1 Phaturel 5 Pending Investige 1 November 1 Pending Investige 2 Accident 3 Suicide 6 Could not dataminer?  29a. Certifier (Check only one)	e. No we e	Due to (compatient 2 [Injury, Dey Year)  of Injury - At h.g., dec. (Special opast of my knoss of examines of exami	or es a consector es a consector as	quence of): quence	ausa give	en in Pert I  26. Place er: 4 Nu (?? Yas 2 1	e of Deeth	23b. Did 1 24a. Was perfi	I tobecco use coves 2 No s en eutopsyormed?  Yes 2 No one) Idence 6 Och how Injury occu (Straet end Num wn, Stete) cause(s) and no date end place	ontributa to  3 Prol  24b. Ww.co. of  1[  ther (Specifiered)  ther or Rure  nennar es si, end due to	Approximeta Intervel Between Onset end Death Death Onset end Death Death Onset end Death D		
his certificate has been signed by the ettending physician end infractor, page 2 should be detached for use as the bunel-trensit	edical Certification: To Be Completed by Physician/Medical	Immediate Ceuse (Finel disaase or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that Initieted events resulting in deeth) Last  Pert II. Other significant condition  25. Wes case referred to medical examiner?  1 Yes 2 Volo  27. Manner of Death 1 Onaturel 5 Pending Investige   Pending Investig	d.  d.  Hospitel: 1 Mar  28a. Date or (Month ation of be 28e. Pleca buildin  Physician: To that building and mann	Due to (compatient 2 [Injury and in patient 2 [Injury and injury an	or es a consector es a consector as	quence of): quence	ausa give	26. Place er: 4 \( \text{Nu} \) Nu (ct. \( \text{Yas} \) 2 \( \text{Distribution} \) I he, data anointon, deei	e of Deeth	23b. Did 1 24a. Was perfi	I tobecco use coves 2 No s en eutopsyormed?  Yes 2 No one) Idence 6 Och how Injury occu (Straet end Num wn, Stete) cause(s) and no date end place	ontributa to  3 Prol  24b. Ww.co. of  1[  ther (Specifiered)  ther or Rure  nennar es si, end due to	Approximeta Intervel Between Onset end Death Death Onset end Death Death Onset end Death D		
yardan: The law requires thet the daath certificate be executed  S certificate has been signed by the ettending physician end director, paga 2 should be detached for usa as the bunel-trensit	edical Certification: To Be Completed by Physician/Medical	Immediate Ceuse (Finel disaase or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that Initieted events resulting in deeth) Last  Pert II. Other significant condition  25. Wes case referred to medical examiner?  1 Yes 2 Volo  27. Manner of Death 1 Onaturel 5 Pending Investige   Pending Investig	e. No we e	Due to (compatient 2 [Injury and in patient 2 [Injury and injury an	or es a consector es a consector as	quence of): quence	ausa give	en in Pert I  26. Place er: 4 Nu (?? Yas 2 1	e of Deeth	23b. Did 1 24a. Was perfi	I tobacco use control (Straet end Numwn, Stete)  Cause(s) and not date end place	ontribute to  3 Proi  24b. We ave cool of the street in th	Approximeta Intervel Between Onset end Death Death Onset end Death Death Onset end Death D		

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 1 2 2 0 1 3

						Cen	tificate o	f Death	F	Reg. No.				
	Dharata		1. Decedent's Neme (First, Middle, La	st)					2. Dete of Dea Month	ith	Vaar	3. Time of Death		
	Physici /Medi		Cora Eva Lambe	rt					June	19,	1997	4:15 AM		
	Examir		4e. Facility Name (If not institution, giv	e street end number)				4b. City, Town, o	r Location of Deeth	4c. County	of Deeth			
			Frederick Memori	al Hospita	11			Freder		Fr	ederi	ck		
	Funeral Director		5. Social Security Number 6. S 217–16–2658	ex 7. Ag □ M 25xF	e (In yrs. lest 92	birthday) Yrs.	Months Day			, 1905	9. Birthple Count Pen	ace (State or Foreign ny) nsylvania		
	show	_	10e. State 10b. County	wi al-	10c. City, To	own or Loc		and mile			10			
	Ba-f	octo	Maryland Frede	LICK			Frede	LICK				1 L Yes 2X No		
	23e or 2	Funeral Director	10e. Street and Number 10308 Lenhart Roa	d			10f. Zip Code	21701	1					
0000	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental hygiene. Ifem 27 Is marked other than "netural", or items 23e or 28e-f show other treumstic event, the Medical Examiner must be notified at	by	11. Maritel Status 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorcad	12. Wes Decedent Armed Forces? 1 ☐ Yes 2 🛣 Note The Yes, Give Yeer or Dates:		11	as Decadent o Yes, specify Cu □ Yes 2 12 N	iban, Mexican, Pue	Specify Yes or No- rto Rican, etc.)	Ble	ck, White, e	tc.		
5	72 h	etec	15. Decedent's Ed (Specify only highest gre		10	(Give k	ent's Usuel Occ	e during most of w	orkina	16b. Kind of B	usiness/Indu	ustry		
21215-0020	d 2 should be filed within h and Mental Hygiene. 7 is marked other than "treumatic event, the Mes	Completed	Elementery/Secondary (0-12)	College (1-4or 5	+)	life. D	O NOT use reti	emaker			Home			
pu	al Hy other	Be	17. Father's Name (First, Middle, Last)					18. Mother's No	ame (First, Middle,	Maiden Sumen	ne)			
yla	Ment Ment Ment Ment Ment Ment Ment Ment	To	Harry Bluebaugh					Elia	zabeth Mc	Carney				
Maryland	2 sho and la me		19a. Intormant's Name/Reletionship (		1							Code)		
	Health Health Iem 27		Franklin H. Lamb	ert/Son				Road, Ke						
Baltimore,	permit. Pages 1 and Department of Health Important: If item 27 any injury or other tr once.		20a. Method of Disposition  12 ☐ Cremation 3 ☐  4 ☐ Donation 5 ☐ Other (Specify		ceme	tery, cremi	ition (Neme of etory or other p etery							
Ball	Depart Import any inj		21. Signeture of Funeral Service Licen		00921	] ]		& Basford		10d. Inside City Limits  1 Yes 2X No  10g. Citizen of What Country?  U.S.A.  14. Race - American Indian, Bleck, White, etc.  Specify: White  16b. Kind of Business/Industry  Home  First, Middle, Maiden Surneme)  eth McCarney  Route Number, City or Town, Stete, Zip Code)  ar, Maryland 21757				
	deeth certificate be executed  Example:  A for use es the burial-transit  A for use es the burial-transit  A for use the buria	Medical Examiner	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last	c. Mil	y tree	e consequent	In far ) enca of):	limen ig				Onset end Death		
Records, P.O. Box	aw requires thet the is been signed by th 2 should be detach	Completed by Physician/	Part II. Other eignificent conditions co	d.	it not resulting	g in the und	derlying cause (	jiven in Pert I.		es 2□ No	3 Proba	the cause of death?  ably 4 Unknown  e autopsy tindings leble prior to pletton of cause seeth?		
Œ	0 - 0	mo.							1 🗆 Y	es 20 No	10	Yes 2□ No		
Vital	Iclan: The certificete rector, pag	Be	25. Was case reterred to medical					26. Place of De	eth (Check only or	ne)				
of <	Q 0. 5	2	Hospital: 1 Transition 3 FR Outpatient 3 FR Outpatient 3 FR Outpatient 3 FR Outpatient						Home 5 ☐ Reside	enca 6 🗆 Oth	er (Specify)			
	5 e	ation:	27. Manner of Death  1 Neture! 5 Pending  2 Accident investigation	uryet ork? ☐ Yes 2 ☐ No	28d. Describe ho	ow Injury occur	red							
N N	tal or Attendir rs efter death. el Director: Al led in by the fu	Certification:	3 Suicide 6 Could not be determined	28e. Place ot Injubulding, etc	iry - At home, . (Specify)	farm, stree	et, factory, office	Э	28t. Location (Street end Number or Rurel Route Number, City or Town, Stete)					
	To the Hospital or I within 24 hours efter To the Funerel Director Completely filled in E	edicai	(Check only 2 Medical Exam	reician: To the best o iner: On the basis of and manner sta	examinetion (	ge, death o end/or Inve	occurred at the stigation, in my	time, dete end plac opinion, death occ	a, end due to the courred et the time, d	ause(s) and me ate end place,	enner as ste end due to t	ted. he ceuse(s)		
	To t To t com	Σ	29b. Signeture and title of certifier  Sound a decident and a deci	1 Apin	8. 11	ny		nse number		9d. Date signe				
	Sta	te	30. Name and address of person who come and the second of	ippo Tr.	Path (Item 23e	Box s	rint) 2/0 15	E treder	ck st.	hu/Ker	sulte	7 MD 21793		



Item: 5 per F.H.G-750 8/22/97 reb Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** July Dey 199 Year 5, 7:45 AM JOSEPH THOMAS LORENZ /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Federalsburg 6519 Baily Store Rd. Dorchester 5. Social Security Number 0858 6. Sax If Undar 1 Yaar If Undar 24 Hrs. 7. Aga (In yrs. lest birthday) Birthplace (Steta or Foreign Country) 8. Date of Birth (Month, Dey, Year) **Funeral** Deys Hours 1X M 2□ F 75 Yrs. 212-16-0888 Director 11-27-1921 Maryland Usual Rasidence of Decedent the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits permit. Pages 1 end 2 should be filed within 72 hours efter deeth with the Maryle Department of Heelth and Mentel Hygiene. Important: If its marked other than "naturel", or frems 23s or 28s-1 show with injury or other traumatic event, the Medical Examiner must be noritied at once. Dorchester Federalsburg 1 ☐ Yes 2 No Director 10e. Street end Number 10f. Zip Coda 10g. Citizen of Whet Country? United States 6521 Bailey Store Rd. 21632 Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 13. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indien, Bleck, White, atc. 1 □Yes 2 □ No If Yes, Give Yaar or Data*s*: 1 ☐ Naver Marriad 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify: White 3 □ Widowed 4 □ Divorced WW Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Anne Arundel Elementary/Secondary (0-12) College (1-4or 5+) County Schools Area Foreman Year 12 Years 17. Fether's Name (First, Middla, Last) 18. Mother's Neme (First, Middla, Meidan Sumema) Be Joseph Thomas Tilly Augustiniack Lorenz 2 19a. Informent's Neme/Raletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Routa Number, City or Town, Stete, Zip Code) 558 Allen Rd. Millersville, MD 21108 Joseph Thomas Lorenz, JR. 20b. Plece of Disposition (Name of cemetary, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Ramovai from State 4 ☐ Donation 5 ☐ Other (Specify) Stanislaus Cem. 7-9-97 Baltimore, MD 21. Signature of Fullerall 22. Nama and Address of Fecility Singleton Funeral Home Second Ave. S.W., Glen Burnie, MD21061 or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, ist only one cause on each line. Approximate Intervel Between Onset end Death **Physician** Immediate Celling (Final disease or condition resulting In death) /Medical Examiner Hospital or Attanding Physician: The lew requires that the death certificate be executed.
 24 hours effer death.
 Furneral Director: After this certificate has been signed by the attending physician and elety filled in by the furneral director, page 2 should be deteched for use as the buriel-transit elety filled in by the furneral director, page 2 should be deteched for use as the buriel-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No Anemia Completed by 24e. Was an autopsy performed? 24b. Wara eutopsy findings availeble prior to completion of ceuse of deeth? 1 🗆 Yes 1 Yes 2 No Be 25. Wes case referred to medical exeminer? 26. Piece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 5 Aesidence 8 Other (Specify) 27. Menner of Death 28d. Describe how Injury occurred Certification: 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 1 Naturel Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No 3 Sulcide 6 Could not be 28e. Plece of Injury - At homa, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide within 24 hours oft To the Funeral Di completely filled in Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end mennar as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, deta end plece, and due to the ceuse(s) end mennar stated. 29a, Certifier Medical 29b. Signature and title of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) person who completed cause of deeth (Item 23e) (Type, Print) 321 Blooming dale Ave, rederalsbung Webb 32. Registrer's Signeture 31. Dete filed (Month, Dey, Year) State JUL 1 0 1997 Registrar

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death July 10, Day 997 **Physician** Leon Lewis 3:55 am Edmond Sr. /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 1816 Hoopersville Road Hoopersville Dorchester 5. Social Security Number 6. Sex 14 M 2 ☐ F If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Months Days Yrs. Director 216-16-7742 Apr. 4, 1920 Maryland 10a State 10h County 10c. City, Town or Location must be nothing at 10d. Inside City Limits 1 Yes 24 No Director Maryland Dorchester Hoopersville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1816 Hoopersville Road 21634 U.S.A. Funeral items ; 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 1 No It Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours effect Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "neturel". 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify. 3 Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Waterman Shellfish Saltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) James Matthew Lewis, Sr. Floy Windsor 19a. Informant's Name/Relationship (Type, Print) Spouse 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21634 Rosa Elizabeth Parks Lewis 1816 Hoopersville Rd., Hoopersville, MD 20a. Method of Disposition
14 Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) Dorchester Mem. Pk. 7-12-97 Cambridge, MD 22. Name and Address of Facility Curran-Bromwell Funeral Home, P.A. 308 High St., Cambridge, MD plications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, one cause on each line. Approximate Interval Between **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, ate has been signed by the ettending physician page 2 should be deteched for use as the burie Physiclan/Medical Pert II. Other significent conditione contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown þ Completed 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was en autopsy performed? certificate hes 1□ Yes 2 No 1 Yes 2 No or Attending Physicien: Be ( 25. Was cese reterred to medicel 26. Plece of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No After this 27. Manner ot Death Medical Certification: 28a. Date of Injury (Month, Dev Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending Investigation Natural deeth. 1 ☐ Yes 2 ☐ No 2 Accident efter deeth In by the 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide within 24 hours off
To the Funeral Di
completely filled In Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, end due to the cause(s) end menner es stated.

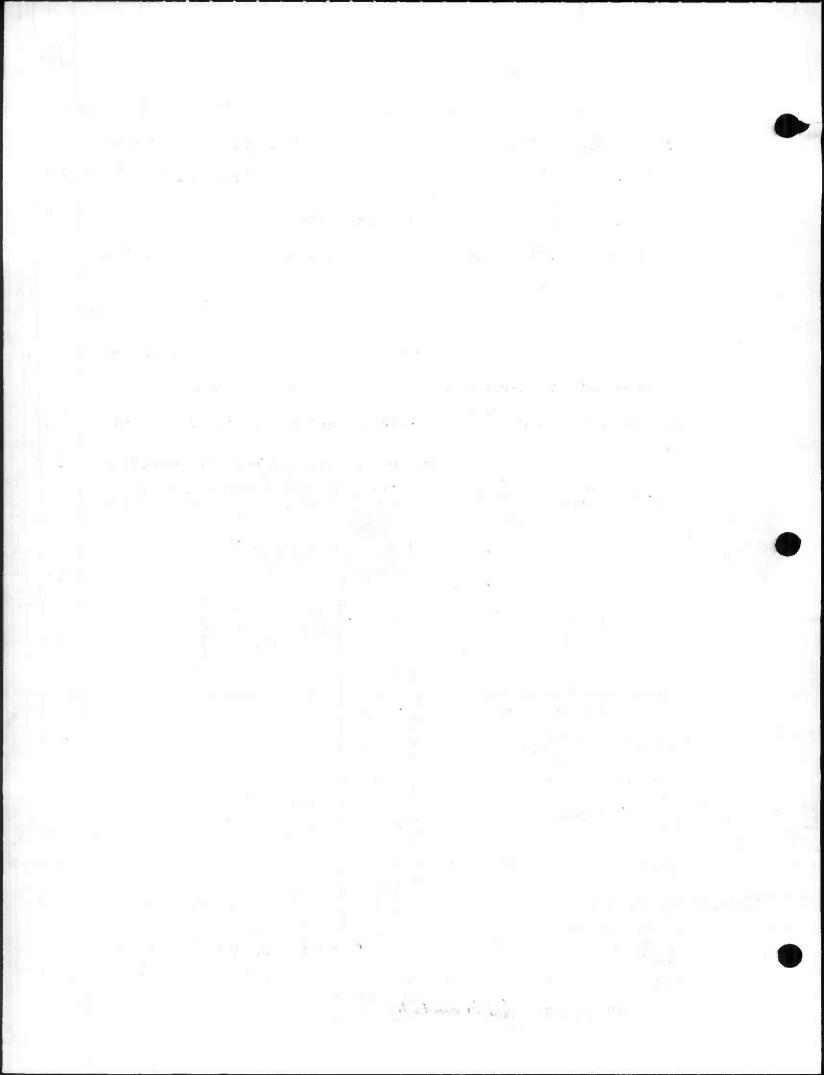
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner steted. (Check only one) 4 29b. Signeture and title of certitier 29c. License number 29d. Date signed (Month, Day, Year) 00050987 30. Neme and address of person who completed ceuse of death (Item 23a) (Type, Print) Aurora sweet NAWAZ HMED 31. Date filed (Month, Day, Year) 32 registrar's Signature

21613.

State

Registrar

JUL 11



State of Maryland / Department of Health and Mental Hygiene 7 220 |

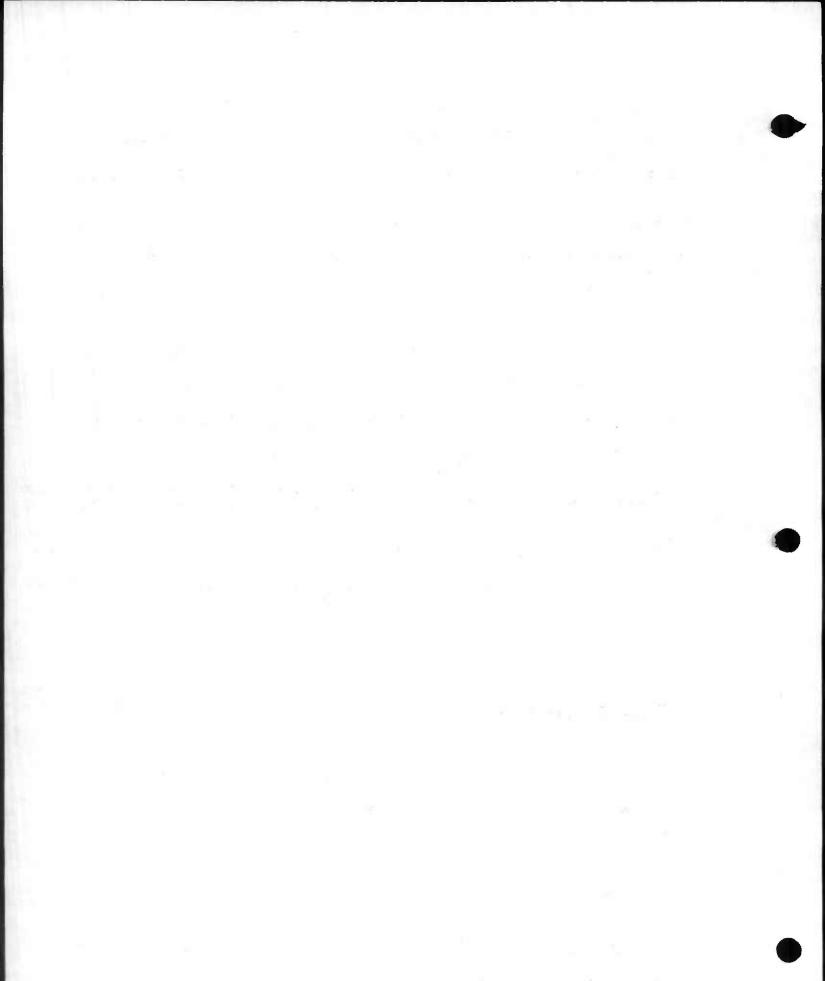
Certificate of Death 2. Data of Death 1. Decedant's Nama (First, Middle, Last) 3 Time of Death **Physician** July 2 Day 1997 Yaar Edgar Francis May 2:03 PM /Medical 4a. Facility Nama (If not institution, give street end number)
Memorial Hospital Easton 4b. City, Town, or Location of Death 4c. County of Death Examiner Easton Talbot. If Undar 24 Hrs. 8. Data of Birth (Month, Dey, Year) 7. Aga (In yrs. lest birthday) If Undar 1 Yaar 5. Social Security Number 9. Birthplaca (Stete or Foreign **Funeral** Months Days 1X M 2□ F Director 214-16-3016 Feb. 20, 1920 Maryland Usual Rasidance of Dacedant the Marylend 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or frams 23a or 28a-f show traumatic event, the Medical Examinar must be notified at 1□ Yas 2□No Director Maryland Talbot Easton 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 11472 Ocean Gateway 21601 USA 12. Was Decedant Evar in U,S. Armad Forcas? 1 ☐ Yas 2 XNo If Yas, Giva 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 14 Race - American Indian Black, Whita, atc. filed within 72 hours after of Hyglene. 1 Navar Married 2 Marriad Saltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: White Specify: à 3 ☐ Widowad 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Dacedant's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elamantary/Sacondary (0-12) Collega (1-4or 5+) 0 Farmer Agriculture pemit. Peges 1 and 2 should be filed in Department of Health end Mental Hygle important: If Itam 27 is marked other 1 any Injury or other traumatic event. 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surnema) Be Edward Washington May Mable Allen 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Virginia B. May/Wife 11472 Ocean Gateway, Easton, MD 21601 20a. Mathod of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stata 1 ☐ Burial 2 🏋 Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Chesapeake Cremation 7/7 Chester, MD Center J. Nama and Addrass of Facility 21. Signature of Funaral Sarvice Licensee Fellows, Helfenbein & Newnam Funeral Home 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrast,

Approximate Intarval Batween Onset and Death **Physician** /Medical Immadiata Causa (Final cardiac disaasa or condition rasulting in death) Examiner requires that the death certificete be executed buriel-trensit Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated avants rasulting In daath) Last Dua to (or as a consequence of) P.O. Box 68760, Physician/Medical Dua to (or as a consequance of): Part tt. Othar significant conditiona contributing to death but not rasulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown Type II Records, þ 8 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy pariormed? completion of ceusa of death? certificete hes 1 Yas 2 No 1 ☐ Yas 2 ☐ No Division of Vital Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certifice etely filled in by the funeral director, i 25. Was casa rafarred to medical axaminar? Be 26. Placa of Death (Check only one) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) To 1 ☐ Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Dascribe how injury occurred Medicai Certification: 5 Panding Invastigation 1 Natural Injury 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 Suicida 28f. Location (Straet end Number or Rurel Route Number, City or Town, Stete) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 I Homicida To the Hospital or within 24 hours eff To the Funeral Di completely filled in 1 Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifian 29b. Signatura and title of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) hus 3 30. Nama and addrass of person who complated ceusa of death (Itam 23a) (Type, Print) Daffin Lane, Denton, MD 21629 James Corwin, MD, 31. Data filad (Month, Day, Year) 32. Registrar's Signatura State

DHMH 16 Rev 6/95

Registrar



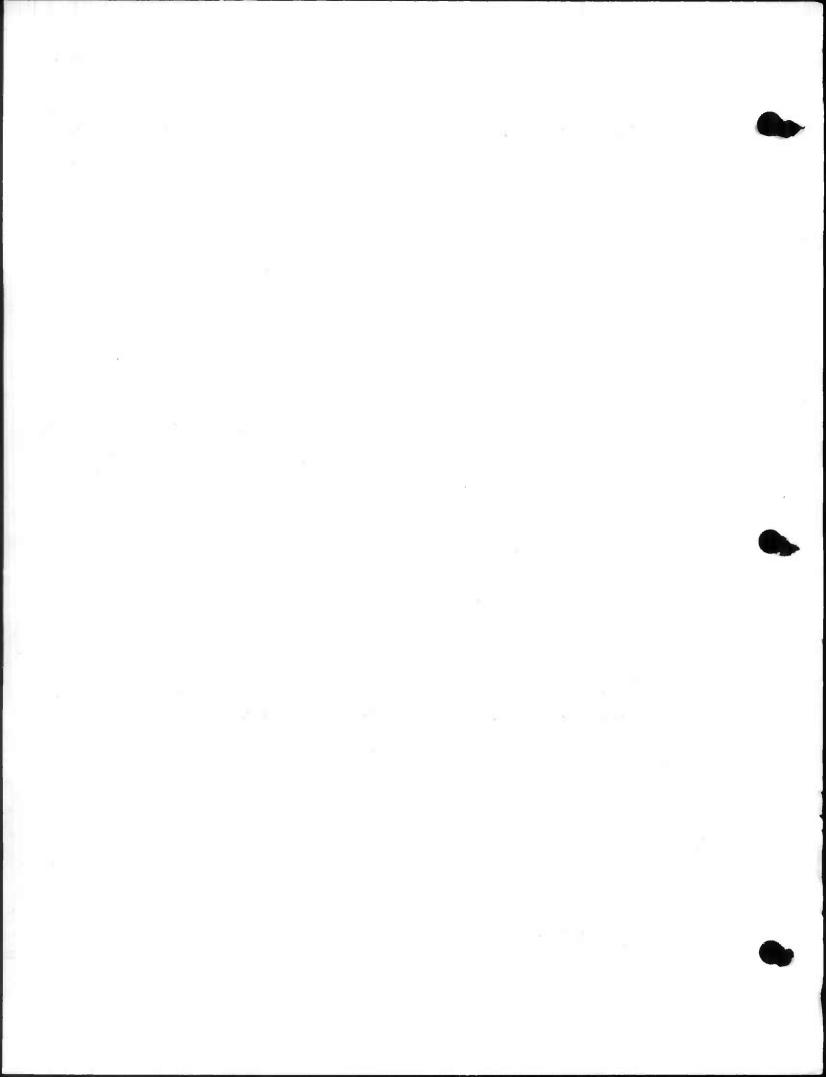
BOX 68760,
P.0
RECORDS,
OF VITAL
DIVISION

1 -

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

-		REGISTRAR		CERT	<b>TIFICAT</b>	E OF D	EATH	REG	i. NO.		
		1. DECEDENT'S NAME (First, Middle,	Last)					DATE OF DEA	ATH DAY	3. TIME	OF DEATH
		ROBERT JOS	SEPH MORRIS				J	MONTH ULY 4	1997	YEAR 6.	31 AM M
		4. SOCIAL SECURITY NUMBER		E (In yrs. last birth				. DATE OF BIRT	TH s	BIRTHPLACE (S	
		215-26-6704	1 <del>∏</del> M 2 □ F	65 Y	RS. MONTHS	DAYS HO	DURS MIN.	(Month, Day, Y		MARYLA	ND
3 should		9e. FACILITY NAME (If not institution,			9b. CIT	TY, TOWN OR L	OCATION OF DEAT			Y OF DEATH	TAD.
ري م	5	ALLEGANY CO NU	IRSING HOME		CID	MBERLAN	NID.		АТТ	EGANY	
1, 2,	ECTOR	ALLEGANY CO. NU								EGANI	
Pages 1,		10e. STATE 10b. CC	DUNTY	100	c. CITY, TOWN	OR LOCATION				10d. INS	IDE CITY
i.j.	DIR		LEGANY		CUMBI	ERLAND			_	1X YE	S 2 NO
ped	₹	10e. STREET AND NUMBER				10f. Zif	CODE		10g. CITIZI	EN OF WHAT COU	INTRY?
in.		320 HOLLAND S				21	1502		U.S	.A.	
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit.	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? TV YE		13		DENT OF HISPANIC y Cuben, Mexican,			4. RACE — Ameri Black, While, e	icen Indien,
5-0020 nding physic is the burial	BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? TYPY YE IF YES, GIVE WAR OR U.S. NAVY 1	DATES	_		NO Specify:		,	Specify:	
as th	ED E	15. DECEDENT'S						_		WHI	TE
2121 al or atte		(Specify only highest	grade completed)	(Give kir	ENT'S USUAL and of work done NOT use retired.	e during most of	working	16b. KIND (	OF BUSINESS/INDU	STRY	
d for	٦	Elementary/Secondary (0-12)	College (1-4 or 5 +)								
hosi tache	COMPLET	12 17. FATHER'S NAME (First, Middle, Las		KELLY	SPRING		TIRE CO		UCK TIRE	BUILDE	R
RYLAND ed by the hospit uld be detached ed at once.			•				. MOTHER'S NAME		,		
B ould b	BE	JAMES A. MORRI  190. INFORMANT'S NAME (Type/Print)		10b MA	II INC ADDRE		HILDA EL		H MATT  or Town, State, Zip (	No. de l	_
MARYLAND 21215 retained by the hospital or attend 5 should be detached for use as notified at once.	2			1							
Б 20 д д		JEAN MORRIS  200. METHOD OF DISPOSITION	WIFE	0b. PLACE AND D					MARYLAN		2
ALTIMORE, MARYLAN death. Page 6 may be retained by the hor funeral director, page 5 should be detact examiner must be notified at once.		1 Denille 2 Cremellon 3 4 Donellen 5 Other (Specify)	Removal from State	ametery, cremator	v or other place	e)			Oc. LOCATION CI		
		21. SIGNATURE OF FUNERAL SERVICE		OCKY GA			EMETERY ADDRESS OF FACIL		7 1997 F		
BALTIN nours after death. Pag of in by the funeral di or removal. medical examiner		A A	PMI	L			F-ADAMS		I. HOME	RF	D
BA BA by the fur the fur by al.		Nale o	L. Merro	(					UMBERLAN	D MARYI.	AND
B nours after of in by the or removal		23. PART i. Enter the diseases	, or complicatione that caus iure. List only one cause on	ed tha death.	Do not ente	er tha mode	of dying, euch	es cerdiec or	reepiratory arre	st, Ap	proximate
		IMMEDIATE CAUSE (Finel	ure. List Only one cause on	aach lina.							ervei Between set and Death
760, ed within z- completely filler al, cremation, event, the		disease or condition resulting in death)	a. CHRONIC	PE	J-4-1	Pahi	111/6			6	- YRS
3760, rted within completely fal, cremati		resulting in dastil)	DUE TO (OR AS	A CONSEQUEN	CE OF):	1 (2)					
RDS, P.O. BOX 6876 at the death certificate be executed by the attending physician and corn and Mental Hygiene prior to burfat, iy Injury, or other traumatic expenses.	z		<b>.</b>								
P.O. BOX 68 the certificate be executed hygiene prior to burificate or other traumatic	ERTIFICATION	Sequantielly list conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUEN	CE OF):						
BO) ate be hysician prior	2	cause. Enter UNDERLYING CAUSE (Disease or injury	c								
DS, P.O. Bother death certificate the attending physical difference of Mental Hygiene principary, or other the		that initiated events	DUE TO (OR AS	A CONSEQUEN	CE OF):						
P. P. seth control of the Hy	H	resulting in death) LAST	d								
SS, ee de de Ment Ment	0	PART II. Other algnificent cond	ditione contributing to death	but not result	ting in the i	underlying ce	ause alven in Pr	ort 1 24n W	AS AN AUTOPSY	ZAN WEDE AL	TOPSY FINDINGS
ORDS, s that the dea ned by the atl th and Menta any Injury,	DICAL	DIABETES					g	P	ERFORMED?	AVAILABL	E PRIOR TO
CO res ti		VIABETES	MELLINOS					-   1 <sup> </sup> 1   1	ES 2 NO	OF DEATH	H?
ITAL RECO N: The law requires the ficate has been signed State Dept, of Health if Ifem 23 shows an	ME	DID TORACCO HI	SE CONTRIBUTE TO	CALISE	OF DE	ATLL VE				1 TYES	8 2 XNO
law las b Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDIC		CAUSE	OF DE			Jan 1			
VITA	<u>5</u>	EXAMINER?	HOSPITAL:		QTHE		OF DEATH (Checi	( only one)			
CIAN ICIAN the String	HYS	1 TYES 2 NO	1   Inpetient 2   ER/O		OA 4 N	ursing Home 5	Residence 6				
VISION OF VITA ATTENDING PHYSICIAN: The ECTOR: After this certificate h is after death with the State D in 28 is marked, or item	표	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJUR (Month, Day, Year	286	TIME OF INJURY	28c. INJURY WORK?		6d. DESCRIBE	HOW INJURY OCCU	RED	
ON DING P	B	2 Accident Investige			M		2 NO				
ATTENDI CTOR: A after de		3 Suicide 8 Could no		RY — At home, for pecify)	erm, street, fa	ictory, office	1	8f. LOCATION ( City or Town,	Street end Number o State)	r Rural Route Numi	ber,
DIVISION DR ATTENDING I DIRECTOR: After hours after death	<b>E</b>										
	COMPLET		PHYSICIAN: To the best of my kno								
HOSPITAL FUNERAL WITHIN 72	S I	2 MEDICAL EXA	AMINER: On the basis of examinat	tion end/or invest	tigation, in my	opinion, death	occured at the tir	ne, date end pla	ice, end due to the	ceuse(e) end men	nner ee stated.
	ш	296. SIGNATURE AND TITUE OF CER	TIFIER			29	c. LICENSE NUMB	ER	29d, DATE	SIGNED (Month, D	lay, Year)
THE THE PORT THE MANAGEMENT THE PORT TH	0	70/2m	un Ch.				D14865		10		1997
7) [	임	30. NAME AND ADDRESS OF PERSO		DEATH (ITEM 27)	(Type, Print)		,,,,,	-	7.		
n13		DR. R. BARRERA	MEMORIAL	HOSPITA	AL CUM	IBERLAN	D MARYI.	AND			
		AL DATE CHED MA D. M. I.	to the selection of the								
		JUL 07	1997	MODEL A CONCY	Service Control of the Control of th						





### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9.7

22018

						,	Ce	rtifica	te of	Death	,	Reg. No.	G. C.	.010
	Discorted		1. Decedant's Nama (Fi	rst, Middla, Las	t)						2. Data of De Month	ath	Year	3. Tima of Death
	Physici /Medi		Elizabe	th M. N	Miller						JULY 7	Day 1997		5:20 PM
	Examir		4a. Facility Nama (If not							4b. City, Town, or	Location of Daat	h 4c. County	of Death	
10			MEMORIAL H	OSPITAI	& MEDICA	L CE	NTER			CUMBERL		ALLE		
	Funeral Director		5. Social Sacurity Numb 214-05-865 Usual Rasidence of Dac	1	V	e (In yrs. 1	ast birthday) Yrs.	If Unde Months	Days		8. Deta of Bir Wonth, De Mal. 2	5 , 1916	9. Birthplac	ce (State or Foreign
	pue & m			o. County		10c. City	, Town or Lo	ocation					10d	. Insida City Limits
	a-f sh	ctor	MD A	llegany	7		Cumber	rland	l					1⊠ Yas 2□ No
	23a or 28	Funeral Director	10e. Street and Numbar 834 Colum	bia Ave	nue				p Coda 2150	2		10g. Citizan of V		n
21215-0020	permit. Peges 1 end 2 should be filed within 72 hours effer death with the Maryland Depertment of Health and Mental Hygiene. Important: If item 27 is marked other than "netural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.	by	11. Marital Status 1 □ Navar Married 3 ☒ Widowed 4 □		12. Was Decedent Armed Forces? 1 ☐ Yas 2 ☐ I If Yas, Giva Yaar or Datas:			Was Dace If Yas, spe 1 ☐ Yas		Hispanic Origin? (Span, Maxicen, Puar Spacify:	Specify Yas or No to Rican, atc.)	Specify	e - American ck, Whita, ato	
5-0	72 hc	te		Dacedant's Ed			16a. Dace	dant's Usu	al Occu	pation	arkina	16b. Kind of B	usiness/Indus	stry
2	ithin	Completed	Elementary/Seconder		College (1-4or 5	5+)			isa retire	during most of wo	nking	Orm He	~~~	
2	ygien ygien ft. fr	S	12				Homem	aker				Own Ho		
and	be fill H off	Be	17. Fathar's Name (First John Cha								me (First, Middle rine (Tra		na)	
K	Mer Mer Marke Marke	P					T			_				
Ma,	alth and 2 sl		John F. M							t end Number or R d Road NI				oda)
Baltimore, Maryland	Peges 1 (ment of He ant: If Itam ury or oth)		20a. Method of Dispositi 1 ☐ Burial 2 ☐ Cra 4 ☐ Donation 5 ☐	amation 3 🗆		C	laca of Dispo ematary, crain nset M	matory or	othar pla		Data 07/11	20c. Location -		
Ball	permit. Depert Import any inj		21. Signatury of Funera	Sarvice Licen	120	Down	22			11 Funer and MD 2				
			23a. Part1. Enter tha di shock, or haart feil	saasa, or comp lura. List only o	lications thet ceusach he ceuse on aach li	the daath	. Do not an	tar the mo	da of dy	ing, such as cardia	c or raspiratory a	rrast,	lr.	pproximete itervel Batwaan Insat end Daath
	Physician /Medical Examiner		Immediata Causa (Final disaasa or condition resulting In daath)	1	a. Adenoca				-	creas				wo weeks
		ner				Dua to (o	r es e consec	quance or	:				1	
o,	rificete be executed ng physiclen end es the buriel-transit	Aedical Examiner	Sequantially list condition if any, leading to immed ceusa. Enter Undarlying Ceusa (Disaase or Injury	ons, liata	b. ————	Due to (or	as a consec	quance of)	:					
(68760,	rtificete be ng physicl	Medical	that initiated avents resulting in death) Last			Dua to (or	as e consag	quance of)	:					
Вох	ath ce ttendi	Physician/N			d									
P.O.	the a	ysic	Part II. Othar significant	conditiona co	ntributing to daath b	ut not rasi	Ilting in tha u	indarlying	ceuse gi	van in Part I.	23b. Did	tobacco usa co	ntribute to th	na cause of death?
	s thet the ned by e detac	by Ph	Cerebrovas	cular a	accident						1 🗆	Yes 2 No	3 Probal	bly 4 Unknow
Division of Vital Records,	The law requires that the death certificate be executed at hes been signed by the attending physicien end page 2 should be detached for use es the buriel-transit	Completed t									24a. Was	an eutopsy ormed?	availa	autopsy findings abla prior to plation of cause eth?
Œ.		Com									1 🗆	Yes 2 No	101	ras 2□ No
/ita	ysician: The I s certificete he director, page	Be	25. Was cese rafarrad to axeminer?	_							ath (Chack only	ола)		
7	Physic this co	T <sub>o</sub>							har: 4 Nursing I	Homa 5 ☐ Resi	dence 6 □Oth	ar (Specify)		
ono	Attending Physician: or death. ector: After this certific by the funeral director,	tion:	27. Manner of Daath 1 Natural 5 { 2 ☐ Accident	☐ Pending invastigation	28a. Date of Inju (Month, Day	ry y Yaa <i>r)</i>	28b. Tima o Injury	f M	28c. Inju Wo 1 □	nyat ork? ]Yas 2 □ No	28d. Dascribe	how Injury occur	rad	
Divis	7 4 7 6	3 Suicida 6 Could not be determined 28e. Place of Injury - At home, farm, straat, fact building, etc. (Specify)						raat, facto	ry, office		28f. Location ( City or To	Straat and Numb wn, Stefa)	par or Rural F	Routa Number,
	To the Hospital of within 24 hours of To the Funeral D completely filled it	edical	29a. Cartifier (Check only one)	Certifying Phy Medical Exam	reician: To the best of Inar: On the basis of end mannar sta	axaminat	vledge, death ion end/or In	h occurred vastigation	at tha ti	na time, dete end plece, end due to the causa(s) and menner es steted.  my opinion, daath occurred et the time, data and place, end due to tha ceusa(s)				
	To the To the Complex	X	29b. Signatura and titla	of certifier		1		29	c. Llcan	sa number		29d. Data signe	d (Month, De	y, Year)
	4							D 14865 JULY 8, 1997				1997		
	940		30. Nama and eddyess of			,		,		c cinc	TIDT 4375		,	
	Cha	to	ROBUSTIANO 31. Date filed (Month, Da		A M.D., MI			OLCAL	BLD	G., CUMB	EKLAND,	MD 215	02	
	Sta Registr		1111 0 8		Chalin Street	_	V 4							

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 2 2 0 | 9

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month Yeer FRANCES WANEX MOXEY JULY 1997 1500 4 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b City Town or Location of Deeth 4c. County of Deeth Examiner DORCHESTER GENERAL HOSPITAL CAMBRIDGE DORCHESTER If Under 24 Hrs. Hours Min. 5. Sociel Security Number If Under 1 Year 9. Birthplece (Stete or Foreign Country)
MARYLAND 7. Age (In yrs. lest birthdey) **Funeral** 1 □ M 2 K F Deys 89 Yrs. 220-03-1163 Director Usuai Residence of Decedent the Maryland 10h Counts 10c. City, Town or Location 10d. Inside City Limits 28a-f show "natural", or items 23a or 28a-f shov adical Examiner must be notified at 1 ☐ Yes 2 No Director MARYLAND DORCHESTER EAST NEW MARKET 10e. Street end Number 10f, Zip Code 10g Citizen of What Country? 3724 WARWICK ROAD 21631 USA death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑No If Yes, Give Yeer or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck. White, etc. Pages 1 and 2 should be filed within 72 hours aftar (and of health and Mental Hygiena. Int: If Itam 27 is marked other than "natural", or iter INY or other traumatic event, the Medical Examinar INY or other 1 ☐ Never Married 2 X Married 21215-0020 1 ☐ Yes 2 X No Specify: WHITE Completed by Specify 3 ☐ Widowed 4 ☐ Divorced 15 Decedent's Education 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER OWN HOME Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surneme) Be JOSEPH WANEX, SR. ANTOINETTE MICHALSKI 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) ANDREW J. MOXEY/HUSBAND 3724 WARWICK ROAD, EAST NEW MARKET, MD 21631 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other piece) Date 20c. Location - City or Town, Stete 1 DI Buriel 2 Cremetion 3 Removel from Stete Important: If any injury o once. 4 Donetion 5 Other (Specify) OUR LADY OF GOOD COUNSEL 7/7 SECRETARY, MARYLAND 22. Name end Address of Fecility ZELLER FUNERAL HOME, P. O. BOX 207, 106 MAIN STREET, EAST NEW MARKET, MD 21631 Part / Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause of each line. **Physician** ardiac anest-/Medical Immediate Ceuse (Final disease or condition resulting in death) **Examiner** Due to (or es e consequenca of): The law requires that the death certificate be executed burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medical the for use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? ata has been signed by page 2 should be datac 1 Yes 2 No 3 Probably 4 Unknown þ Be Completed 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Aftar this certificata has 1 ☐ Yes 2 No after death.

Director: Aftar this certific
d in by the funeral director, 25. Wes case referred to medical 26. Plece of Deeth (Check only one) exeminer Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 2 1 Inpatient 2 ER/Outpetient 3 DOA 27. Manner of Death Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 ☐ HomicIde 6 To the Hospital o within 24 hours af To the Funeral D completaly filled i Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pieca, end due to the ceuse(s) end menner es steted.

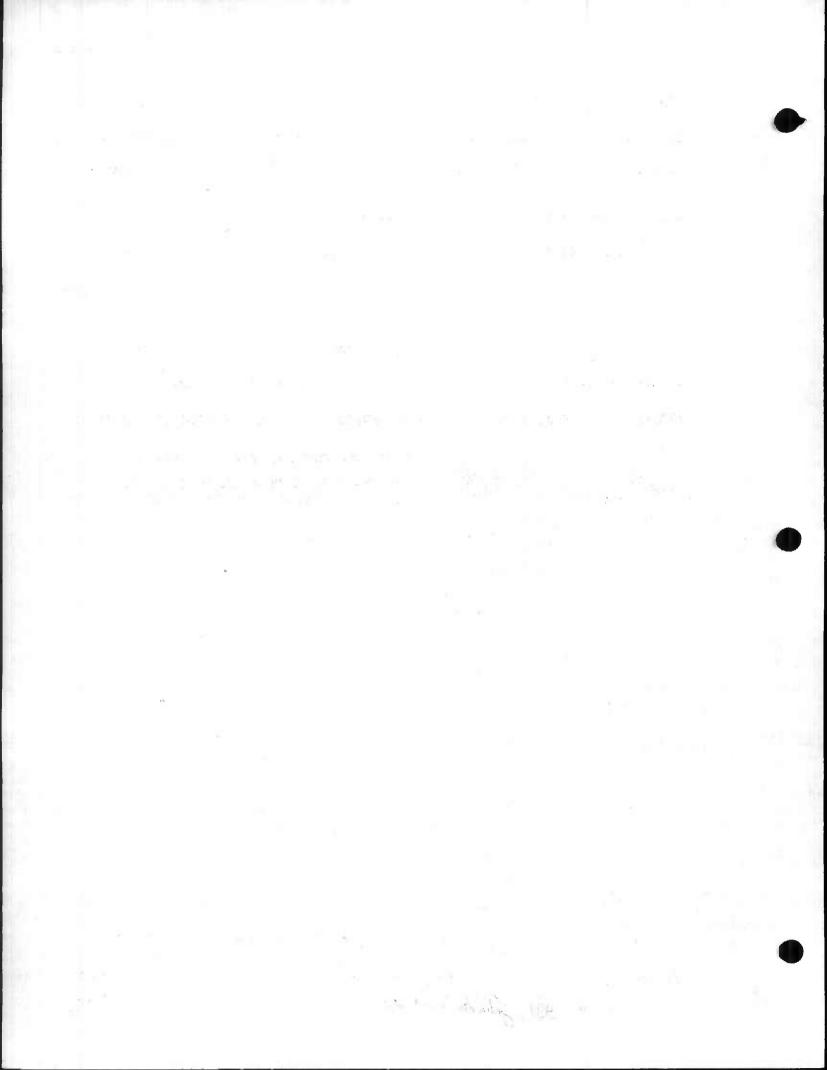
Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date and piece, end due to the cause(s) end manner steted. Medical 29a. Certifier 29b. Signeture et a title of cartifier 29c. License number 29d. Dete signed (Month, Day, Year)

HHM ED

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

NAWAZ

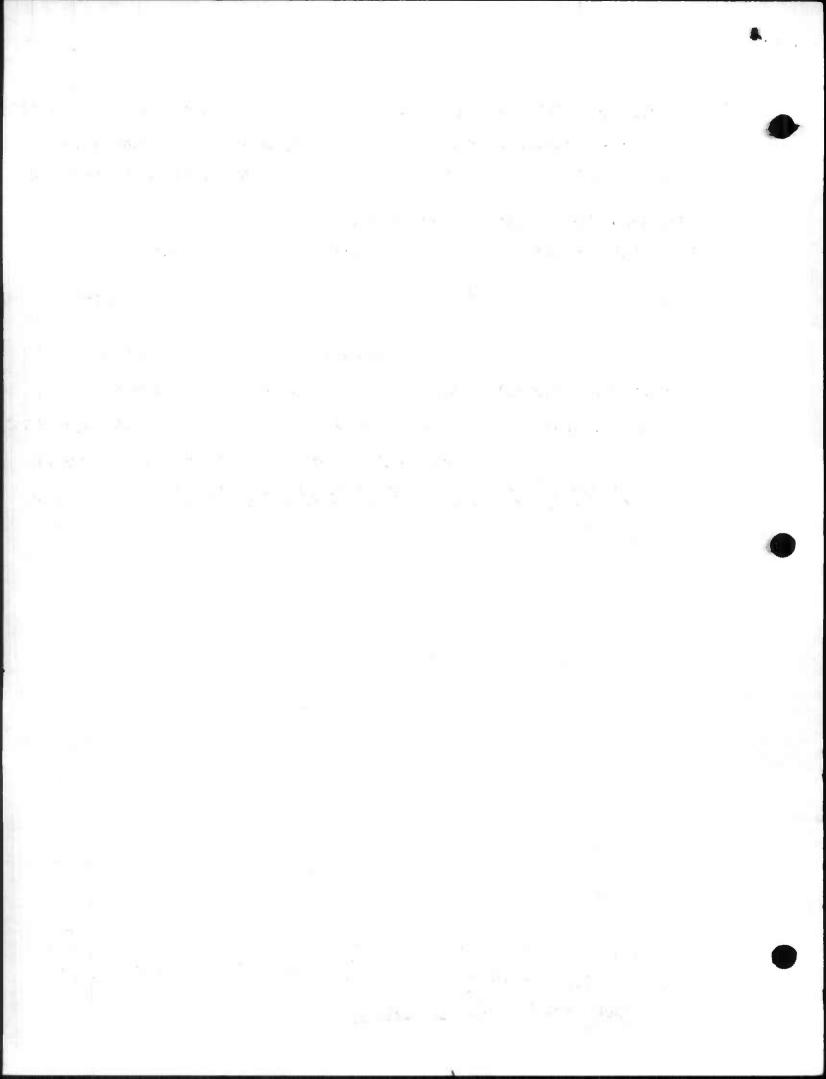
105



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 2020 State of Maryland / Department of Health and Mental Hygiene

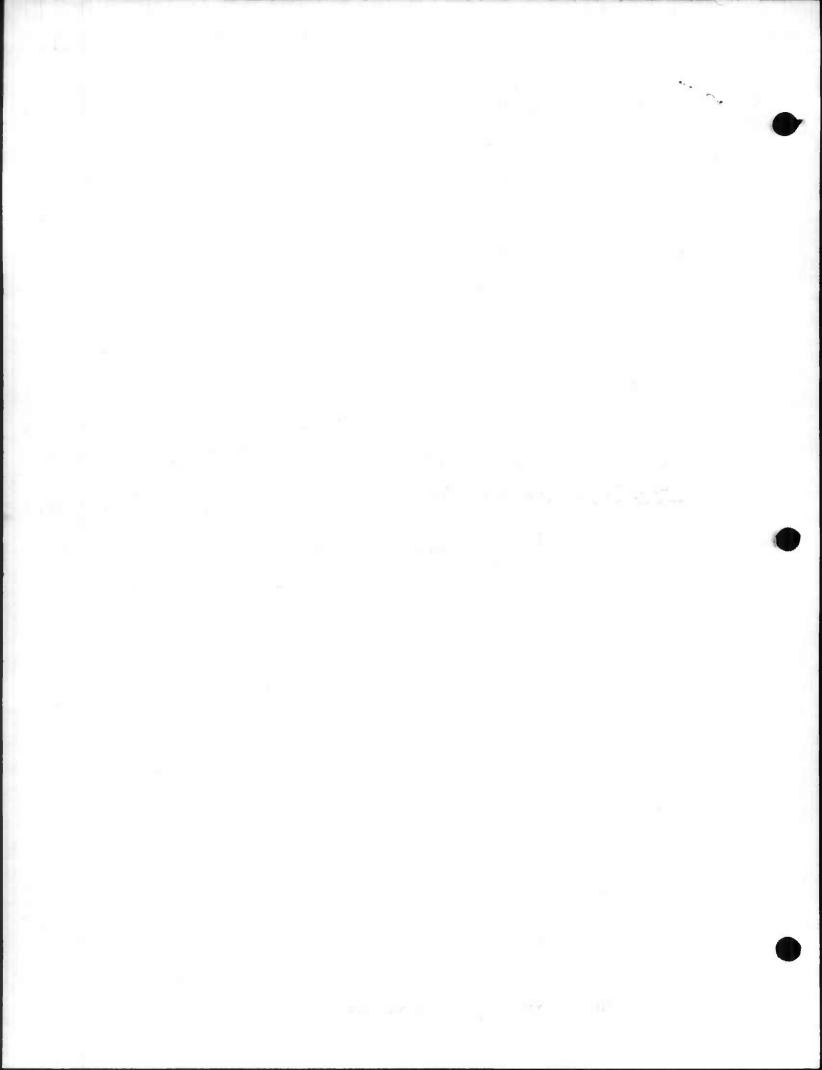
			Cel	rtificate of Death		g. No.	
-1	Physic	an	Decedent's Nama (First, Middla, Last)		2. Date of Death Month	Day Year	3. Time of Death
	/Medi		MILDRED ROMAINE MC CLOSK		July 3	3, 1997	11:304
	Examii	ner	4a. Facility Name (If not institution, give street and number)	4b. City, Town, or Lo		4c. County of Death	
	<b>.</b>		55 East Washington Street 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday)	Hagerst If Under 1 Year   If Under 24 Hrs.		Washin	
	Funeral Director		220-10-3527 1 M 2 F 79 Yrs.  Usual Residence of Decedent	Months Days Hours Min.	8. Date of Birth Month, Day, April 2	1,1918 Cou	place (State or Foreign htty) Maryland
	ylend		10a. Stata 10b. County 10c. City, Town or Lo	ocation		1	Od. inside City Limits
	Mer Merita	ctor	Maryland Washington Hagers	town			1 Yes 2 No
	ath with the Meryler 23a or 28a-f show	Funeral Director	10e. Street and Number 55 East Washington Street	10f. Zlp Code 2 1 7 4 0	10	g. Citizen of What Cour U.S.A.	ntry?
020	or items	by	1 ☐ Naver Married 2 ☐ Married 1 ☐ Yes 2 ☑ No	Was Decedent of Hispanlc OrlgIn? (Spif Yes, specify Cuban, Mexican, Puarto	ecity Yes or No- Rican, atc.)	14. Race - Americ Black, White, Specify: Wh	
Maryland 21215-0020	within 72 hours ena. than "natural",	Be Completed	(Specify only highast grada complated) (Give life. If	dent's Usual Occupation kind of work dona during most of work DO NOT use retired)	king	6b. Kind of Business/In	
121	filed with Hygiena. ther than	S	17. Father's Nama (First, Middle, Last)	omemaker	- 450-4 441-44	Own Hom	е
and		Be C	Clarence Marshall Fouche	Jennie	e (First, Middle, Me e Mae	Hovis	
7	d 2 should be fith and Mentel It is marked of traumetic ever	To		ng Address (Street and Number or Rur			Code)
	D # 2 2			West Franklin S			
ore,	of Haalt of Haalt litem 2 r other			osition (Name of matory or other place)		Oc. Location - City or To	
Ĕ	Pagement: Hant oury o		IAD DUTIAL 2 LI CIAMALION 3 LI ROMOVALITONI SIALA		07-97 H	agerstown,	Maryland
Baltimore,	permit. Pages Department of Important: If it any injury or o		\ \( \lambda \)	2. Name and Addrass of Facility ndrew K. Coffman F D East Antietam St	uneral H	ome, Inc.	Md. 21740
			23a. Part 1. Ep / the disaasa, or complications that causad the death. Do not ent shock, or yeart failure. List only one causa on each line.				Approximate interval Between
9	Physician /Medical Examiner		Immediate Causa (Final diseasa or condition resulting in death)  a. Acute MyD	LAVOLALIN	FAVETA	2	Onset end Death
	D #	iner	Due to (or as a consequence of the consequence of t	b ( COVONAIN	NAL	Dikns	4
, 0	icete be axecuted physician end s the burial-trensit	edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avants	quence of):	, ( )		
68760,	g physic es the b	_ 1	Cause (Disease of Injury that initiated avants resulting in death) Last  Dua to (or as a conseq	uance of):		100	
Вох	attending	an/N	d				
	the atte	sici	Part ii. Other significant conditions contributing to death but not resulting in the un	nderlying cause given In Part i.	23b. Did tob	acco use contribute t	the cause of death?
s, P.O	ires that the de signed by the d be detached	oy Phy	Hyperteusian		100/00	2 □ No 3 □ Pro	bebly 4 Unknown
of Vital Records,	requiped should	Completed by Physician/M	chronic obstruction pulm	emay LigeAse	24a. Was an perform	ed? av	ere autopsy findings vallable prior to empletion of cause death?
- R	The ate h	mo:	/		1□ Yes	_/	☐ Yes 2☐ No
/ita	Physician: The this certificate ral director, pag	Be	25. Was case referred to medical examiner?	26. Piace of Deal	th (Check only one	)	
of	this aldi	ဥ	1 ☐ Yes 2 ☑ No Hospital: 1 ☐ inpatient 2 ☐ ER/Outpatien		oma 5 Rasiden		y)
u	D 9 5	tlon	27. Manne of Death  1 DN atural 5 Pending (Month, Day Year)  2 Accident investigation	f 28c. injury at Work?  M 1 Yes 2 No	28d. Describe hov	vinjury occurred	
Division	To the Hospital or Attending within 24 hours after death.  To the Funerel Director: After completely filled in by the fune	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined 28e. Placa of injury - At home, farm, strubuilding, etc. (Specify)		28f. Location (Stre City or Town,	eet and Number or Run State)	al Route Number,
	Hospital 24 hours Funerei stely fillec	Medical C	29a. Certifier (Check only one)  To Certifying Physician: To the best of my knowledge, death 2 Medical Examiner: On the basis of examination and/or invariant manner stated.	n occurred at the time, date and piace, vestigation, in my opinion, death occur	and due to the cau red at the time, dat	se(s) and manner as s e and place, and due to	tated. o the cause(s)
	omple	Me	29b. Signature and title of certifier	29c. License number	29	d. Date signed (Mgnth,	Dayl Yger)
			1) in T. Heli M.	D26523	A1 . A	7/7	151
			30. Name and address of person who completed cause of death (Item 23a) (Type,	Print) 1110 STEDIC	DW /	JP ZR	OAP
	Sta Registr		31. Date flied (Month, Pay, Year) 1997 32. Registrar's Signatura	indest.		-1/	1

DHMH 16 Rev 6/95



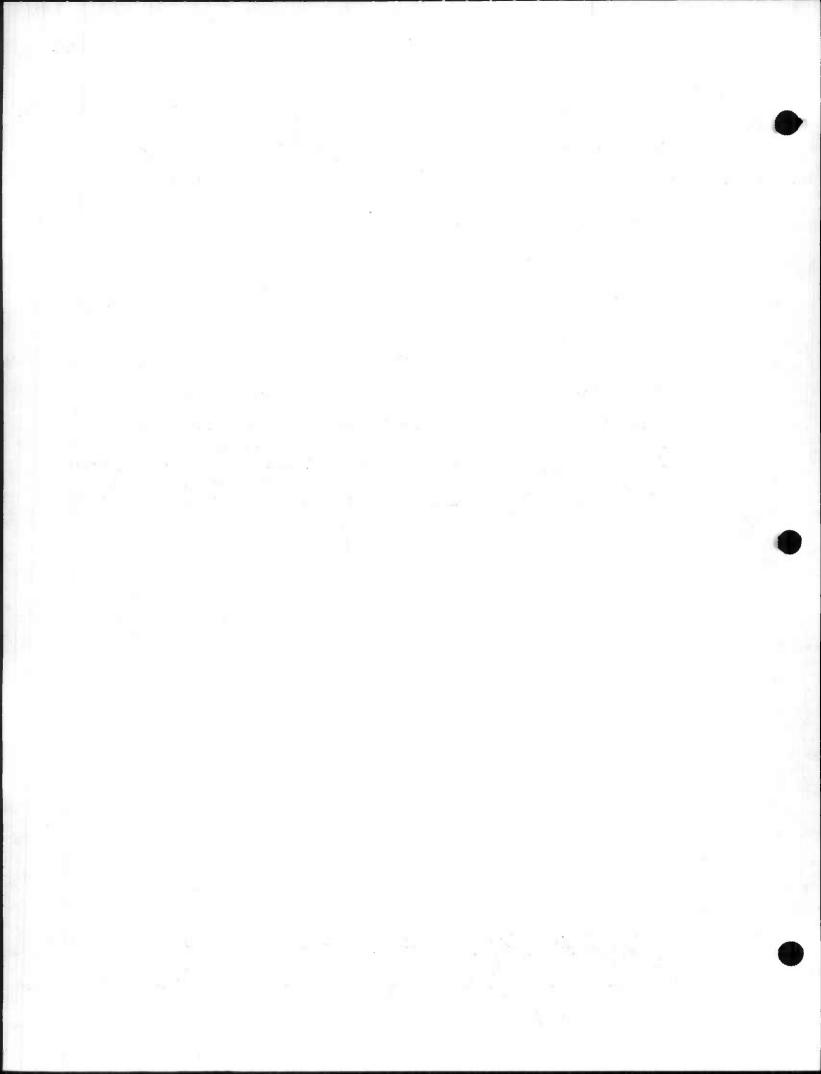
## Please Type or Print in Black Indelible Ink. Assure All Copies Are segible 2 2 0 2 1 State of Maryland / Department of Health and Mental Hygiene

					Ce	rtificate of	Death		Reg. No.			
Г	Dhooid	.2_	1. Decedent's Neme (First, Middle, Las	st)				2. Dete of Dee		Year	3. Time	of Deeth
	Physi₫ /Medi		Clara Louise	Madden				June 25			9:05	P. M.
	Exami		4a. Fecility Name (If not institution, give	street end number)			4b. City, Town, or					-1
	Funeral Director		212-07-1468	esing Home □M 2只F 78	rrs. last birthdey) Yrs.	If Under 1 Year Months Deys	If Under 24 Hrs	. (Month, De)	Washi (, Year) (0, 1919	9. Birthpl Count	lece (Stete try)	e o <i>r Foreig</i> n
	land		Usual Residence of Decedent  10e. Stete 10b. County	10c.	City, Town or Lo	ocation				10	0d. Inside	City Llmits
	Mary	ō	Maryland Washing	ton Ha	agerstow	m						es 2 No
	r 28a	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of V	Whet Count	try?	
	23a c		13021 Clopper Road	d		21740	)		110	SA		
	ems erms	Funerai	11. Merital Status	12. Wes Decedent Ever in Armed Forces?	U,S. 13.		Hispenic Origin? (S pen, Mexican, Puer	Specify Yes or No-		e - America k, White, e		
21215-0020	d within 72 hours after death with the Maryland jiene. r than "netural", or items 23s or 28s-f show the Magical Examiner must be notified at	by	1 Never Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates:		1 □ Yes 2√ No		to rindari, oto.y	Specify		Whi	ite
2	72 h	etec	15. Decedent's Ed (Specify only highest gre	ucation de com <i>pleted)</i>	(Give	dent's Usuel Occu	during most of wa	rking	16b. Kind of Bu	usiness/Ind	lustry	
7	within ene. then	Completed	Elementery/Secondary (0-12)	College (1-4or 5+)	life.	DO NOT use retire	ed)					
0	Hygi ther		17. Father's Neme (First, Middle, Last)		none		18 Mother's Ne	me (First, Middle,	Maiden Sumer	none		
Maryland	0 0 0	o Be	Vernon R. Mado									
37	2 should be end Mental is marked to	P	19a. Informant's Name/Relationship (1		19b. Meili	na Address (Stree	t end Number or R	Louise		Jnknov Stete Zin		
	permit. Pages 1 end 2 should Department of Health end Mel Important: If Item 27 Is marke any Injury or other traumatic once.		Robert Tracy 20a. Method of Disposition 1 St Burial 2 Cremation 3 4 Donation 5 Other (Specify 21. Signature of Funerel Service Licen	Removel from State	Glen Hav	en Cemet  Name end Addr	ery	6/30/97		ore, N	Mary1	
	_	1200	23a. Pert1. Enter the disease, or comp	plications that caused the de				JOS N.	LOWN. N	arvla	reet	1.740
	Physician /Medical Examiner	ner.	Immediate Ceuse (Finel disease or condition resulting In death)		Contraction (or as e consecution)	quence of):	~ Car			1	Onset end	d Death
68/60,	certificate be executed iding physician end ise as the buriel-transit	Medicai Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury thet initieted events resulting in deeth) Last	Due to	o (or es e consec	quence of):						7
		lan/h		d								
5	the death by the etter ached for u	Physician/	Pert II. Other significent conditione co	entributing to deeth but not r	resulting In the u	nderlying cause g	iven in Pert I.	23b. Did t	obecco uee co	ntribute to	the cause	e of death?
7	hat det	by Ph						1 🗆 1	res 2□ No	3 □ Prob	ably 4[	<b>⊒Unkno</b> wn
	aw 2 s b	Completed						24a. Was o	en eutopsy med?	eve	ere eutopsy eileble prio npletion of deeth?	or to
								1□ Y	es 2 10	1 🗆	] Yes 2(	□ No
N (Ta	ysician: The	Be	25. Wes case referred to medical examiner?	Hospitel:		0	hor:	eth (Check only o				
ō	등 글 등	tion: To	27. Menner of Deeth 1 Waturel 5 Pending	28e. Dete of Injury (Month, Day Year)	ER/Outpetier 28b. Time o Injury	f 28c. Inju		fome 5 ☐ Resid			)	
DIVISION	To the Hospital or Attending is within 24 hours effer death. To the Funerel Director: After completely filled in by the funer	Certification:	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined		t home, farm, str poify)			28f. Location (S City or Tow		er or Rurel	Route Nu	ımber,
	To the Hospital or A within 24 hours efter To the Funerel Directompletely filled in b	edical	29a. Certifier (Check only one) 1 ☐-Certifying Phy	velcian: To the best of my k liner: On the basis of exami end menner stated.	nowledge, death inetion end/or in	n occurred et the t vestigetion, in my	ime, date end place opinion, death occi	e, end due to the durred et the time, d	euse(s) and me lete end plece, o	enner es ste end due to	eted. the ceuse	∍(s)
	withir To the	Me	29b. Signeture end litle of certifier			29c. Licen	se number	- 1	9d. Date signe	d (Month, E	Dey, Yeer)	
			1	na mo		DI	8019		Jume :	26	(99-	2
			30. Name and address of person who of Vasant Datta				3.4			`		
	Sta	10	31. Dete filed (Month, Day, Year)	334 Mj.11 St		Hagers tw	on, Mary	Land 21	740			
	Sta Registr		31. Dete filed (Month, Day, Year)	1997 Julia	Davidson	Pandelle						



## Please Type or Print in Black Indelible Ink. Assure All Copies Are pegible 2 2 0 2 2 State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificate	of I	Death			Reg. No.		
			1. Decedent's Neme (First, Middle, La	ist)							2. Dete of D	eeth		3. Time of Death
	Physic		Kevin Arnold Mier	S							Month July	Dey 4 1 Q	97	5:10 Pm
	/Med Exami		4a. Fecility Name (If not institution, give		er)			4	b. City, To	wn, or L	ocation of Dea		County of Dee	The second second second
1			7700 Yellowstone	Max				١,	Dowrzo	o d				
Н	Funeral		5. Social Security Number 6. S		Age (In yrs. las	t birthday)	If Undar 1 \	raar_	Derwo If Under		8. Dete of Bi		ntgome:	
	Director		212-92-8036 Usual Residence of Decedent	I <b>∑</b> M 2□F	2	8 Yrs.	Months D	eys	Hours	Min.	(Month, D May 15			thplece (State or Foreign country) nsylvania
	rylan how	١.	10a. State 10b. County		10c. City, 7	own or Lo	ocation							10d. Inside City Limits
	72 hours efter death with the Maryland natural, or items 23a or 28a-f show dical Examiner must be nutified at	by Funeral Director	Maryland Montgome 10e. Street end Number	ry	Derwo	od	10f. Zip Co	ode				10g. Citiz	en of What Co	1 ☐ Yas 2 🗷 No
	3a o	0	7700 Yellowstone	Llow			2005	E						,
	ns 2	lera	11. Merital Status	12. Was Deceder	nt Ever in U.S.	13.	2085 Was Daceden	_	ispenic On	ain? (Sp	ecify Yas or N	USA 0- 1	4. Race - Ame	erican Indian
0	ther the	E	1 Never Married 2 Married	Armed Forcas			If Yes, specify	Cuba	n, Mexicar	, Puerto	Rican, etc.)		Black, Whit	
020	ors e	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Detes			1□ Yes 2🛚	No	Specify:			-	Specify:	71
21215-0020	72 hours "natural",	B	15. Decedent's Ed	ducation	1	6a. Dece	dent's Usuel O	ccupa	ation			16b. Kin	nd of Business	White Modustry
715	C 2 40	Completed	(Specify only highest gre	ade completed)		(Giva	kind of work a DO NOT use r	tone o	during mos	t of work	ing			
212	filed within Hygiane. rther than "	E	Elemantary/Secondery (0-12)	College (1-4o		Droce	Dont					Distri	4.3 C.	
	Hyg the	Bec	17. Father's Name (First, Middle, Last,	)		ries	Dept.	Т	18. Mothe	r's Nam	a (First, Middle	, Maidan	ting Co Su <i>m</i> ame)	ompany
Maryland	should be filed within and Mantal Hygiane. marked other than urratic event, the Mantal Andrews.	To B	Nicholas Paymond	Mione						D 1				
2	2 should end Man Is marke aumatic	F	Nicholas Raymond  19a. Informent's Name/Relationship (			19h Mallir	ng Address /S	troot			ecca_Ai		Tour State	Zin Codel
Mag	2 0 0 0			, ypa, , , , , , , , , , , , , , , , , , ,										
é	of Haalth Item 27 I		Nicholas Miers  20e. Method of Disposition				Yellow sition (Name)		one W	ay,	Derwood		2085. cation - City or	
ō	m O = h-		1 ☑ Burial 2 ☐ Cremation 3 ☐		0.000	etary, crar	matory or otha	r piac	a)	7	/8/97	200. Loc	ation - City of	TOWIT, State
ţ	tant fury		4 Donation 5 Other (Specif		Rest		n Memor			dens	3	Fred	erick,	Maryland
Baltimore,	permit. Page Depertment of Important: If any Injury or once.		21 Signature of Funeral Service Licer	1500		22	2. Name end A	ddres	s of Fecilit	y St	auffer	Fune	ral Hor	ne
Mad	00 = 6 O		Num M	The same		16	521 Opo	ssi	ımtow	n Pi	ke, Fre	ederi	ck, MD	21702
	Ti wi	10	23a. Part1. Enter the disease, or com	plications that caus one cause on each	ed the daath. I	Do not ent	ar tha mode of	f dying	g, such as	cerdiac	or respiretory	arrest,		Approximete Interval Between
4	Physician			1										Onset and Death
я	/Medical		Immediate Ceuse (Final disease or condition	. //	195	OT	HIL	16	M	A				4 MONTHS
п	Examiner		resulting in death)	a	Due to (or as				,					10111
	70 25	ner												
	eath certificata be axecuted ettending physician and for use es the burial-trensit	Examiner	Sequentielly list conditions,	b. ————	Dua to (or es	a consec	uenca of):							
Ó	an a		if eny, leading to immediate cause. Enter Underlying											
68760,	ysici	Medicai	Cause (Diseese or Injury thet initieted events resulting in death) Last	C	Due to (or as	a conseq	uenca of):							
	tifica ng ph es ti	P	resulting in death) Last		,									
Box				d										
8	the death y the etter ached for	icia	Part II. Other significant conditions of	ontributing to death	but not regulting	o in the	adarbijaa aassa	a abia	n la Dart I		age Die	Anh nann i		As the series of death &
0	thet the de ned by the e detached i	Physician	t art ii. Other arginicant conditions of	orthodding to death	but not resultin	ig in the u	ndanying caus	e give	en in Pert I.					to the cause of death?
σ.	thet det										1	Yes 22	No 3□P	robably 4 Unknown
ds,	requires that peen signed b hould be deta	d by									24a Was	an autops	24b	Wera autopsy findings
Record	v requ	Completed										ormed?	7	eveileble prior to complation of causa
3e	2 8 8	E G												of deeth?
		S									1 🗆	Yes 2₹	No	1 ☐ Yes 2 ☐ No
Vital	Physician: this certific ral director,	a	25. Wes case referred to medical exeminer?							of Deet	(Check only	one		
of	Physic this c	P	1□ Yes 2 1 1 1 1	Hospital: 1 Inpet	tient 2 ER	/Outpetien		Othe	4 🗆 190	rsing Ho	me 5 Res	idenca 6	□Other (Spe	cify)
		 0	27. Manner of Deeth 1 ☑ Natural 5 ☐ Pending	28a. Date of Inj (Month, D	jury 28 lay Year)	b. Time of Injury	28c.	Injury Work	at ?		28d. Describe	how Injury	occurred	
5	Attending ir death. ector: After by the fune	ati	2 ☐ Accident investigation				М	1 🗆 \	/es 2□f	Vo				
Division	ar der	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	280. Maca of Ir	njury - At home etc. (Specify)	, farm, str	eet, factory, of	fice				Street and wn, State)	Number or Ru	ural Route Number,
	s efte	Cer		, c	oto (opcomy)						ony or vo	, O.u.o,		
	To the Hospital or Attendi within 24 hours eftar death. To the Funeral Director: A completaly filled in by the formal completes the formal completes of the formal completes o	edicai	29a. Certifier 1 CertifyIng Phyone 2 Medical Example 1	ysicien: To the besi	of exemination	dge, death and/or inv	occurred at the	ne tim my op	e, date and inion, deet	d place, h occurr	and due to the ed et the time,	cause(s) e	end manner es place, and due	s stated. to the cause(s)
	within 2 To the	Mec	29b. Signature and title of certifier	and manner s	nated.	7.0000			number					
	F ₹ 5 8		V/21 11 11	Mari	2.1	11	290. Li	2	211	0-	7		signed (Mont	
			CHOUGH M.	Hays	lly	IVI	110	5	af	U		VUL	4 7.	199 /
		1		completed cause of	deeth (Item 23	a) (Type,	Print)				. 3	#_	0 .	199/
				ncology/	Herra trer's Signalure	to 6 %	4 97	07	Med	ical	ctr. br	. 301	D Kecker	ille MO 20850
	Sta		31. Date filed (Month, Day, Year)	3z. Regist	trer's Signature	0						_		
	Regist	ar	JUL 0 8 19	9/	Saveles	whard	all							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 2 2 0 2 3 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month June 24, 8:00 P.M. Stanley William MITCHELL 1997 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Northampton Manor Nursing Home Frederick Frederick 7. Age (In yrs. last birthday) 76 Yrs. If Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Months Days 1⊠M 2□ F 213-16-1810 Sept. 6, 1920 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐Yes 2 ☐ No Maryland | Frederick Frederick 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3 West Fifth Street 21701 U.S.A. 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 X Yes 2 □ No If Yes, Give 1943-1946 Year or Dates 1943-1946 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 XNo Specify: White Specify: 3 ₩ Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Labortory Technician U.S. Government 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Gorman Mitchell Minnie Unknown 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sandra Lee Ruhl / Daughter 3 West Fifth Street, Frederick, Md. 21701 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State Smithsburg Crematory June 28, 1997 Smithsburg, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura of Funeral Service Licensee 22. Name and Address of Facility M00021 Keeney & Basford Funeral Home 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. immediate Cause (Final disease or condition resulting in death) CANCER LUNG 6 month Due to (or as a consequence of): OBSTRUCTIVE LUNG DISEASE Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2□ No 3 Probably 4 Unknown DEMENTIA 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of ceuse of death? 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature and title of dertifier 29c. License number 29d. Date signed (Month, Day, Year)

D43901

June 27, 1997

thet the death certificate be executed been signed beta Records, Hospital or Attending Physician: The law requires certificate Division of Vital funeral director, this After death. efter death filled in by To the Hospital within 24 hours e To the Funeral Completely filled

**Physician** 

/Medical

**Examiner** 

Director

Funeral

þ

Completed

Be

2

Examiner

Physician/Medicai

þ

Completed

Be

Certification: To

Medicai

**Funeral** 

Director

the Maryland

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylen Depertment of Health end Mental Hygiene. Important: If Item 27 is marked other than "natural", or Itams 23a or 28a-f show any injury or other traumatic event, the Medical Examines must be notified as

**Physician** /Medical

Examiner

physician end is the burial-transit

P.O. Box 68760.

Baltimore, Maryland 21215-0020

State Registrar

31. Date filed (Month, Day, Year)



30. Name and address of person who completed cause of death (Item 23a) (Typa, Print)

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 2 2 0 2 4 State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3 Time of Death 18, 1997 **Physician** Frances Louise Martin 4:40 PM June /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Gaithersburg 24101 Doreen Drive Montgomery Hours Min. 8. Date of Birth (Month, Day, Year)
April 14, 1924 If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country)
 Maryland **Funeral** 1 M 2 KF Months Deys 219-14-8245 73 **Director** Usual Residence of Decedent the Maryland 10a, State 10b. County 10c. City, Town or Locetion 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 1 ☐ Yes 2 ☑ No Director Maryland Montgomery Gaithersburg 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? death with 24101 Doreen Dr. 20882 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 21☐ No If Yes, Give 11 Maritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Black, White, etc. filed within 72 hours efter 1 Never Married 2 Married 3altimore, Maryland 21215-0020 1 Yes 2 No Specify: White Specify: þ 3 ☐ Widowed 4 ☐ Divorced Year or Dates: Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed will Department of Health and Mental Hygient Important: if item 27 is marked other that any fijury or other traumatic event, Italy 00028. 12 Cafeteria Manager County Schools 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Albert C. Graf Treva Wildasin 19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Orville R. Martin/Husband 24101 Doreen Drive, Gaithersburg, Md. 20882 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Immanuel Lutheran 6/21/97 Manchester, Md. 22. Name end Address of Fecility
Olin L. Molesworth, P.A. 21. Signature of Funeral Service Licensee 0 26401 Ridge Rd., Damascus, Md. 20872 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or hear feilure. List only one cause on each line. Approximate Intervel Between Onset end Deeth Physician /Medical Immediate Ceuse (Finel allan diseese or condition resulting in death) Examiner Due to (or es e consequence of) Examiner The law requires that the deeth certificate be executed ettending physician and for use as the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of) Box 68760. Physician/Medical Due to (or es e consequence of) signed by the el P.O. Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ Completed 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? page 2 s has 1 ☐ Yes 2 No 1 ☐ Yes 2 KNo certificate of Vital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director, Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Death Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? Division 1 Neturel 5 Pending investigation Injury 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide Hospital 29a, Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner steted. Medical the 29b. Signature and title of corpies 29c. License number 29d. Dete signed (Month, Dey, Year) June 19, 1997 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) Pens will 18111 Prince Philip Dr. #327, Olney, Md. 20832 31. Date filed (Month, Day, Year) 32. Pegistrara Signature State JUN 2 0 Registrar

DHMH 16 Rev 6/95

THE R WILL

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 0 2 5

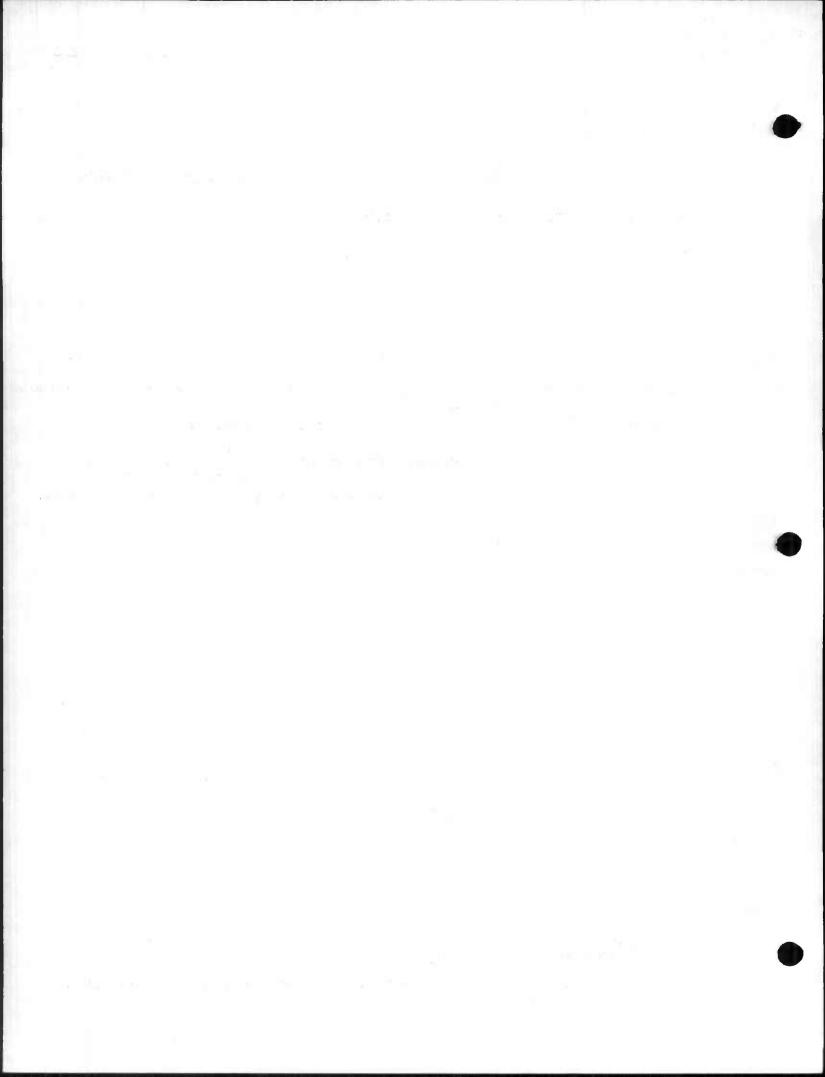
							Cer	tificate of	Death		Re	g. No.				
1	Builde	•	1. Decedent's Name (First, Mi	iddle, Last)							of Deeth		VI.	3. Time of Death		
	Physic /Medi		Virginia Lar	may M	cCormi	lck				July	i(r)	Bay 3,	1997	8:25 am		
	Exami		4e. Facility Name (If not institu	tion, give s	treet end nu	m <i>ber)</i>			4b. City, To	own, or Location of	f Deeth	4c. County	of Deeth			
			Chesapeake H	ospic	e Hous	se			Lint	hicum		Anne	Arun	ndel		
	Funeral		5. Sociel Security Number	6. Sex		7. Age (In yrs. I	est birthday)	If Under 1 Year	If Under		of Birth	Vacal	9. Birthp	place (State or Foreign		
н	Director		354-18-2459	10	M 2 F	7	8 Yrs.	Months Days	Hours	Min. July	1th, Dey,	1918	I11	itry)		
	D.		Usual Residence of Decadent													
	how the		10a. State 10b. Cou	nty		10c. City	, Town or Loc	cation					10	0d. Inside City Limits		
	e Me	cto	MD Anne	Arun	del	Ri	va							1 ☐ Yes 2 No		
	th th	Director	10e. Street and Number					10f. Zip Code			10	g. Citizen of V	What Coun	itry?		
	th w		3073 Riva Ro	ad				21140				USA		1		
	72 hours efter deeth with the Maryland natural', or itema 23e or 28e-1 show areal Evander must be notified at	Funeral	11. Maritel Status	1	2. Was Dec	edent Ever in U,	S. 13. W	Vas Decedent of H Yes, specify Cubi	lispanic Or	igin? (Specify Yes	or No-		e - Americ			
0	or h		1 ☐ Never Married 2 ☐ N	farried	1 Yes	2MNo		Yes 2 No			10.)		ck, White,			
21215-0020	ral',	by	3 ₩idowed 4 Divore	ced	Yeer or D		'	LITES ZINO	Specify			Specify	w: Whi	te		
5-0	72 h natu	Completed	15. Deced (Specify only hig	tent's Educ	ation		18a. Deced	ent's Usual Occup	ation	et of working	1	6b. Kind of B	usiness/Inc	dustry		
21	filed within Hygiene. ther than "	npi	Elementery/Secondary (0-1)		College (		life. D	O NOT use retired	d)	i or working						
2	w bed w	Ö	8th				Tra	vel Agen	t		- 1	Self-E	nploy	eed		
Pu	Tal H	Be	17. Father's Name (First, Midd	lie, Last)					18. Moth	er's Name (First, i	e (First, Middle, Maiden Surneme)					
yla	s should be filed within end Mental Hygiene. s marked other than 's umatic event, the Westmatic	2	Joseph Larma	ay					Do	rothy Br	y Bradford					
ar	d 2 should be filed within 72 hours efter deeth with the Maryler. In end Mental Hygiene. 7 is marked other than "natural", or hems 23s or 28s-1 show traumatic event, the Medical Examiner must be notified.		19a. Informent's Name/Reletic	onship (Typ	e, <i>Pri</i> nt)		19b. Malling	g Address (Street	end Numb	er or Rurei Route	Number,	City or Town,	Stete, Zip	Code)		
2	C 7 01 -		Kathleen Kirs	chner	Daugh	ter	3073	Riva Roa	ad. R	iva. MD	2114	)				
ore	of Healt item 2		20a. Method of Disposition			0.0	ace of Dispos	ition (Name of		Dete	2	Oc. Location -	City or To	wn, State		
Ĕ	Peges nent of I int: If ite		20a. Method of Disposition 1 □ Burial 2 ★Cremation 3 □ Removal from State  20b. Place of Disposition (Name of cametery, cremetory or other piece)							July 1997	5,	Baltin	more	MD		
altimore, Maryland	permit. Peg Depertment Important: If any Injury o		21. Signature of Puneral Servi	1 ☐ Burial 2 【Cremation 3 ☐ Removal from State					22. Name end Address of Facility							
m	20 5 2 8		> Tehin	2	_/	7/		Barrance	0 & S	ons P.A.	Seve	erna Pa	ark F	uneral Home		
	_		23a, Part1, Enter the disease	or complic	ations that o	sed the death	Do not ente	495 Rite	chie	Hwy. Sev	erna	Park,	MD 2	1146 Approximete		
	Physician	- 1	23a. Part1. Enter the disease, shock, or heart failure. L	ist only one	cause on	ach line.	. 50 1101 01110	with mode of dyn	ig, 5461 66		itory orrot	,		Interval Between Onset end Death		
	/Medical		Immediate Ceuse (Final		(		2 - 1	e Acc	1	4				7 0		
1	Examiner		disease or condition resulting in death)	Θ.			VV 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	eder	1	-			1 mos-		
Ш		ē				Due to (or	as e consequ	uence of):								
	certificate be executed ding physiclen end ise es the buriel-transit	Examiner	Convention Not and distance	<b>b</b> .		Due to /or	as e consequ	iones offi								
ď	certificate be executed iding physicien end ise es the buriel-transit	EX	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying			D00 t0 (01	as e consequ	Jerice Orj.					1			
68760,	se be	cai	cause. Enter Underlying Cause (Disease or Injury thet Initiated events	C.		Due to /or	as a consequ	ence of):								
	g ph es th	/Medical	resulting in deeth) Last			200 10 (0)	4 La	4	1	reast C	nc.0.	~		Do		
XO	E 3	S		d.			12/9	3/01/)		445/4	ncy)			I mos		
00	requires thet the death seen signed by the atter should be detached for u	Physician	Part II. Other algnificant cond	itlane cont	ibuting to de	anth hut not requi	Managara da da a cons	doduina nauna aire	on in Don	001	Distant		n Anii buuda Au	Abo severi of death 0		
0	the oxy the ache	hys	r art ii. Other algrinicalit cond	ICIONS CONT	ibuting to de	Batti Dut HUL 1950	iting in the un	denying cause giv	en in Per	. 231		10		the cause of death?		
<b>T</b>	thet det	by P									1 🗆 Ye	2 No	3 Prob	bably 4 Unknown		
of Vital Records,	8 6									248	. Was en	Autonsy	24b. We	ere eutopsy findings		
00	v require been si should	ete									perform	ed?	cor	elleble prior to mpletion of cause		
3e	S S C	Completed											of c	death?		
<u>a</u>	: The I										1 Yes	2 No	1 🗆	☐Yes 2☐No		
VIII.	ysician: The scentificate director, pag	Be	25. Wes case referred to medi exeminer?		onital:			0.1		of Death (Check	only one	)				
o	2 00	10	1 Yes No				R/Outpatient		4 🗆 14		Residen		er (Specify	()		
		0	27. Manner of Death  1 Naturel 5 ☐ Pen		28a. Date (Mont	of Injury th, Day Year)	28b. Time of Injury	28c. Injun Wor			cribe hov	Injury occur	ed			
Sic	Attending or deeth.  octor: After by the fune	cat	2 Accident inve	stigation					Yes 2	-						
Division	or Attendent efter deet Director:	Certification:		rmined	28e. Plece buildii	of Injury - At hor ng, etc. (Specify)	ne, farm, stre	et, factory, offica		28f. Loca City	ation <i>(Stre</i> or Town,	et and Numb State)	er or Rure	I Route Number,		
	ral Delli															
	To the Hospital or Att within 24 hours efter of To the Funeral Direct completely filled in by	edical	Check only 2 Medic	ying Phyali al Examine	er: On the ba	asis of examinati	ledge, death on and/of Inve	occurred et the tin	ne, dete en pinion, des	d placa, and due th occurred et the	time, dat	ise(s) and me e end plece.	nner as sto	ated.		
	To the Vithin 2 To the Complete	Med	5110)		and menr	ner stated.	1									
	o d ¥ c	-	29b. Signature and title of certi	fler	1/1	B	/	29c. Licens	e number	,	29	d. Date signer	3 (Month, L	Dey, Year)		
			* /les	1	116	LAR	my	//	31	15/	0	July	' 3	,17//		
			39, Name and eddress of person	on who com	pleted caus	e of death (Item	25a) (Type, P	(rint)	- 1	1	1)	0	1.	210.17		
_			Knsell ROEL	uky/	10 /6	1065.0	rainf	419 LNOY	1 Sm	6604	UAS	Dung	141.	1001		
	Sta	0000	31. Date filed (Month, Dey, Ye		32.	egistrer's Signati	ite Sa					,				
	Registr	ar	JUL 1 0	1997	7	MANAGE PROPERTY OF THE	and land	7.00								

× .

	B.K.S TAMMY	ΜA		State of Ma		d / Depa	rtment of	Health and			221	026
			part I,27,28a-f per ME0  1. Decedent's Neme (First, Middle, Last,		97 dh	Cer	tificate of	Death	2. Dete of De			3. Time of Death
y.	Physici /Medi Examir	cal	TAMMY 4e. Fecliity Neme (If not institution, give	RENEE street end number)	-		MARTZ	4b. City, Town, or	Month JULY  Location of Deat			0449 AN
	Funeral		NORTH ARUNDEL  5. Social Security Number 6. Sec			ast birthdey)	If Under 1 Yea		s. 8. Date of Bir		ARUNI 9. Birthplace	DEL e (State or Foreign
	Director		212-82-0836 Usuel Residence of Decedent	] M 2		27 <sup>Yrs.</sup>	Months Dev	s Hours Mir	09=07=		MARYLA	
	e Marylan ta-f show	ctor	10a. State 10b. County  MARYLAND ANNE	ARUNDEL	10c. City	, Town or Loc	eation DENTON					Inside City Limits 1 ☐ Yes 2 🕱 No
	th with th	ral Director	10e. Street end Number 501 BRUCE AVENUE				10f. Zip Code 21			10g. Citizen of U - S - 2		
020	ours after des al', or items Examiner m	by Funeral	11. Marital Status  1 ☑ Never Married 2 ☐ Married  3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Armed Forces? 1 ☐ Yes 2 ☑ If Yes, Give Yeer or Detes:		If	/as Decedent of Yes, specify Cu ☐ Yes 2√ No	Hispanic Origin? (ben, Mexican, Pue	Specify Yes or No rto Ricen, etc.)		ce - Americen lock, White, etc.	
21215-0020	be filed within 72 hours after death with the Maryland tal Hygiene. d other than "natural", or Items 23e or 28e-f show event, the Madical Evanmer must be notified at	Completed	15. Decedent's Edu (Specify only highest grede Elementery/Secondary (0-12)		5+)	(Give k life. D	ent's Usuel Occ kind of work don O NOT use retii	e during most of we	orking	16b. Kind of B	usiness/Indust	
Maryland	od at b	To Be C	17. Fether's Neme (First, Middle, Last)  JAMES MILTON  19a. Informent's Neme/Reletionship (Ty,			z. III		MARY	eme (First, Middle	, Maiden Sumen	ne) E	SAUNDE
	alth ar 27 is r trau		JAMES MILTON MARTZ 20a. Method of Disposition	, III	20b. PI	501 I	BRUCE A	VENUE, OD	ENTON, M	ID. 2111	3	
Baltimore,	permit. Pages 1 a Department of Hee Important: If item any Injury or othe		20a. Method of Disposition  1 M Burial 2 Cremetion 3 Removel from State  4 Donetion 5 Other (Specify)  20b. Plece of Disposition (Neme of cemetery, cremetory or other plece)  MEADOWRIDGE MEMORIAL PARK  21. Signeture of Funeral Service Licensee  22. Neme end Address of Fecility SINGLETON FUNERAL HOME  1 SECOND AVENUE, S.W., GLEN BURNIE, M.									
	Physician	_	23a. Pert1. Enter the disease, or complishock, or heert failure. List only or	cations thet caused ne cause on each lin	the deeth						Ap	proximete ervel Between uset end Death
1	/Medical Examiner	er	Immediate Cause (Finel disease or condition resulting in death)	)		INTOXIO					1	
x 68760,	death certificate be executed e attending physician and of for use as the bunal-transit	Medical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Lest			es e consequ as e consequ						
P.O. Box	the ache	Physician/M	Pert II. Other significent conditions con	tributing to death be	ut not resu	iting in the un	derlying ceuse g	iven In Pert I.		tobacco use co	ntribute to the	cause of death?
Records,	aw requi	Completed by							24e. Wes	en eutopsy ormed?	eveilat	eutopsy findings ole prior to etion of ceuse th?
Vital R	The ate h	Ве Сош	25. Wes case referred to medical examiner?						eeth (Check only	Yes 2 No	1.2 Ve	es 2 No
ō	ng Phys (fter this uneral di	ation: To	27. Menner of Deeth  1 Natural 2 Accident  2 No	1 ☐ Inpatie  28a. Dete of Injui (Month, De)  found 7/3/	ry Year)	CR/Outpetlent 28b. Time of Injury Ound 3:5	A 28c. Inj		Home 5 ☐ Resi 28d. Describe unknown	dence 6 Oth how Injury occur		
Division	ે ફેંફે ઠ	I Certification:	3 ☐ Suicide 4 ☐ Homicide	28e. Place of Inju- building, etc at residen	ce				28f. Location ( City or To		Bruce Av	enue,
	To the Hospital within 24 hours and to the Funeral I completely filled	Medical	29a. Certifier (Check only one)  1 Certifying Phys 27 Medical Examination	er: On the best of the best of the basis of	exemineti	neage, deeth on end/or inve	estigetion, in my	time, dete end place opinion, deeth occurrence	e, end due to the urred et the time,	date end piece,	end due to the	ceuse(s)
)	T wir		Theode	ne U.	Ry,	& un	0.0	C.M.E		JULY	4 , 19	
_			30. Name end eddress of person who co					et, Bali	timore,	Maryl	and 21	201

State Registrar

32. Registrer's Signeture



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 3 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Dorothy McMullen Emma July 02 1997 5:30PM /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 685 Red Cedar Road Annapolis Anne Arundel If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (fn yrs. lest birthdey) Birthpiece (State or Foreign Country) **Funeral** Months Deys 1 ☐ M 2 💢 🗶 Yrs Director 87 215-03-7922 Usuel Residence of Decedent May 6 1910 Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic svent, the Madical Examinar must be notified at MD Director Annapolis 1 ☐ Yes 2 No Anne Arundel 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 685 Red Cedar Road 21401 United States Funeral 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1□ Yes 2☐No à Specify: White 3 Vidowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed within: Department of Health and Mental Hygiene Important: if them 27 is marked other than "n sny Injury or other traumatic event Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Herman Pieper Eugena Dorguth 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 749 Red Cedar Road Annapolis, Maryland 21401 e of Disposition (Neme of Date 20c. Location - City or Town, State William H. McMullen (Son) 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 1 ☐ Burial 2XXX remetion 3 ☐ Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Ft. Lincoln Crematory July 10, 1997 Brentwood, Maryland igneture of Funeral Service Licensee 22. Neme end Address of Fecility John M. Taylor Funeral Home, Inc. 147 Duke of Gloucester St. Annapolis, MD 21401 3a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cerdiac or respiratory errest, shock, or heart failure. List only one course on each line. **Physician** /Medical Immediete Ceuse (Final disease or condition resulting in deeth) Funedite Cardiae Examiner Physician/Medical Examiner physician and the buriel-transit Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest ~ Due to (or es e consequence of) for use as Pert fl. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobecco use contribute to the ceuse of deeth? signed by t 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings eveilable prior to completion of ceuse of deeth? 24a. Wes en eutopsy Completed performed' page 2 1 ☐ Yes 2 X No 1 ☐ Yes 2 ☐ No al or Attanding Physician: Tis effer death.

I Director: After this certificated in by the funeral director, pa Be 25. Was cese referred to medicel examiner? 26. Plece of Deeth (Check only one) Hospitel: Other: 4 ☐ Nursing Home 5 Tresidence 6 ☐ Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 28e. Date of Injury (Month, Day Yeer) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide o the Hospital of ithin 24 hours of the Funeral DI ompletely filled in within 24 hou To the Funer completely fil 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted. Medical 29a, Certifier 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated. 29b. Signetyke end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D17695 July 03, 1997 30. Name and eddress of person who completed ceuse of deeth (Item 23e) (Typa, Print) Joseph N. Friend, M.D. 205 Ridgley Avenue Annapolis, MD 21401 (410-268-3232)

State Registrar

31. Date filed (Month, Dey, Year) 32. Registrer's Signature whice their de JUL 0 9 1997

the Marylend

Baltimore, Maryland 21215-0020

The law requires that the death certificete be axecuted

been s

has

certificate

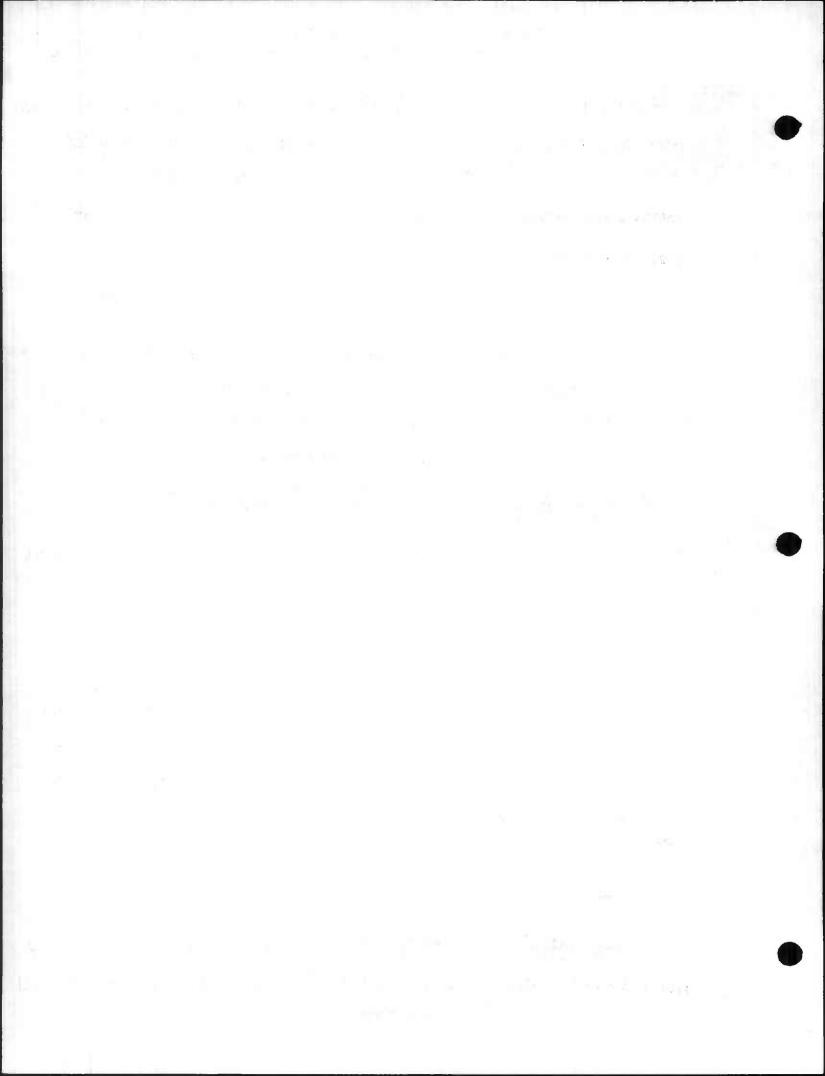
Division of Vital Records, P.O. Box 68760

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 2 2 8

						Ce	rtificate c	t Death		Reg. No.		0-	
	Physic /Medi		1. Decedent's Name (First, Middle, La			η	MS		2. Data of D Month	Y GTH	Yeer 1997	3. Time of Deeth	
	Exami	ner	4a. Facility Name (If not institution, given North Annal Hos.)  5. Sociel Security Number 6. 8	pital		and find the late of a st	If Under 1 Ye	Glen Bu		Anne	e Anu	and the same of th	
	Funeral Director			Sex 1□M 2□XF	100	yrs. last birthday) Yrs.	Months De		Min. (Month, E	orth Dey, Year) 2 1896	9. Birthp Coun MARYI	lace (State or Foreign try) AND	
	the Maryland 28a-f show	ctor	10a. State 10b. County MARYLAND ANNE ARI	UNDEL		City, Town or Lo	ocation				1	0d. Inside City Limits XX Yes 2 □ No	
	音 を を 28	Director	10e. Street end Numbar				10f. Zip Cod	8		10g. Citizen of	What Coun	try?	
	23a 23a ust b		2122 MULBERRY HI	LL RCAD			214	401			US		
21215-0020	s 1 end 2 should be filed within 72 hours after death with the Maryland Health end Mentel Hyglene. Health end Mentel Hyglene. tem 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, its Medical Experiment must be notified at	by Funerai	11. Meritel Status  1 □ Nevar Marriad 2 □ Married  3 □ Widowed 4 □ Divorced	12. Was Dece Armed Fo 1 Tyes If Yes, Giv Year or Da	rces? 2⁄0XNo e		Wes Decedent of If Yes, specify C 1 ☐ Yes 2 汉 N		n? (Specify Yas or N Puerto Rican, etc.)		ce - Amaric ck, White, byBLAC	etc.	
5-0	n 72 hours "natural",	Completed	15. Decedent's E	ducation		16e. Dece	dent's Usual Oc	cupation ne during most o	of working	16b. Kind of B	usiness/Inc	lustry	
21	ithin Ban	npie	Elementery/Secondery (0-12)	College (1	-4or 5+)	life.	DO NOT use ret	ired)	WORKING				
	filed with Hygiene. Ather than	ပ္ပ	6th	0			DOMEST:			OUT SII		HOME	
Maryland	2 should be filed within end Mentel Hyglene. Is marked other than aurmatic event, I'm M	To Be	17. Father's Name (First, Middla, Last	INS				FANN	s Neme (First, Middl				
Ma	d 2 sho th end 7 is me traum		19a. Informent's Name/Relationship ( HILDA JOHNSON (NE.						or Rurel Routa Num RD. ANNAP				
Baltimore,	80 = 5		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐	Removal from		b. Plece of Dispo cemetery, crei	osition (Neme of metory or other p	olece)	Date	20c. Location	- City or To	wn, State	
Ħ	permit. Pe Depertmen Important: any injury once.		4 □ Donetion 5 □ Other (Specify)  ANNAPOLIS MEM. GARDENS 7/11/97 AN  21. Signeture of Funeral Service Licensee  22. Name end Address of Fecility							AMMATOL	ANNAPOLIS, MD.		
Ba	permit. P Departme importan any injur		21. Signeture of Funeral Service Licensee  22. Name end Address of Fecility  WM. REESE & SONS MORTUAR  821 WEST ST. ANNAPOLIS,  23a. Pert1. Enter tha disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respire shock, or heert feilure. List only one ceuse on each line.							. 21401			
	Physician		23a. Pert1. Entar tha dis∉ase, or com shock, or heert feilure. List only				er the mode of o	dylng, such as ca	ardiac or respiretory	arrest,	1	Approximete Intervel Between Onsat and Death	
П	/Medical Examiner	Н	Immediate Ceusa (Final disease or condition resulting in deeth)	a. S	E 1	515					6	+ DAYS	
		ē	resulting in deedily		Dua t	o (or as a consec	quence of):					N-	
,0	certificate be executed ding physician and use as the buriel-trensit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	b	Due t	o (or es e consec	quence of):						
ox 68760,	certificate be executed nding physician and use as the bunel-trensit	n/Medical	that initiated events resulting in death) Lest	d	Due to	o (or es e consec	uenca of):					1	
Ď		iciar	Pert II. Other significent conditions of	ontributing to de	ath but not	resulting in the u	ndedvina cause	niven in Pert I	23h Di	1 tohacco use co	notelbute to	the cause of death?	
s, P.O	es that the de igned by the a be deteched to	by Physiciar	Total distribution of the control of		attrout not	resulting in the u	noonying cause	given in reiti.		Yes 2 No	3 ☐ Prot		
of Vital Records,	aw requir	Completed t								s en eutopsy formed?	ava	ere eutopsy findings ailable prior to mpletion of cause deeth?	
Œ	0 - 5	mo:							1	Yes 2 No	1 🗆	Yes 2 No	
/ita	ysician: The s certificete director, pag	Be (	25. Was case referred to medical examiner?					26. Place o	f Death (Check only	one)			
of V	\$ 00	2	1 □ Yes 2 No	Hospital:	npatient :	2 ☐ ER/Outpetier	IT JLI DOA		ing Home 5 Res	sidence 6 Ott	ner (Specif)	0	
Division o	ding h. Afte	Certification:	27. Menner of Death Naturel 5 Pending a rovestigation	n	of Injury h, Dey Year	28b. Time o Injury	f 28c. Ir V	njuryet Vork? □ Yes 2 □ No		how injury occur	rred		
DIV	Hospital or Attending 24 hours after death. Funeral Director: After stely filled in by the fune		3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicide determined	208. PIECE	of Injury - Ang, etc. (Sp.	At home, farm, str ecify)	eet, factory, offic	C <del>e</del>	28f. Location City or To	(Street end Numi own, Stete)	ber or Rure	i Route Number,	
	To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the	edicai	29a. Certifier (Check only one) Certifying Ph	ysician: To the niner: On the ba and menn	sis of exam	knowledge, deet Inetion end/or In	n occurred et the vestigation, in m	time, dete end p y opinion, deeth	place, end due to the occurred et the time	e ceuse(s) and m e, dete end plece,	enner es st end due to	eted. the ceuse(s)	
	To the within 2 To the comple	W	29b. Signeture end till of certifier	the	) ,	ms	29c. Lice D 4	ense number	6	Jule Signe			
r 			30. Name end eddress of person who			Item 23a) (Type,	Print) H	V87.	DR, G			F, MD2106	
	Sta Registr	- 11	31. Data filad (Month, Day, Yaar)  JUL 0 8 19	97 32. R	istrer's Si	Magar Mar	delle						

JUL 0 8 1997



Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
State of Maryland / Department of Health and Mental Hygiene 9 7	22029	

					Certificat	e of Death	Reg	. No.	
			1. Decedent's Name (First, Middle, Last)				2. Dete of Death		3. Time of Death
н	Physici		Marie	Milbour	rne		July 9,	1997	12:05 p.m.
	/Medic Examir		4a. Facility Name (If not institution, give stre			4b. City, Town, or L		4c. County of	Death
	Exami		Edw. W. McCready Me		ital	Crisfie	eld	Somers	et
-	Funeval	٠.	5. Sociel Security Number 6. Sex	7. Age (In yrs. I					9. Birtholace (State or Foreign
	Funeral Director			2XF 84	Yrs. Months	Days Hours Min.	8. Date of Birth (Month, Day, Y	19/2	9. Birthplace (State or Foreign
			Usual Residence of Decedent	01			7-10-	1113	1110.000
	land		10e. Stete 10b. County	10c. City	y, Town or Location				10d. Inside City Limits
	Many 1 sh	ō	Ma Somers	T I	rincess	4.115			1 ☐ Yes 2 No
	the 28s	20	10e. Street and Number	E T	1 101. Zir		100	j. Citizen of Wh	
	E P	Funeral Director	31365 MCCor	it Su	12 (R)	7.000	103	1. CHIZOH OF WI	Country
	s 23	era		MICH DWA	10 110	L1053	" "	U.	J
	o di	5		Was Decedent Ever in U, Armed Forces?	If Yes, spe	dent of Hispanic Origin? (Si cify Cuban, Mexican, Puert	Rican, etc.)		- American Indian, White, etc.
20	s aft	by F	3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 No If Yes, Give Year or Dates:	1 ☐ Yes	2 No Specify: R	Ack	Specify:	Rlack
8	hour	<u>8</u>			40. D	10	1101		DIACI
5	72 n	ete	15. Decedent's Educati (Specify only highest grade co	on om <i>pleted)</i>	16a. Decedent's Usu (Give kind of wo	al Occupation rk done during most of wor se retired)	king	b. Kind of Bus	iness/industry
21215-0020	within	Completed	Elementary/Secondery (0-12)	College (1-4or 5+)		borer		Dome	stic
	tiled within 72 hours after death with the Maryland Hygiene. Ider than "naturet", or items 23a or 28a-f ehow ent, the Modical Examiner must be notified at	ပိ	17. Father's Name (First, Middle, Last)		~~		ne (First, Middle, Ma	iden Cumena	1
Maryland	be to be do	Be	77			16. Mother's Ivan	e (First, Middle, Me	A D	/
Ž	should be and Mental marked o	10	MOMAS DO	795		244	1E ///r	TE BO	995
ā	2 shot te material		19a. Informant's Name/Reletionship (Type,	/	19b. Mailing Address	(Street and Number or Ru	ral Route Number, (	City or Town, S	tate, Zip Code) 11853
	Heelth Heelth Jern 27 t		JAMES YVI, 1	bournE	31365 M	LOPMICK JU	JAMP Acl.	Prince	
Ore	of Ho f Item		20a. Method of Disposition 1 ■ Burial 2 □ Cremation 3 □ Rem	0.0	lece of Disposition (Na emetery, crematory or o	ne of ther place)	Date 20	c. Location - C	ity or Town, State
timore,	Pages nent of I ant: If Its ary or o		4 □ Donation 5 □ Other (Specify)	Sver Holli State	ST. Mar	Ks Com.	112/97 (	4Ksui	le Md.
alt	permit. Peges 1 and 2 should be tiled within 72 hours after death with the Marylan Department of Heelith and Mental Hygiene. Important: if Item 27 is marked other than "naturel", or items 23s or 28s-f show any Injury or other traumatic event, the Medical Examena must be notified at other.		21. Signature of Frieral Service Mensee	1,0	22. Name ar	d Address of Fecility	1 P.	INCES-	
m	Depa Impo any I		Marthan 2	- llow	30639	Homoden	HUE.	I ICE >-	21853
H		-	23a. Part1. Enter the disease, or complicat shock, or heart failure. List only one of	ions that caused the death	n. Do not enter the mod	e of dylno, such as cardiac	or respiratory arres	t.	Approximate
XII	Physician		shock, or heart failure. List only one of	euse on each line.				•	Interval Between Onset end Death
الر	/Medical		Immediate Cause (Final	A cut	. P	0 5-4	26		
	Examiner		disease or condition resulting in death) a	, all	e Ken	el taile Pruemon	ve		
		P.		AF	r as a consequenca of):	O			
	ted nsit	Examiner	b		1	Philemon	i 0)		
	certificate be executed ding physician and se es the burial-transit	xar	Sequentially list conditions, if eny, leeding to immediate	Due to (or	r as a consequence of):				
68760,	be e iclan buris		Cause (Diseese or injury						
8	cate phys	edicai	that initiated events resulting in death) Last	Due to (or	es e consequence of):				
× 6	ding	/Me	4						
80			3.			-			
	e de	Physician	Part II. Other significant conditions contrib	uting to death but not resu	ulting In the underlying o	ause given in Part I.	23b. Dld tob	acco use cont	ribute to the causa of death?
o.	lew requires that the death les been signed by the etter s 2 should be deteched for a	F					1 ☐ Yes	2 1 No :	3 ☐ Probably 4 ☐ Unknown
Ś	es th igne be d	þ							
Records,	aquir ould	ted					24a. Was en performe	autopsy d?	24b. Were autopsy findings available prior to
Š	as be	pie							completion of cause of death?
Ĩ	sician: The lew certificate hes t lirector, page 2 s	Completed					1 ☐ Yes	2 🗆 No	1 ☐ Yes 2 ☐ No
VIta	iffice tor, p	Bec	25. Was case referred to medical			26 Place of Dea	th (Check only one)		
		To B	examiner?	pital: 1 Inpatient 2 1	ER/Outpatient 3 DO	Other:	ome 5 Residen	ne 6 🗆 Other	(Specify)
Division of	Phy er this		27. Manner of Death	28a. Date of Injury		Bc. Injury et Work?	28d. Describe how		
0	or Attending I after death. Director: After In by the funer	tion	1 Natural 5 Pending 2 Accident investigation	(Month, Day Year)	Injury M	Work? 1 ☐ Yes 2 ☐ No			
S	dea ctor y the	fica	3 Suicide 6 Could not be	28e. Place of Injury - At ho	me farm street factor	office	28f. Location (Stre	et and Number	or Rural Route Number,
2	al or Attendir s after death. Il Director: Af ed in by the fu	ertification:	4 Homicide	building, etc. (Specify	)	,, 0.11.00	City or Town,		
_	pital ours oral tilled	O	29a. Certifier 1 ☐ Cartifying Phyalcia	To the heat of my know	dadas daath sanisad	at the time state and class			
	To the Hospital of within 24 hours af To the Funeral Discompletely tilled in	edicai		On the basis of examinati and manner stated.	lon end/or investigation	at the time, date and place In my oplnion, deeth occur	red at the time, date	and placa, an	id due to the cause(s)
	the the	Me	29b. Signature and title of cartifier	and manner stated.	29	: License number	290	Date signed	(Month, Day, Year)
	F3F8		The same of designor	1 1	250	D 480 98	250	Date signed	min way, roary
						V 400 18			The second secon
			30. Name end eddress of person who comp			-1 C-1-61 1	a Ma 21	017	
			Dr. Vijay Karumbun			ar, cristiele	1, MG. 21	517	
	Sta Registr		31. Date filed (Month, Day, Year)	32. Registral's Signat	widen Randall				
		-14	41171	ALTERNATION OF THE PARTY OF THE					

and the state of t 

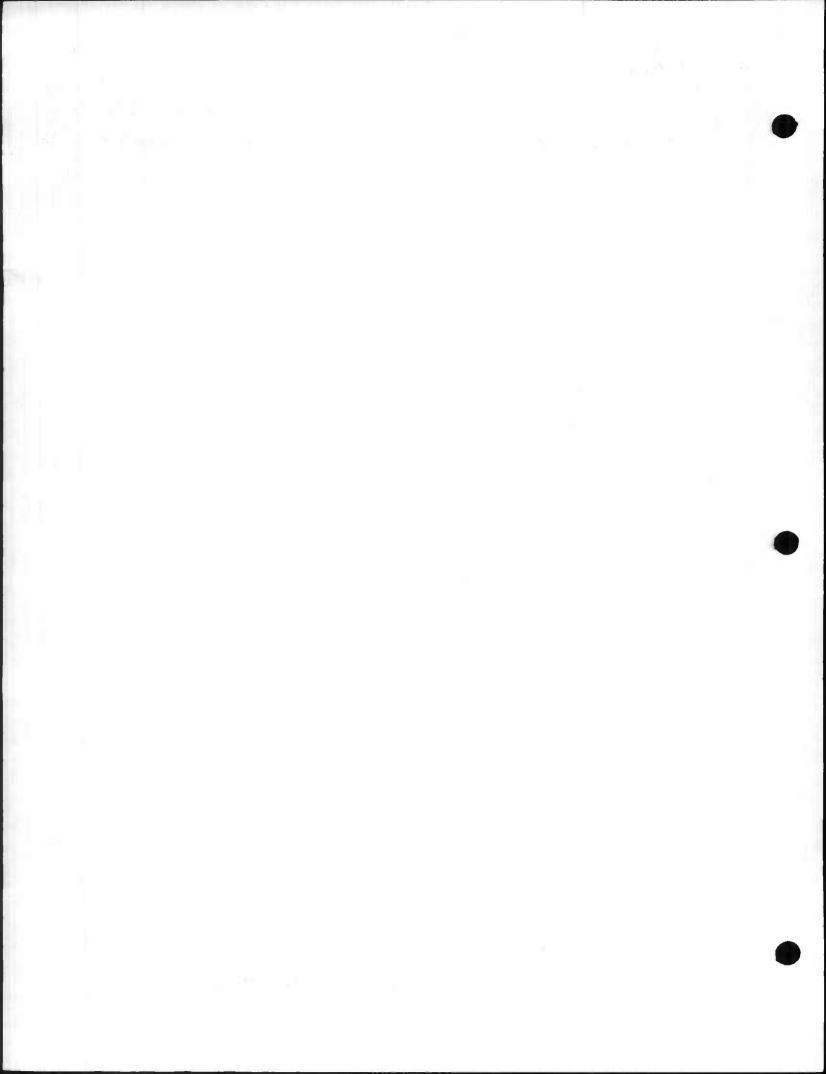
ease	Type or Print in Black indelible ink. Assu	re All Copies	Are Legible	9 0	0	2	1
	State of Maryland / Department of Health a	and Mental Hyg	giene	-	. U	J	Į

CATHERINE NEWMAN Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month atherine Newman JULY 05 1997 7:00 AM /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of De **Examiner** 9228 CHERRY LANE PRINCE LAUREL GEORGES If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) 9. Birthplace (State or Foreign **Funeral** 1□M 212 F Months 68-7643 40 Yrs. Director Maryland Sept. 3, 1956 Usuat Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Health and Mentel Hygiena. Important: If item 27 is marked other than "netural", or items 23s or 28s-1 show any injury or other traumatic event, in a Medical Examiner matches in the marked other. 10e State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Tes 2 No Director Manland //
10e. Street end Number Vrince Georges LAure 10f. Zip Code 10g. Citizen of What Country? 9228 USA Chern 7 20723 Funerai 11. Marital Status 12. Was Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 1 Never Married 2 ☐ Married 1 Yes 2 No
If Yes, Give
Yeer or Dates: Baltimore, Maryland 21215-0020 1□ Yes 2□ No þ Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Donestic 12 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be 2 JAMES Newman 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Neuman Muther 5719 Ap I tal Heichte bruthy 20743 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State Mem. Pack 4 ☐ Donation 5 ☐ Other (Specify) 10,97 Andove 21. Signature of Furbral Service Licanses 22. Name end Address of Facility Adams uneal Pent1. Enter disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory ergst shock, or heart feiture. List only one caused another e. 20608 MAKEN Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in deeth) à Examiner ue to (or as a cons rence of): Examiner physician end the burial-transit The law requiras that the death certificete be axecuted Sequentially list conditions, if eny, teading to Immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting In death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or as e consequence of): ettending philips for use as the signed by the e Pert II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24e. Was en eutopsy performed? 24b. Were autopsy findings eveilable prior to completion of cause of death? Completed paga 2 s 1 DYes certificate 2 No 1 PYes 2□ No Hospital or Attending Physician: 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only one) examiner? 1 ☑ Yes 2 ☐ No Other: 4 ☐ Nursing Home 5 ➡ Residence 6 ☐ Other (Specify) Hospital: 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this funeral 27. Manner of Death 28c. Injury et Work? Certification: 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 5 Pending investigation Injury 1 ☐ Natural Sorbjat beatt - Sopulbed aftar death. 1 ☐ Yes 2 No 7-5.97 0300 within 24 hours after death To the Funeral Director: , completaly filled in by the 2 Accident 28f. Location (Street end Number or Rural Route Number City or Town, Stete) 3 ☐ Sulcide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Homas 92280 homy lane 29a. Certifier 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) and menner as stated. Medicai (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the 29b. Signeture end title of cartifier 29c. License number 29d. Date signed (Month, Dey, Yeer) JULY 06,1997 O.C.M.E. 30. Name and address person who completed cause of deeth (Item 23e) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 31. Date filed /Mr Month, Day, Year)
JUL 1 1 32. Registrar's Signature

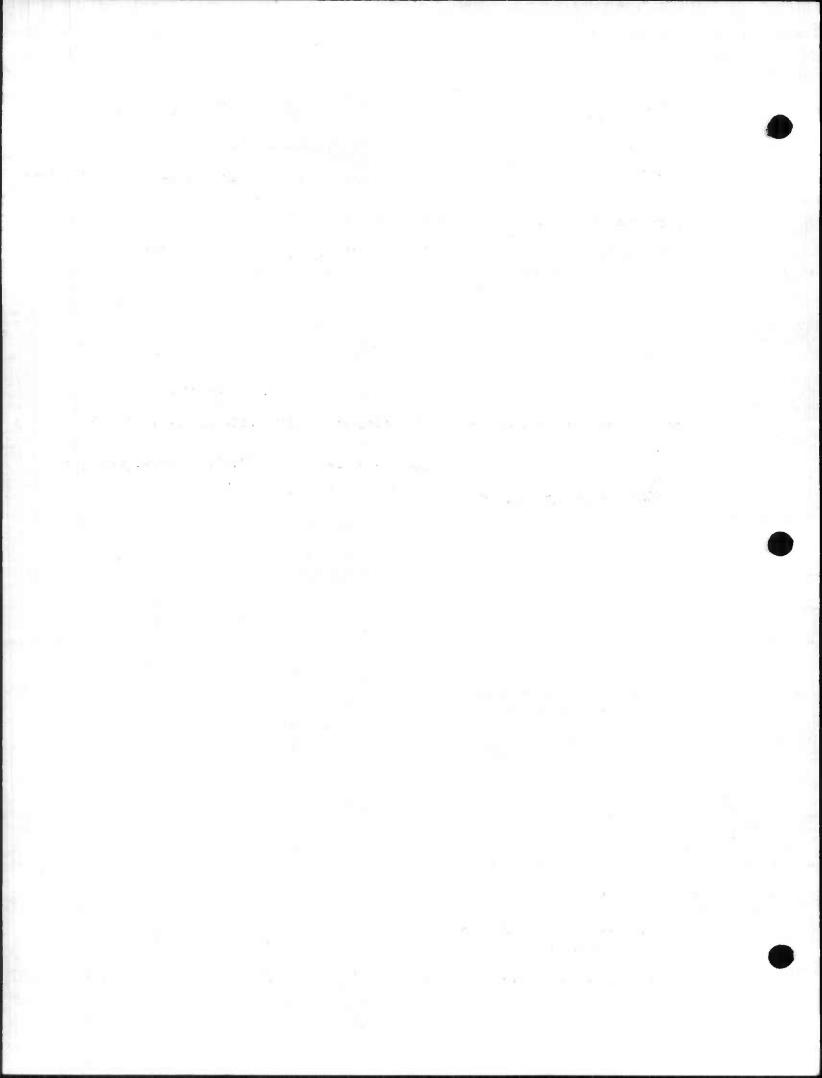
John Davidson Rardall

State Registrar



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien 7 2203

		Certificate of Death		Reg. No.	22001
Physic		1. Decedent's Name (First, Middle, Last)  Rernice Norfleet	2. Dete of De Month		3. Time of Deeth
/Medi Examii Funerai		4e. Fecility Neme (If not institution, give street and number)  4b. City, Town, or L  Combridge  5. Sociel Security Number  6. Sex  7. Age (In yrs) last birthday)  Months  Days  Hours  House  Hours  House  Hours  House  Hours  House  Hours  House  Hours   8. Date of Bir (Month, Da	Dorc	7	
Director		Usual Residence of Decedent	May 3	1924 S	outh Carolin
a-f ehow	ctor	Maryland Dorchester Cambridge			10d. Inside City Limi
th with the 23a or 28	al Director	10e. Street end Number         10f. Zip Code           411 Cedar Street         21613		10g. Citizen of Wh	net Country?
within 72 hours after death with the Maryland ene. than "naturel", or items 23s or 28s-f ehow he Medical Examiner must be notified at	by Funeral	11. Maritel Stetus  12. Was Decedent Ever in U,S. Armed Forces?  1 Never Married 2 Married  1 Never Married 2 Married  3 Widowed 4 Divorced  12. Was Decedent Ever in U,S. Armed Forces?  1 Yes 2 No 1 Yes, Sive 1 Yes, Give 1 Yes 2 No Specify:	pecify Yes or No Rican, etc.)		American Indien, White, etc. Black
l within 72 ho iene. ' then "neture the Medical I	Completed	15. Decadent's Education (Specify only highest grade completed)  Elementery/Secondery (0-12)  College (1-4or 5+)  Laborer	king	16b. Kind of Busi	
be filed tal Hygi d other	B	6th	eme (First, Middle, Maiden Sumame)		
d 2 should be the and Mental is marked of treumatic events.	L 2	Unknown Mary  19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Ru		nson per, City or Town, Si	tate, Zip Code)
27 is		Barbara D. Deveaux (cousin) 124 69th St., Capital I			
S T T T T		20e. Method of Disposition  1. Burial 2 Cremetion 3 Removel from Stete  4 Donetion 5 Other (Specify)  20b. Plece of Disposition (Name of cemetery, crematory or other place)  Rethel Cemetery.	Date 7 / 1 1 / 0 7		ity or Town, State
Department of important: if any injury or page.		21. Stocature of Funeral Service Licensee  22. Name and Address of Facility Bennie Smith Funeral P.O. Box 1687, East	al Home		
Medical xample set the private as th	n/Medical Examiner	Immediate Ceuse (Final disease or condition resulting in deeth)  Due to (or es e consequence of):  Cause (Disease or injury that initiated events resulting in death) Last  Due to (or es e consequence of):  Due to (or es e consequence of):			2 Pay
bethe	Physician/N	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.		A	ribute to the cause of de
been sign should be	Completed by P		24e. Wes		24b. Were eutopsy findin evalleble prior to completion of cause of death?
certificate has b	Be Com	25. Wes case referred to medical 26. Plece of Dee	1 □		1 ☐ Yes 2 No
0 0	To B	exeminer?		idence 6 Other	(Specify)
iffer death. Strector: Affer in by the fune	Certification:	27. Manner of Deeth  1	28f. Location (	how Injury occurred  (Street and Number wn, State)	or Rural Route Number,
• Funeral	edical C	29a. Certifier (Check only one)  1. Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and my opinion, death occurred at the time, date and place, and my opinion, death occurred at the time, date and place, and my opinion are stated.	, end due to the rred et the time,	cause(s) end mani date end plece, an	ner es steted. Id due to the cause(s)
within 2 To the complete	Me	29b. Signeture and title of certifier  William Pau  29c. License number  1 4 3 2 3 5		7/2/	(Month, Dey, Year)
		30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) dqR, MD	214	13 . 4	Jilliam Bo
Sta	ite	31. Dete filed (Month, Day, Year) 32. Registrer's Signeture			



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Certificate of Death 2. Dete of Deeth 1. Decedent's Name (First, Middle Last) 3. Time of Deeth **Physician** JULY. RICHARD M. NORRIS, SR. 8:55 am /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner EASTON
If Under 1 Yeer If Under 24 Hrs. TALBOT MEMORIAL HOSPITAL 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** 150 M 2□ F Deys Hours Yrs. 218-03-5915 92 Director SEPT.10,190# MARYLAND Usual Residence of Decedent death with the Maryland 10e State 10b. County 10c. City, Town or Location 10d, fnside City Limits 7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Modical Examinar must be notified at 1 ☐ Yes 2 X No Director TALBOT EASTON 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 7651 WOODLAND DRIVE 21601 USA Funeral 14. Race - American Indien, Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mentai Hygiene. Important: if Itam 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Event Armed Forces of No. If Yes, Give Year or Dates: 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐XNo Specify: þ Specify: WHITE 3€ Widowed 4 Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) AUDITOR STATE OF MARYLAND 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) JOSHUA E. NORRIS MARIAN HOLMES 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) JOYCE A. NORRIS 7651 WOODLAND DRIVE, EASTON, MD 21601 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) WOODLAWN CEMETERY 7 - 14BALTIMORE, MD 21. Signeture of Funeral Service Licenses 22. Neme end Address of Fecility FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory errest,

Approximate shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** congestive Heart failure /Medical Immediate Ceuse (Final one mouth diseese or condition resulting in death) Examiner Examiner atrial fibrilla Years physician and the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Records, P.O. Box 68760. Physician/Medical 3 weeks aspiration premuence Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. been signed by the a should be datached 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown upon chronic renal failure. þ 24b. Were autopsy findings evailable prior to Rt Hy fracture 24e. Wes en eutopsy performed? completion of cause of deeth? cordin vascular disease. 1 Yes 2 A 1 Yes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, 25. Wes case referred to medical exeminer?

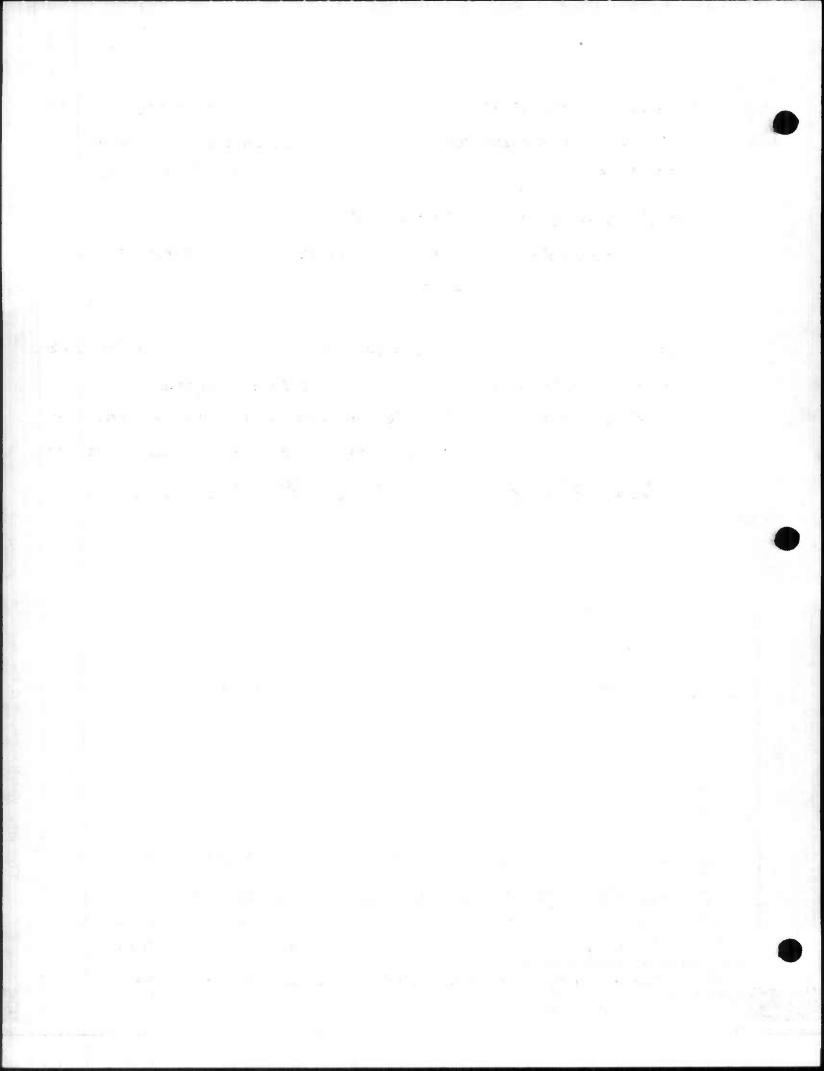
1 Yes 2 No Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident Investigation 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 29a. Certifier 1 🗲 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) and menner es steted. Medical (Check only one) 2 Medical Exeminer: On the basis of exemination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D46020 7/9/97. 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) SYED ALI, M.D., 506 IDLEWILD AVENUE, EASTON, MD 21601 31. Date filed (Month, Day, Year) 32. Registrer's Signeture State

Registrar

JUL 1 0 1997

### Please Type or Print in Black Indelible Ink. Assure All Copies Are 13 blee 2 2 0 3 3 State of Maryland / Department of Health and Mental Hygiene

			Stato	i iliai yiaila i	Certificate of		, ,	eg. No.	
	<b>5</b> 111		Decedent's Name (First, Middle, Last)				2. Date of Deat	h	3. Time of Death
	Physici /Medi		JAMES R. NICHOLS J	R.			Month .TIIT.V	Day Yeer 10 1997	6:58 Au
	Examir		4a. Facility Name (If not institution, give street and nu	m <i>ber)</i>		4b. City, Town, or Lo		4c. County of Deat	h
			Moran Manor Nursin	a Home		Wester	nort	Allega	nv
	Funeral		5. Social Security Number 6. Sex	7. Age (In yrs. last I	birthday) If Undar 1 Year	if Undar 24 Hrs.	8. Date of Birth (Month, Day,	9. Birti	hplace (State or Foreign untry)
Į,	Director		217-05-9518 W 2□ F Usuel Residenca of Decedent	78	Yrs. Months Days	Hours Min.	June 4	1919 WV	untry)
	yland		10a. Stata 10b. County	10c. City, To	wn or Location				10d. Inside City Limits
	Mar F	to	Maryland Allegany	Wes	ternport				1 ☐ Yes 2 📉 No
	r 284	Director	10e. Street and Number		10f. Zip Code		10	0g. Citizen of What Co	untry?
	3a o		Grande View Apts. Ap	+ 104	215	562		United St	
	death	Funeral	11. Marital Status 12. Was Deci	edent Evar in U.S.				14. Race - Amer	
21215-0020	be filed within 72 hours efter death with the Maryland tal Hyglene. I other than "natural", or items 23a or 28a-f show event, the Modical Examiner must be notified at	by	Armed For 1 □ Navar Married 2 □ Married 1 □ Armed For 1 □ Ares If Yes, Given From the Armed For 1 □	2□NoWW 2	13. Was Decedent of H If Yes, specify Cuba 1 ☐ Yes 2 ▼No	n, Maxican, Puerto F Specify:	Rican, etc.)	Black, White	
2-0	72 ho	Completed	15. Decadent's Education	18	a. Decedent's Usual Occup	ation		16b. Kind of Business/I	ndustry
21	thin 7	ple	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1	-4or 5+)	(Give kind of work done of life. DO NOT use retired	during most of workir f)	ng		
	filed within Hygiene. ther then "	Con	Unknown		aborer West	vaco Co	rp.	Paper Ma	nufacture
nd	tal Hy d oth	Be (	17. Father's Name (First, Middle, Last)			18. Mothar's Name	(First, Middle, N	faiden Sumame)	
Maryland	d 2 should be filed th end Mental Hygi 7 is marked other traumatic event, to	To	James R. Nichols Sr 19a. Informant's Name/Relationship (Type, Print)		9b. Mailing Address (Street	Elizab			Va Cada)
Ma	25.5		Kathleen Duckworth	/ Dau.	17821 Ducl				
ē,	E E		20a. Method of Disposition	20b. Place	of Disposition (Name of			20c. Location - City or 1	
altimore,	0 0		1 ☑ Surial 2 ☐ Cremation 3 ☐ Removal from 4 ☐ Donation 5 ☐ Other (Specify)		los Cemeter			Westernpo	
Bal	permit. Pag Depertment Important: I any Injury o		21. Signature of Funeral Servica Licenses		BOAL F	UNERAL H	OME WESTE	RNPORT, I	MD.
	1000		23a. Part1. Enter the disease, or complications that c shock, or heart failure. List only one cause on e	aused the death. Do					Approximata Interval Betwaen
	Physician		oncon, or near railare. List only one cause on e	acit inte.					Onsat and Death
	/Medicai		Immediate Cause (Final disease or condition	1. J. 1	Mualord	ind In Ca	1 - time		1 hours
	Examiner		resulting in death) a.	Due to (or as a	My a Cord a consequence of):	0 ~	00.07		1 /
	D &	ner		A Kar . a	ern Artery	Dress		1	3 years
	tificete be axecuted ig physician end es the burial-transit	Examiner			consequence of):	an Jery			3 gens
Ö,	e axe ian e urial-		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		,				
68760,	ate b	edical	that initiated events resulting in death) Last	Due to (or as a	consequance of):				
	# O 0								
Вох	death cert e attendin ed for use	arv	d						
_	dea se att	SCI	Part li. Other significant conditions contributing to de	ath but not resulting	In the underlying cause give	en In Parti.	23b. Did tol	bacco use contribute	to the cause of death?
0	thet the death cer ed by the attendir detached for use	Physician/M						s 2 No 3 Pro	
Ś	as the igned be del	by	Cicus Cempr	vasader	Acciden	<i>x</i> .			
of Vital Records,	been s	Completed	Quit Combra Hypertensia	n			24a. Was ar perform	ned? a	Vere autopsy findings vailable prior to ompletion of causa f death?
ř	0 - 0	E					1 □ Ye	Pile Lance	□Yas 2□No
g	lcian: The certificata rector, pag	Bec	25. Wes case referred to medical			26. Plece of Deeth			LI Yas ZLINO
5	Physician: this certific ral director,	ToB	examiner?	npatient 2□ER/O	Outpatient 3 DOA Othe			nca 6 □Other (Spec	26.1
0	a Phys erthis eral di	=	27. Menner of Death 28e. Date of	f Injury 28b.	Time of 28c. Injury			w Injury occurred	пу)
DIVISION	Attending Ir death.  octor: After by the fune	ate	T⊠Natural 5 ☐ Pending (Month	i, Dey Year)		(? Yes 2 □ No			
SIN	Atte	100	3 Suicide 6 Could not be determined 28e. Placa	of Injury - At home, f	arm, street, factory, office	21	8f. Location (Str.	eet and Number or Rui	ral Route Number,
5	afte Dir	Certification:	4 Homicide determined buildin	g, etc. (Specify)			City or Town,	State)	
		edical	29a. Certifier (Check only one)  Certifying Physician: To the ba and mann	sis of axamination at	e, death occurred at the tim nd/or Investigation, In my op	e, date and placa, ar	nd due to the car d at the time, da	use(s) end manner as : te and piace, and due !	steted. to tha causa(s)
	omple of the	Me	29b. Signatura and title of cartifier	5	29c. Licanse	number	29	d. Data signed (Month	Dav. Year)
	F 5 F 0		1 00-01	/	A COMPANY		2.0		
			30 Name and address of a			1244		7/10/9	7
	641	VY	30. Name end address of person who completed cause						
	Stat	0	Jesus Tan M.D. Fi	OSTDURG	h PLaza, Fi	rostburg	a, Md.	21532	
	Stat Registra		JUL 1 1 1997	gistrar's Signature	Rardall				



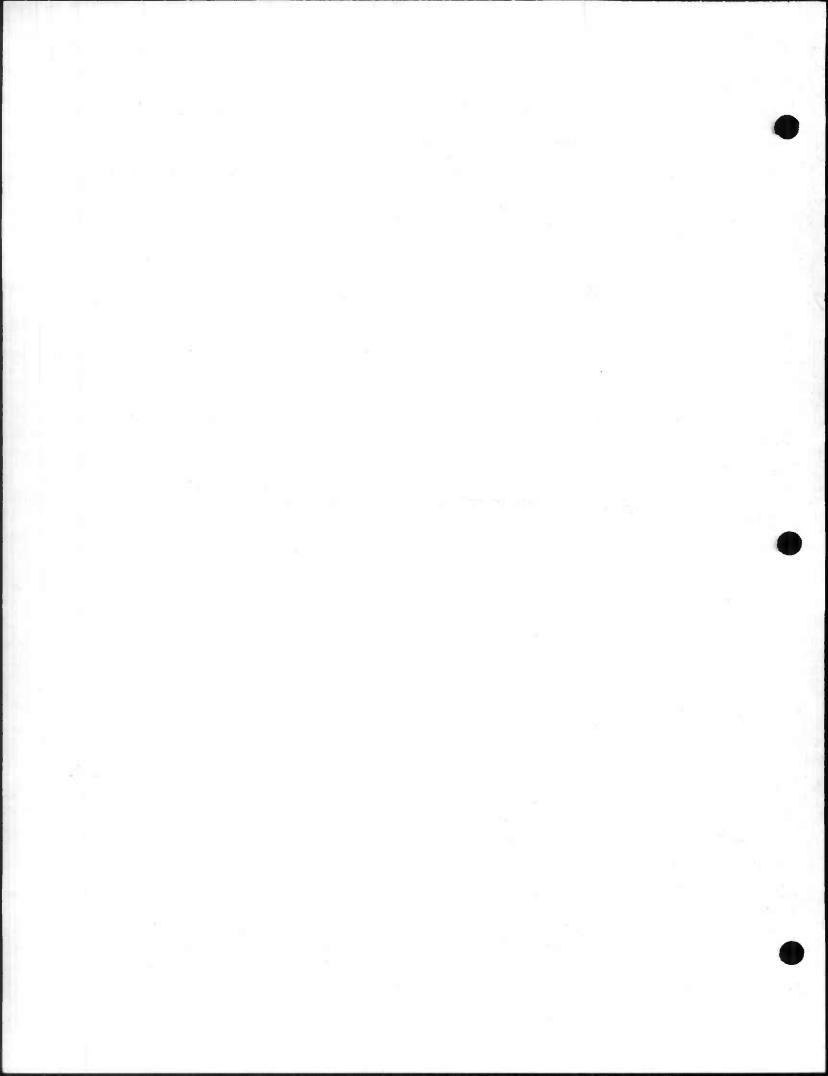
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

,	34	-00-	die	-
State of Maryland / Department of Health and Mental Hygiene 9	1 2	2	0	3

Certificate of Death Reg. No. 1. Dacedent's Neme (First, Middle, Lest) 2. Deta of Deeth 3. Time of Death 1997 Physician Month Yeer Keith June 21, Bryan Neider 12:24 PM /Medical 4a. Facility Neme (If not institution, give street end numbar) 4b. City, Town, or Location of Death 4c. County of Daath Examiner Frederick Frederick Frederick Memorial Hospital If Under 1 Yaar | If Undar 24 Hrs. 5. Social Security Number 6. Sax 1 M 2 F 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Yaer) Birthplace (Stete or Foraign Country) **Funeral** Months Days Hours 528-60-5974 51 Director Jan. 15,1946 Utah Usuel Residence of Decedent deeth with the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits tem 27 is marked other than "natural", or itams 23a or 28a-f show other treumatic evant, the Medical Examiner must be notified at 1 Yes 2 □ No Frederick Director Maryland Frederick 10e. Street end Number 10f. Zip Code 10g, Citizan of What Country? 21702 1766 Harvest Drive United States Funerai 12. Was Decedent Ever in U,S. Armed Forces? 1 ▼ Yes 2 □ No If Yes, Give Year or Dates 64-68 11 Marital Status Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Bleck, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after o Department of Health and Mental Hygiene. Important: If Item 27 is merked other than "natural", or item eny injury or other treumatic event, the Medical Eventment once. 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify þ 3 ☐ Widowad 4 ☐ Divorced White 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Sales Representative Printing Supply Co. 17. Fathar's Name (First, Middla, Last) 18. Mother's Nema (First, Middle, Maiden Sumeme) Wynona 2 Clarence William Neider, Jr. Veda Jensen 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 1766 Harvest Dr./ Frederick, Maryland 21702 Julianne Neider / wife 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 Cremetion 3 ☐ Removal from State 6-25-97 Hagerstown, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Hagerstown Crematory 22. Name and Address of Facility Stauffer Funeral Home 21. Signature of Funaral Service Licensee 23a. Part. Elser the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, which, or heart failure. List only one cause on each line. 1621 Opossumtown Pike/ Frederick, Maryland 21702 Approximete Intervel Betw Onset end Death **Physician** /Medicai Immediate Ceuse (Final Myorandia Interction lhv disease or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner physician end the burial-transit law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury thet initiated evants resulting in deeth) Last Due to (or es a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical the Due to (or as e consaguança of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. been signed by the a should be detached t 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown D.JCIV þ 24b. Were eutopsy findings available prior to completion of cause of daath? Completed 24a. Was en eutopsy performed? page 2 s 2 No this certificate 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, t Be 25. Wes case referred to medical examiner? 26. Piece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2NNo 27. Manner of Deeth 28e. Dete of Injury (Month, Dev Year) Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigation 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1 Certifying Phyeiclen: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) end menner es steted. Medicai (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end manner stated. 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Yeer) 30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) 310 WSt ST French MIN Jethrey Weh 100 31. Date filed (Month, Day, Year) 32. Registrar's Signature State JUN 2 4 1997 Registrar

DHMH 16 Rev 6/95

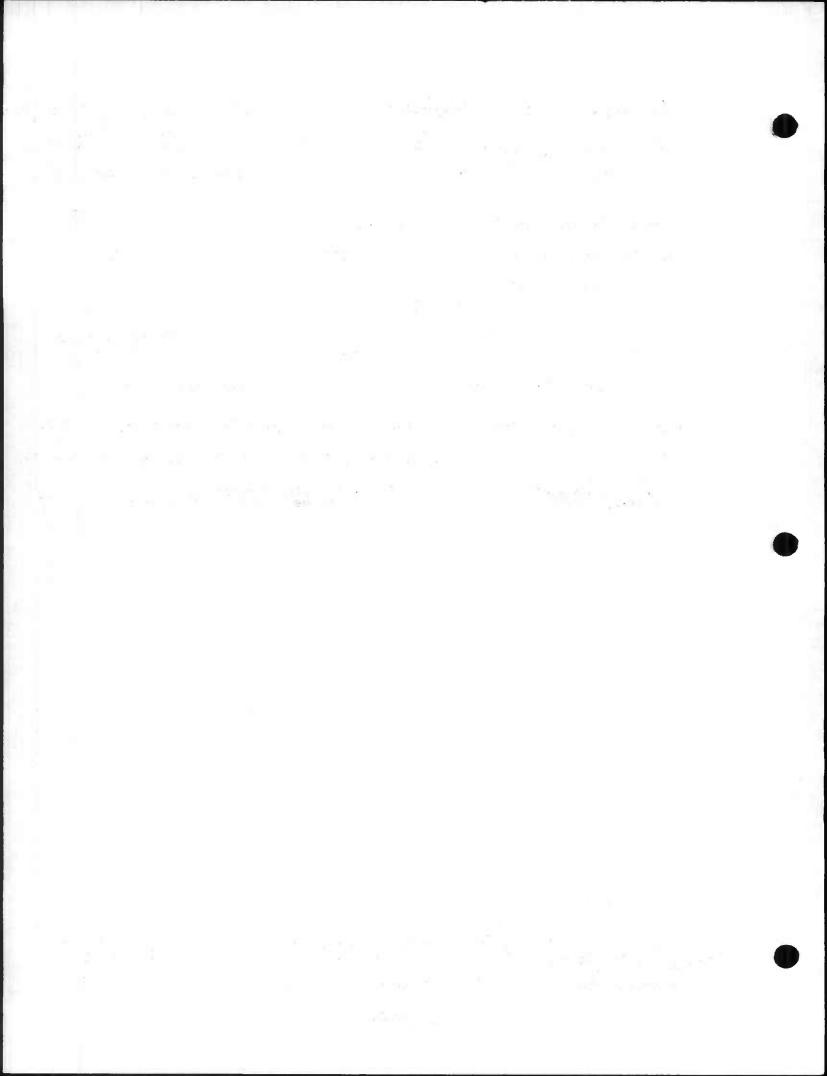


Please Type or Print in Black Indeilble Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 7

					Cer	tifica	te of Death		Reg. No.	ha 6	-000	
	Dharaia		1. Decedant's Name (First, Middle, Last)					2. Data of Deeth			3. Time of Deeth	
	Physic /Medi		LEONARD	W. No	thall			Month	Dey .	1997	11:050	
	Exami		4a. Fecility Neme (If not Institution, gire	/a street end number)	111	,	4b. City, Town, or	Location of Deal	th 4c Count	y of Death	20	
			Southern 1	MARULAND	HOSO,	1/14	1 Clink	DN	1211	100/	Pearce	
	Funeral		Social Security Number 6. 8		. lest birtinday)	If Unda	ar 1 Yaar If Undar 24 Hrs Deys Hours Min	8. Data of Bi		9. Birthplac	ca (Steta or Poreign	
	Director		5. Social Security Number 6. Sex 7. Aga (In yrs. lest birtiday) 1f Undar 1 Yaar 1f Undar 24 Hrs. 8. Data of Birth (Month, Dey, Year) 37. Aga (In yrs. lest birtiday) 1f Undar 1 Yaar 1f Undar 24 Hrs. 8. Data of Birth (Month, Dey, Year) 37. Washington, D									
Baltimore, Maryland 21215-0020	aryland	7	Usual Rasidance of Decedent									
		-	10a. Stete 10b. County 10c. City, Town or Location						10d. Inside City Limits  1\delta Yes 2 □ No			
	n the Mary r 28a-f eh	Funeral Director	Maryland Prince George's Upper Marlboro									
	th will	금	10e. Street and Number	p Code		10g. Citizan of	Og. Citizan of What Country?					
		a	9102 Old Burton C		20772			USA				
	Hems Hems	nue	11. Marital Status	12. Was Decedent Ever In 8 Apped Forcas?	12. Was Decedent Ever In U.S. Arried Forcas?  13. Wes Dacedant of Hispanic Origin? (Si ff Yes, specify Cuben, Mexican, Puarto It Yas, GNa Yeer or Deles: 1960–62			Specify Yes or No to Rican, etc.)	o- 14. Ra Ble	14. Race - American Indien, Bleck, White, etc.		
	or i	by F	1 Never Merried 2 Married	1/□Yas 2 No				Spacify:		Specify: The		
	72 hours natural', dical Ex	D D	3 ☐ Widowed 4 ☐ Divorced							wnı		
	772 na	Completed	15. Decedent's E (Specify only highest gr		16a. Decede	ent's Usu aind of w	uel Occupetion ork done during most of wo use retired)	rking		Kind of Business/Industry Listrict Creative		
	permit. Pagas 1 and 2 should be filed within Department of Haalih and Mental Hygiene. Important: If Item 27 is marked other than any injury or other traumatic event, the M. 2006.	E	Elementary/Secondery (0-12) College (1-4or 5+) Office Manager					Printing				
		Ö							me (First, Middle, Meiden Sumama)			
		o Be						Lelia Irene Hudson				
		10	, 19e. Informant's Neme/Reletionship			a Addros		ural Routa Number, City or Town, Stete, Zip Code)				
			Johanna M. Nuthal  20a. Method of Disposition		Place of Dispos	ition (Ne	Burton Circ	Le Upper Data	Maribo 20c. Location			
			XX Burial 2 ☐ Cremetion 3 ☐	Ramovel from Stete cemetery, crametory or other place)				The second of th				
			4 Donation 5 Other (Special 21, Signature of Funeral Seques Loss						-10-97 Davidsonville, Marylan			
			21. Signature of Funday Seduce (Jose	1900	22. Ge	Name e	ond Address of Fecility P. Kalas Fi	meral H	lome			
			Muni o wally		29	73°3	e P. Kalas Fu Solomons Isla	and Rd.	Edgewat			
i			23a. Part1. Enter the disease, or com shock, or heert feilure. List only	plications thet caused the dec one ceuse on each line.	eth. Do not enta	r tha mo	de of dylng, such es cardie	c or respiretory e	errest,	A A	Approximete ntervai Between Onset and Deeth	
	Physician			00		81	1I N	- 0	1	0	Inset and Deeth	
7	/Medical Examiner		Immediate Ceuse (Finei disease or condition resulting in deeth)  a. Due to (or es e consequence of)									
	EXECUTION OF	_									a MI se s	
	sit ed	Examiner	E May combine mund sola							18		
	and Ftrar	xan	Sequentially list conditions,	Dua to (	Slate Post Commy L							
68760,	rificata be axecuted ng physician and s as the burial-transit		Sequantially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	a State You								
87	cata phys the	Medical	that initiated events resulting in death) Lest Dua to (or as a consequence of):									
	2 0 8											
Box	as that tha daath ce igned by the attendi be detached for use	Physician/										
P.O.		sic	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						23b. Did tobacco use contribute to the cause of death?  1 Yes 2 No 3 Probably 4 Unknown			
	that tha ed by th detache	Completed by Phy										
	signe be d											
	v requiras been sign should be								24e. Were autopsy performed?  24b. Were autopsy findings available prior to completion of cause of deeth?			
ec	2 S S											
Division of Vital Records,	上	S						1 🗆	Yes 2 No	101	Yes 2□ No	
	To the Hospital or Attending Physicien: Tha I within 24 hours after death.  To the Funeral Director: After this certificate ha complately filled in by the funeral director, page	Be	25. Wes case referred to medical examiner?				28. Place of De	ath (Check only	one)			
		2	1 Yas 2 No	Hospitel: 1   Inpatient 2   DOA   Other: 4   Nursing F				Home 5 ☐ Residence 6 ☐ Other (Specify)				
			27. Megner of Deeth 1 DNaturel 5 □ Pending	28e. Dete of Injury (Month, Day Year)	28b. Time of Injury		28c. Injury at Work?	28d. Describe how Injury occurred				
		atic	2 ☐ Accident Investigatio	M 1 Yes 2			1 ☐ Yes 2 ☐ No	0				
<u>\S</u>	ar de recto	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	286. Piece of injury - At r	28e. Piece of Injury - At home, ferm, street, fectory, of building, etc. (Specify)		ry, office		ion (Street end Number or Rural Routa Number, ir Town, Stete)			
	s affi	Ce										
	hon hon ner		29a. Certifier (Check only one)  12 Sertifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end place, and due to the cause(s) end menner stated.								ed.	
	in 24 in 24 the F											
	To To	Σ										
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
			30. Name and eddress of person who								1	
			George H. Wather	i, M.D. 11345	Pembro	ok S	quare, Suite	103, Wa	aldorf,	Md. 20	)603	
	Sta	ite	31. Date filed (Month, Day, Year)	32. Registrar's Sign	ature	- 14						

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First Middle Last) 2. Dete of Deeth Month 6:00 pm July 8, 1997 James Carlton Newcomb, Sr. 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth William Hill Health Care Center Cambridge Dorchester H Under 1 Year If Under 24 Hrs. 8. Dete of Birth
Months Deys Hours Min. March 26, 1916 Maryland 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplece (Stete or Foreign 1፟፟፟∭ M 2□ F Months 214-07-7800 81 Yrs Usual Residence of Decedent 10e. State 10b. County 10c. City, Town or Locetion 10d. Inside City Limits 1 Yes 2 No Maryland Dorchester Cambridge 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? U.S.A. 21613 738 Race Street 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 22 No If Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: White 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) County Government Truck Driver 18. Mother's Name (First, Middle, Meiden Surneme) 17. Father's Name (First, Middle, Last) Mollie Fitzhugh Augustine Newcomb 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 738 Race St., Cambridge, MD 21613 Mary E. Newcomb - Spouse 20a. Method of Disposition
1 Burlal 2 □ Cremetion 3 □ Removal from Stete 20b. Place of Disposition (Neme of cemetery, cremetery or other place) 20c. Location - City or Town, State 4 ☐ Donetion 5 ☐ Other (Specify) Dorchester Mem. Pk. 7-11-97 Cambridge, MD 21. Signature of Funeral Sen 22. Name end Address of Fecility Curran-Bromwell Funeral Home, P.A. 308 High St., Cambridge, MD 21613

or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,
List only one cause on each inc. Approximate Interval Between Onset end Deeth Immediate Cause (Final disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Wes an eutopsy 24b. Were eutopsy findings available prior to performed? completion of cause of deeth? 1□ Yes 20 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Other: Sursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation none 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

ST, Coupridge

or Attending Physician: The law requires that the deeth certificate be executed Division of Vital Records. s efter deeth To the Hospital within 24 hours or To the Funeral Completely filled

Box 68760.

P.0.

State Registrar

**Physician** 

/Medical

Examiner

**Funeral** 

Director

r than "natural", or items 23a or 28a-f show the Wedgel Examiner must be notified at

Director

Funeral

Completed by

Be

death with the Maryland

filed within 72 hours after

Pages 1 end 2 should be filed within ment of Health end Mental Hygiene.
Int: If item 27 is marked other than Iry or other traumatic event, the M

Depertment of important: if any injury or

**Physician** 

/Medical Examiner

bunal-transi

usa as

signed by the eld

certificate

this

After

funeral director.

the

filled in by

Physician/Medical

þ

Completed

Be

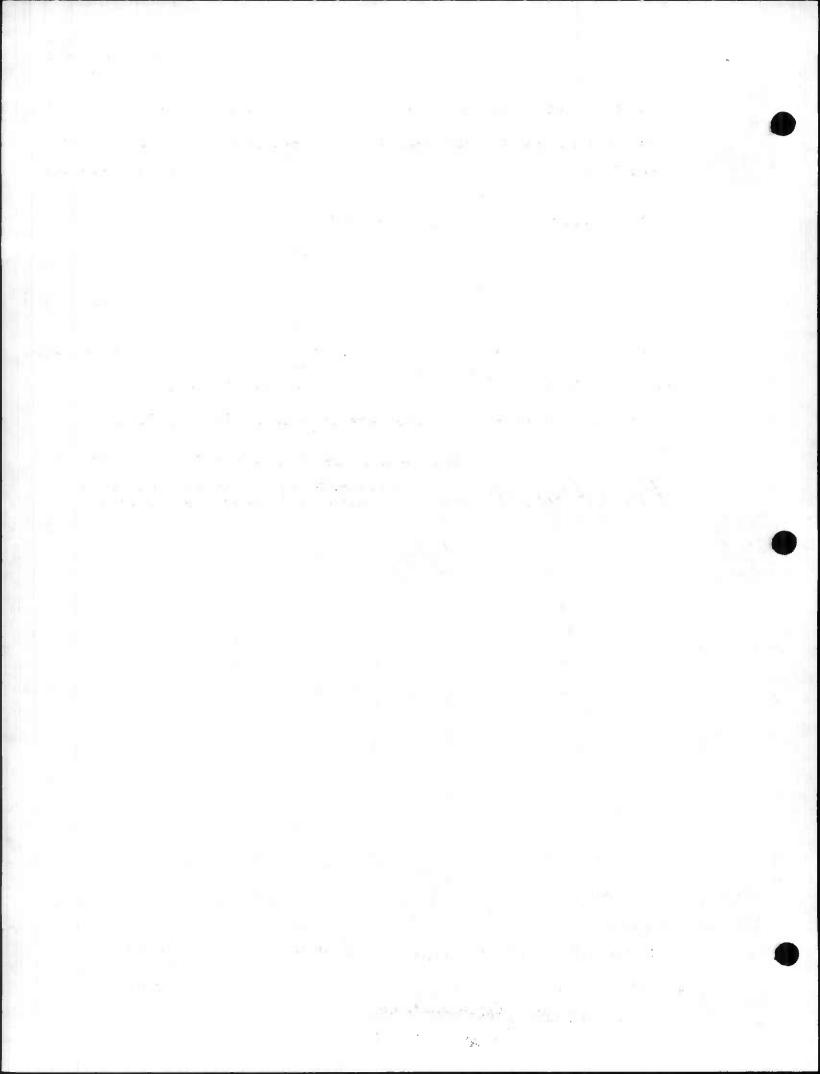
Certification: To

Medical

Baltimore, Maryland 21215-0020

WIN O DRAI MATTA 31. Dete filed (Month, Day, Year) JUL 11

400 HUROAM 32. Begistrer's Signeture

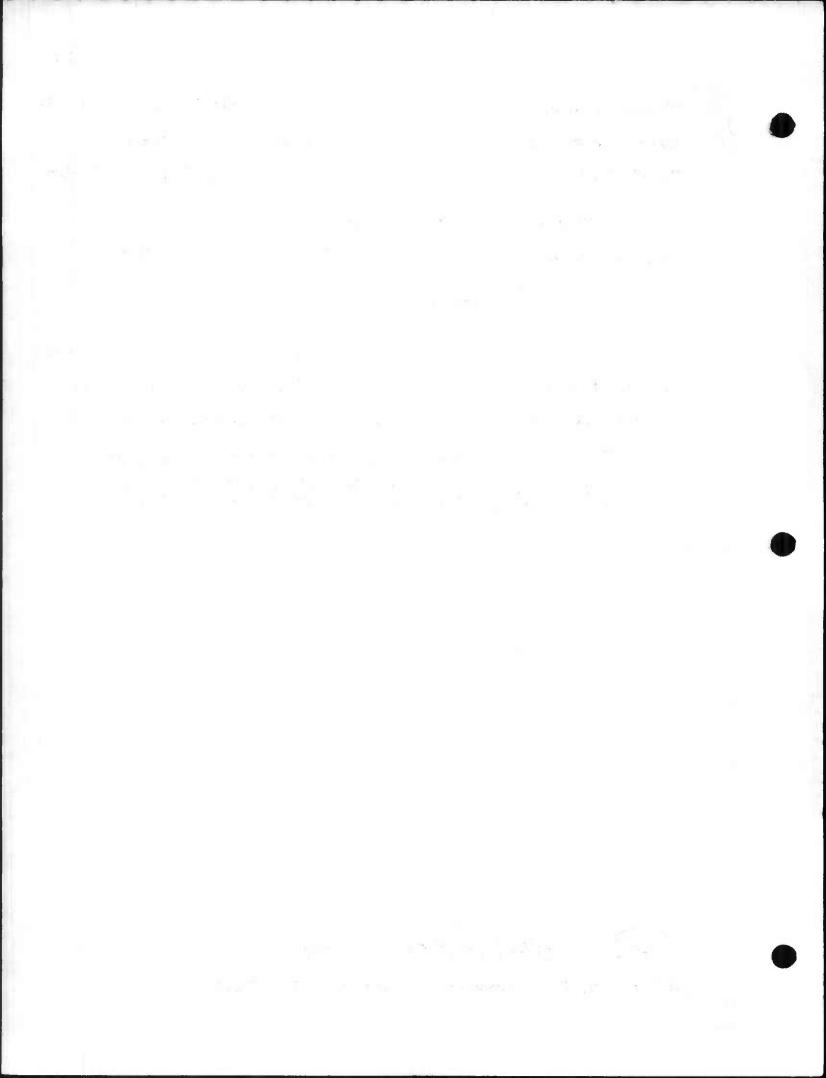


## Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygien 2

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death 3. Time of Death **Physician** July Dey 1997 6:45 AM Thomas Joseph O'Brien /Medical 4a. Fecility Neme (If not institution, give street end numbar) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Physicians Memorial Hospital LaPlata Charles 6. Sex 1Ã M 2☐ F If Undar 1 Yaar if Under 24 Hrs. Hours Min. 9. Birthplaca (Steta or Foreign Country) Treland 5. Social Sacurity Number 7. Age (In yrs. lest birthday) 8. Deta of Birth (Month, Day, **Funeral** Months Days 1905 91 Yrs. Aug. 058-07-6820 Director Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryland Department of Heelth and Mental Hygiene. Important: if Item 27 is marked other than "natural", or frems 23e or 25e. \*\*\* Annual Injury or other treumstic event, the Mental Information of the Infor 10a, Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Director Charles Port Tobacco 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 20677 7615 Carley Dr. U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? ₹DX'es 2 □ No If Yes, Give Yaar or DatesWW II Was Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puerto Rican, etc.) Rece - American Indian, Black, White, etc. 1 ☐ Navar Marriad 2 ☐ Marriad White 1 ☐ Yes 2 XNo Specify: þ 3€ Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Program Officer U.S. Government 17. Fathar's Nama (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Patrick O'Brien Ellen Jean Kierns O'Brien 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Relationship (Type, Print) Kathy O'Brien Simms P.O. Box 363 Port Tobacco,MD 20677 20b. Pleca of Disposition (Name of cematary, crematory or other pleca) 20a. Method oi Disposition 20c. Location - City or Town, Stete Metropolitan Crem. 7/8/97 Alexandria,VA 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee AREHART ECHOLS FUNERAL HOME, INC. M00945 P.O. Box 567 LaPlata, MD 20646 23a. Pert1. Entar the diseese, or complications that caused the death. Do not anter the mode of dying, such es cardiac or respiretory errest, shock, or heert feiture. List only one ceuse on each line. Approximete Onset end Deeth Physician /Medical Immediete Ceusa (Final disaase or condition resulting In death) Examiner Due to (or es e consequence of) Physician/Medical Examiner and Il-transit Sequentielly list conditions, if eny, laading to immadiate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting In deeth) Lest Due to (or es e consequence of) ed by the ettending physician a detached for use es the burial-Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detac 1 Yss 2 No 3 Probably 4 Unknown by Be Completed 24b. Were eutopsy findings available prior to completion of causa of deeth? 24a. Wes en eutopsy performed? page 2 certificate Hospital or Attending Physician: funeral director, 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Othar (Specify) Certification: To 1 Yes 2 No 1 Inpatianf 2 ER/Outpatient 3 DOA After this 28a. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending 1 Maturel 1 ☐ Yes 2 ☐ No ofter death Director: A d in by the f 2 Accident Investigation To the Hospital or Atterwithin 24 hours after dea To the Funeral Director completely filled in by th 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide tacertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

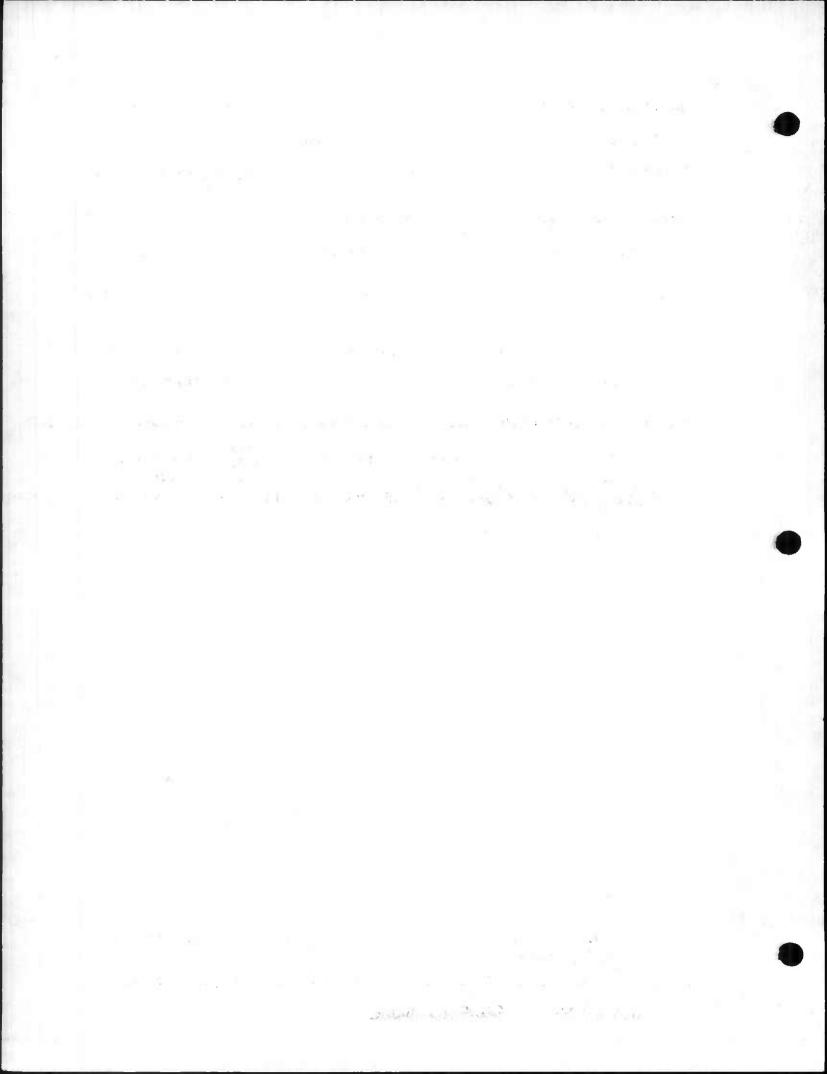
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. Medical 29e. Certifier 29b. Signeture and titla of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D-08370 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) Paul Pritchett, MD 118 LaGrange Avenue 31. Data filed (Month, Pey, Year) 32. Registrer's Signetura State This Studen Revell Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 0 3 8

					(	Certifica	ate of	Death		Reg. No.			
	Physic	ian	1. Decedent's Nama (First, Middle, Last)						2. Date of De Month	ath	1997	3. Time of Death	
я	/Med		ANITA LOUISE OLDEN					th Oh Tour	June			1503	
П	Exami	ner	4a. Facility Name (If not institution, give si Washington County					Hagers	or Location of Death				
Н	Francis		5. Social Security Number 6. Sex	7. Aga (In yr.	s lest hirth	If Und	lar 1 Yea				ingto		
	Funeral Director			M 21 F	58 Y	04			May 14,	y, Yeer)	Penn	lace (Steta or Foreign try) sylvania	
	land W		10a. State 10b. County	10c. C	ity, Town	or Location					1	0d. Inside City Limits	
	Mary H sh	tor	Maryland Washingt	on	Н	agerst	own					t Nas 2 No	
	r 28s	Director	10e. Straat and Numbar			10f. Z	Zip Code			10g. Citizen of N	What Cour	try?	
	h with	ie G	1131 Outer Drive				2174	2		U.S.			
21215-0020	within 72 hours efter death with the Maryland ilene. Than "netural", or Items 23a or 28a-f show the Wolfral Examiner must be nothed at	by Funeral	11. Marital Status 12  1 Never Married 2 Married  3 Xiday	2. Was Decedent Ever in Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Dates:	U.S. 13. Was Decedent of Hispanic Origin? (Sp if Yas, specify Cuban, Maxican, Puerto 1 ☐ Yes 2恐 No Specify:				? (Specify Yes or No uerto Rican, etc.)	- 14. Rac Blac Specify	ce - Americ ck, White, y: Wh		
	2 hou	ba	15. Decadent's Educa		16a. E	Decedent's Us	sual Occu	Ination		16b. Kind of B	usiness/Inc	fuetny	
	hin 7	Completed	(Specify only highest grede Elementery/Secondary (0-12)	Completed) College (1-4or 5+)	1 (	Give kind of v life. DO NOT	vork done	during most of	working	TOD. TAILS OF D	JOH HOOSE HIL	lustry	
7		E	0-12	0		bakery	de1	i		groce	ery s	tore	
Maryland	be filed tal Hygie d other event, it	Be	17. Father's Nama (First, Middla, Last)					18. Mother's	Nama (First, Middle,		,		
Na		2	Frank Ma	ttax					Birdie	Luellen			
ar	2 she end is me		19a. Informant's Name/Relationship (Type, Print)  Mrs. Lori A. Lushbaugh/Daughter  254 North Colonial Driv							er, City or Town,	Stete, Zip	Code)	
	es 1 end 2 should of Health end Mer I item 27 is merke r other traumatic							lonial I	rive, Hag	erstown	, Mar	yland 217	
altimore,	permit. Pages 1 Department of H Important: If iter any injury or ott		20a. Method of Disposition  1 ☼ Burial 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	cemetery,	Disposition (N cremetory or aven Co	r other ple		July 1,1997	20c. Location -		wn, State Maryland	
Da	Depart Import any inj		21. Signature of Funeral Service Licensas	Minne	el			ass of Facility Vilson E	Minnich Blvd., Hag				
Y	Physician		23a. Part1. Enter the disease, or complice shock, or heert failure. List only one	ations that caused the des cause on each line.	ath. Do no	t enter the mo	oda of dy	ing, such as car	diac or respiratory ar	rast,		Approximate Interval Between Onsat and Death	
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)  Acute myocardial infarction sudden  Due to (or as a consequence of):										
Ш	D 45	ner											
ĵ	eeth certificate be executed ettending physicien end for use as the burial-trensit	Medical Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	Due to (	or as a co	nsequence of	·):						
68/60,	ysicie	cal	that initiated events	Due to (	or as a consaquanca of):								
×	certifice nding phase as t	/Med	resulting in death) Last  d.										
2	thet the deeth cert ed by the ettendin detached for use	Physician	Doet II. Other simulfloods and distance and										
;	the cay the achee	hys	Part II. Other aignificant conditions contri	buting to death but not re	sulting in t	he underlying	cause gi	iven in Part I.				the cause of deeth	
ה ה		by P	Diabetes						_ ''''	res 214 No	3 Prop	ably 4 Unknow	
TICODE!	law requires as been sign 2 should be	Completed b							24a. Was	an autopsy med?	cor	re autopsy findings ideble prior to appletion of causa death?	
	0 - 0	E							101	as 2 No		Yes 2□ No	
AHG		Be C	25. Was case referred to medical					26. Plece of	Death (Check only o				
5	0 0	To	examiner?	spital: 1 XInpatient 2	ER/Outp	atient 3 🗆 🗈	OA Ot	her:	g Home 5 ☐ Resid		er (Specify	)	
			27. Manner of Death  1XX Natural 5 ☐ Pending	28a. Date of Injury (Month, Dey Yaar)	28b. Tin		28c. Inju Wo	ry at	28d. Describe h	ow injury occuri	red		
	Attending or death. Sector: After by the fune	atic	2 Accident Investigation			М		Yes 2□No					
	7 = = -	Certification:	3 ☐ Sulcide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Piace of Injury - At h building, etc. (Speci	iome, farm	, street, facto	ry, office		28f. Location (Straat end Number or Rurel Route Number, City or Town, Stete)				
	To the Hospital of within 24 hours en To the Funeral D completely filled in the Funera	edical	29a. Certifiar (Check only one)  1 Certifying Physic 2 Medical Examine	len: To the best of my known: On the basis of examination and mannar stated.	owledge, o ation and/o	leath occurred or investigation	d at the ti n, in my o	ime, date and pl opinion, death o	ace, and due to the occurred at the time, o	ause(s) and ma date and place, o	nner as sta and due to	ated. the cause(s)	
	To the To the Comp	Me	29b. Signature and title of certifier			25	9c. Licen:	se number		29d. Date signed			
			NAMO.	140				D11266		June 27,	, 199	7	
•			30. Name and eddress of person who com		,								
			Howard N. Weeks, M.	D., 580 Nort	hern	Avenu	e, H	agersto	wn, Maryla	and 217	142		
	Sta	te	31. Date filed (Month, Day, Yeer)	32. Registrer's Sign		1							



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 2039 State of Maryland / Department of Health and Mental Hygiene 22039

Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth Month **Physician** July 3
4b. City, Town, or Location of Death Frances Brady Ornison 8:20 PM /Medical 4e. Fecility Neme (If not institution, give street end number, 4c. County of Death Examiner Heighta

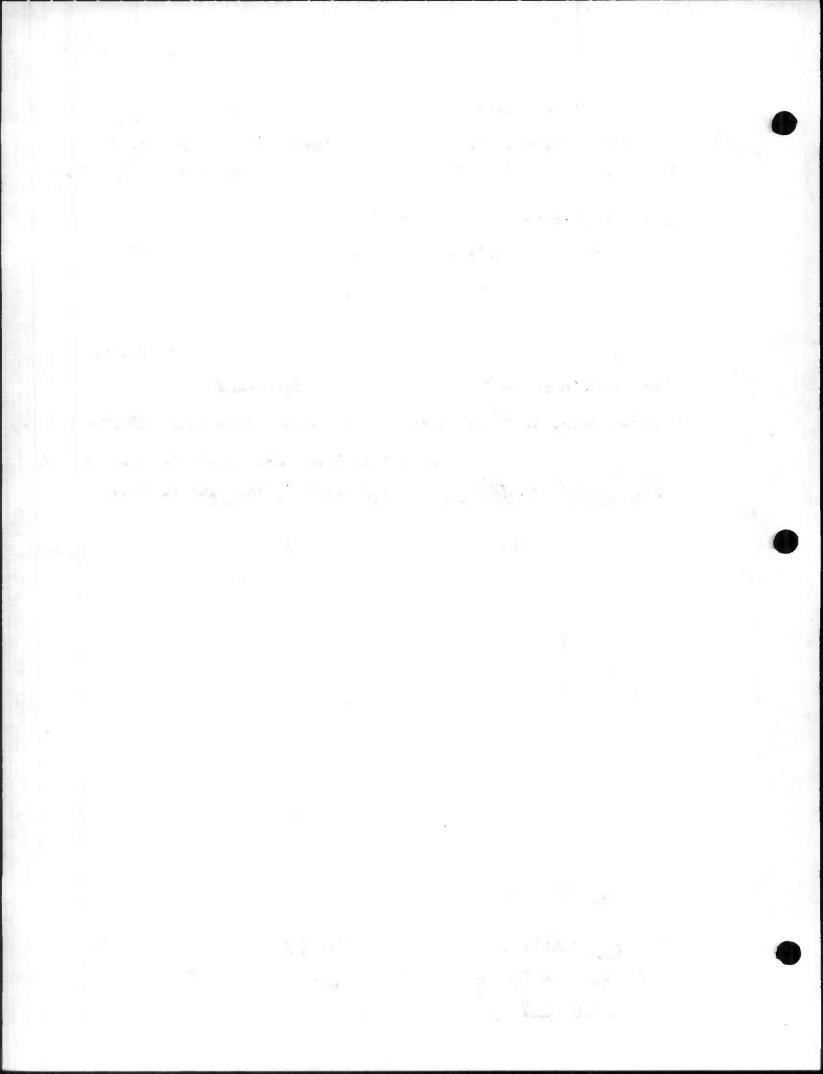
8. Date of Birth
(Month, Dey, Year)
12/9/08 Vindobona Nursing Home

Security Number 6. Sex 7. Age (In yrs. last birthday) Braddock
If Under 1 Year | If Under 24 Hrs. Frederick 5. Sociel Security Number **Funeral** 1 M 2 XF Months 88 Yrs. Director 212-03-2244 Manyland Usual Residenca of Decadent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be nothing at Director 1 TYPes 2 □ No Frederick Brunswick Md.10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 6 1100 Peach Onchand Drive USA 21716 "natural", or items 23a 12. Wes Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien Pagas 1 and 2 should be filed within 72 hours aftar c nant of Health and Mental Hygiena. Int: If Item 27 Is marked other than "natural", or Iter Bleck, White, etc. 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by 3 ₩ Widowed 4 Divorced White Be Completed 16e. Decadent's Usuel Occupetion
(Give kind of work done during most of working
life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Housewile Homemaken 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Eugene Wallace Brady Emma Reed 19a. Informent's Neme/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pagas 1 and 2:
Department of Health ar
Important: if item 27 is
any injury or other trau Beatrice Brady Sisterinlaw 522 Brown Avenue Hagerstown, MD 21740

20b. Plece of Disposition (Name of Disposition ( 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from State 4 Donetion 5 ☐ Other (Specify) Hagerstown Crematory7/5/97 Hagerstown, Md. 21. Signature of Funerei Servica Licansee 22. Name end Address of Facility Bounday thurs when John T. Williams Funeral Home Brunswick, Months of the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** 1'NEUMONIA /Medical Immediate Ceuse (Finel -47 URS disease or condition resulting in deeth) Examiner Due to (or es e consequenca of): WEMENT A Physician/Medical Examiner TEARLS The law requires that the death certificate be executed for usa as the bunal-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated exacts) Due to (or es e consequence of): P.O. Box 68760. thet initieted events resulting in deeth) Lest Due to (or es e consequença of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown MYPERCHOLES TERROLEMIA GITED PORUSIS Records, þ tha funaral director, paga 2 should Be Completed 24b. Were eutopsy findings evelleble prior to 24e. Wes en eutopsy performed? COMPRESSION PRACTURE completion of cause of deeth? cartificata has 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To this 27. Manner of Deeth Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Aftar t 28c. Injury et Work? 5 Pending Investigation within 24 hours aftar daath.

To the Funeral Director: Af
complataly filled in by tha fu 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homleide Hospitai 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only one) the 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) MI michion MYNE 32. Registrar's Signature JUL 0 31. Dete filed (Month, Swelson Randall State 07 Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death **Physician** JMT 5 1997 Mary v. Owens 2:05 am /Medical 4e. Facility Nama (If not institution, giva streat end number) 4b. City, Town, or Location of Daath 4c. County of Deeth **Examiner** Chesapeake Manor Nursing Home Aron1d Anne Arundel 7. Aga (In yrs. last birthday) If Under 1 Yaar if Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Feb. 21 1921 9. Birthplaca (Stata or Foraign Country) Maryland **Funeral** 1□ M 2□¥F Director Usual Rasidance of Dacedant 10e State 10b. County 10c. City, Town or Location 10d. Insida City Limits ns 23a or 28a-f ahow 1♥ Yes 2□No Director M ARYLAND ANNE ARUNDEL LOTHIAN 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? death Funeral 1332 MARLBORO ROAD 20711 US 12. Was Dacadant Evar in U,S. Armed Forcas? 1 ☐ Yes 2 ☒ No If Yas, Giva Yaar or Datas: Hems 14. Race - American Indian, Black, Whita, atc. 13. Was Decadant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) "natural", or item 72 hours efter 1 □ Navar Marriad 2 □ Married 21215-0020 1 ☐ Yas 2 ☒ No Specify: Specify: BLACK by 3 Widowad 4 □ Divorcad Completed the Medical 15. Dacedant's Education (Spacify only highast grada complated) 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry nd Mental Hygiene. marked other than Elamantary/Secondary (0-12) Collaga (1-4or 5+) 6th 0 DOMESTIC OUT SIDE THE HOME traumetic event, Maryland 17. Fathar's Name (First, Middle, Last) Pages 1 end 2 should be file ment of Health end Mentai H ant: If item 27 ia marked oth 18. Mothar's Nama (First, Middla, Maidan Surnama) Be JAMES A. TASKER CAROL L. DOWNS 19a. Informant's Nama/Relationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) BESSIE FRANKLIN (SISTER) 1332 MARLBORO ROAD LOTHIAN, MD. 20711 other Baltimore, 20b. Placa of Disposition (Nama of camatary, cramatory or other place)
MOSES CEMETERY 20a. Mathod of Disposition Data 20c. Location - City or Town, State permit. Pages Department of Important: If it any injury or on 1 EmBurial 2 ☐ Cramation 3 ☐ Ramoval from Stata 7/9/97 DRURY, MD. 4 □ Donation 5 □ Othar (Spacify) 21. Signatura of Funaral Sarvice Licansee 22. Nama and Addrass of Facility
WM. REESE & SONS MORTUARY, P.A. Lavy J. Keese 821 WEST ST. ANNAPOLIS, MD. 21401 23a. Part1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Batween Onsat and Death **Physician** /Medical 10 Tears Immediata Causa (Final disease or condition rasulting in daath) Examiner The law requires that the death certificete be executed Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Ceuse (Disaasa or injury that initiated events rasulting in daath) Last Dua to (or as e consequance of): Box 68760. Physician/Medical Dua to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. P.O. 23b. Did tobacco uea contribute to the causa of death? 3 1 Yes 22 No 3 Probably 4 Unknown page 2 should be det Records, þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performad? 1□ Yas 2 No certificete 1 ☐ Yas 2 ☐ No of Vital Be 25. Was cesa rafarrad to medical axaminar? 26. Placa of Daath (Chack only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) To 1 Yas 2 No this Certification: 27. Mannar of Death 28a. Data of injury (Month. Dev Year) 28d. Dascribe how injury occurred 28b. Time of Attending . After Division 1 Natural 5 Panding invastigation 1 Yas 2 No 2 Accidant efter death Director: 6 Could not be datarminad 3 Suicide 28f. Location (Straat and Number or Rurel Route Number, City or Town, Steta) 28e. Place of Injury - At home, farm, straat, factory, office building, atc. (Spacify) 2 4 Homicida 0 e Hospital 29a. Cartifiar (Check only one) 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. Medicai To the Hosp within 24 ho To the Fune completely f 2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signad (Month, Day, Yaar) Altendery Doster D21684 blymoe My of death (Ham 23a) (Typa, Print) PASAORNA, MO 21122 30. Nama and addrass of parson who complated CN. CYRIAC.M-D

**DHMH 16 Rev 6/95** 

State Registrar

union Type of Principal State Indealing of the Australia Withouse Type of DAUSSIN E CONTRACTOR DE L'ANDRE D ALL WATER The Reservoir Committee of the second second second Charles and the state of the state of SERVICE CONTRACTOR OF THE SERVICE AND

# Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible,

State of Maryland / Department of Health and Mental Hygiene / Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** AUGUST ROBERT 1997 PLUTSCHAK JULY 1:10 PM 4, /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner William Hill Health Care Easton Talbot 5. Social Security Number If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** Months Days 1**⊘**M 2□F 218-14-1951 Yrs. Director 93 April 18,1904 Maryland Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Pagas 1 and 2 should be filed within 72 hours after death with the Manylan Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or items 23a or 28a-1 show any Injury or other traumatic event, the Medical Examiner must be notified at any Injury or other traumatic event, the Medical Examiner must be notified at 1 Yes 2 No Director Maryland Talbot Easton 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 501 Dutchmans Lane 21601 U.S.A. Funeral 14. Race - American Indien, Black, White, etc. 12. Wes Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merried 1 ☐ Yes 2 No If Yes, Give Yeer or Dates: Saltimore, Maryland 21215-0020 1 ☐ Yes 21 No þ Specify: White 3X Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Barber 8 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Augusta Marie Kleinschmidt Edward Plutschak 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Fay P. Dyer Daughter P.O. Box 1176 St. Michaels, Maryland 21663 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Capitol Crematory July 7,1997 Dover, Delaware 21. Signature of Funerel Service Licenses 22. Neme end Address of Fecility Harrison E. Leonard Funeral Home 23a. Part f. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 312 S. Talbot St. St. Michaels, Maryland 21663 Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) hronic obstructive polonowy disease /Medical neurs Examiner physician and s the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that Initiated events resulting in death) Last Due to (or as a consequence of) Box 68760. Physician/Medical Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tebacco use contribute to the cause of death? the sclevoss 2□ No 3 Probably 4 ☐ Unknown þ 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed peen has 1 ☐ Yes 2 No cartificata To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartifical completely filled in by the funeral director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 28a. Date of Injury (Month, Day Year) 27. Manper of Death Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide edicai 29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and placa, end due to the cause(s) end manner as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature end title 29d. Dete signed (Month, Day, Year)

State Registrar 31. Date filed (Month, Day, Year) - 8 1997

Michael D. Crowley

508 Idlewild Ave. Easton, Maryland 21601 32. Registrar's Signature

M.D.

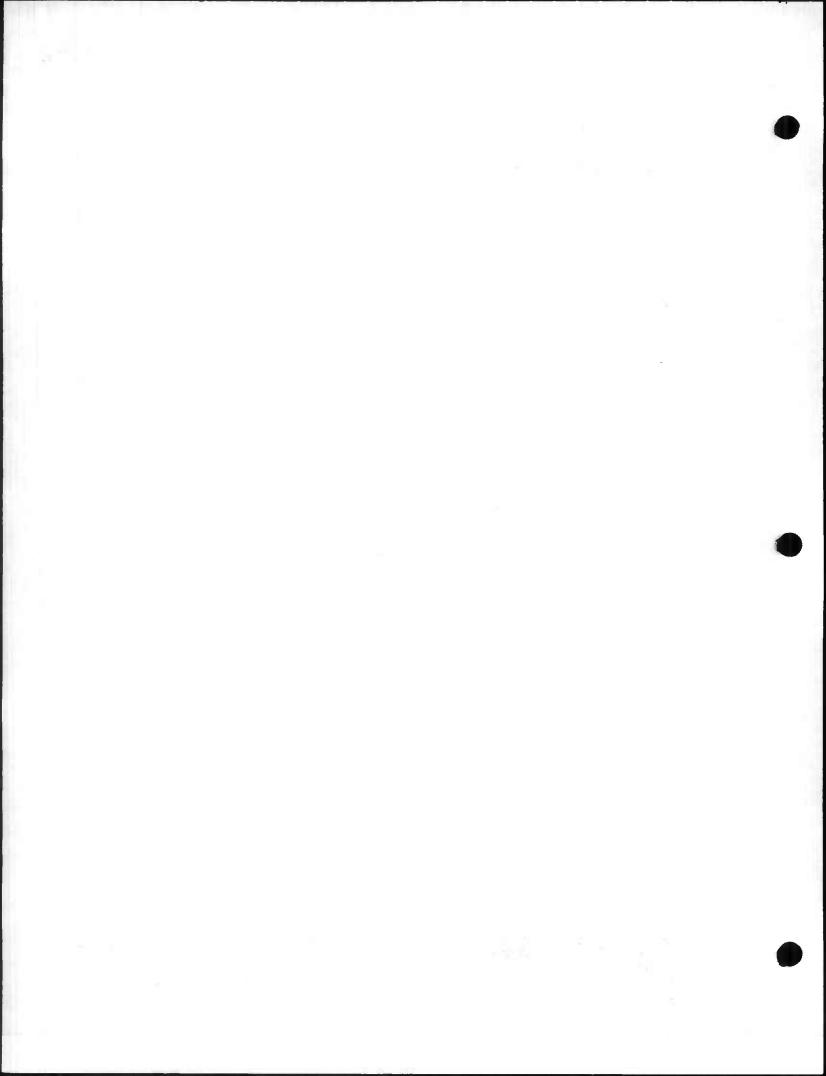
30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print)

Tailor Anders

THE REPORT OF THE PROPERTY OF

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 22042

					ar yrarra r	Certifica		Death		eg. No.	<u>_</u>	2042	
1	Physici	an	1. Dacedant's Nama (First, Middla, La	ist)	2 11				2. Data of Daar Month		Year	3. Tima of Deeth	
	/Medi		Mary Emily Pfou			July 2	1997	Tour	11:30 am				
	Examir		4e. Fecility Neme (If not Institution, give	a straat and number)				4b. City, Town, or I	ocation of Deeth	4c. County o	of Death		
			145 Willis Stre	et				Westmin			arro	11	
	Funeral Director		216-14-6995	Sax 7. Aga 1 □ M 2 12 F	a (In yrs. last i	Yrs. If Unc	der 1 Year Days	Hours Min.	8. Data of Birth (Month, Day, Dec. 4			aca (Stata or Foraign ry) nsylvania	2
	pur		Usuat Rasidance of Decadant  10a. Stata 10b. County		10c City To	own or Location					10	od Include Oit at Incide	
	a-f sho	ctor	MD Carroll			inster					10	od. Inside City Limits 1 ☑ Yas 2 ☐ No	
	th with the 23e or 28	Funeral Director	10e. Streat end Number 145 Willis Stre	et		10f. 2	Zip Coda 2	1157		0g. Citizan of W United			
020	be filed within 72 hours efter deeth with the Maryland ital Hyglena.  d other than "natural", or items 23e or 28e-f show event, the Medical Examinat must be notified at	by Funer	11. Maritel Status  1 □ Navar Marriad 2 □ Marriad  3 ☑ Widowed 4 □ Divorced	Armed Forces?	1 ☐ Yas 2 ☑ No If Yas, Give 1 ☐ Yas 2 ☑				pecify Yas or No- o Rican, atc.)		- Amarica , Whita, a		
Maryland 21215-0020	thin 72 hou a. an *natura Medical E	Completed	15. Dacadant's E (Specify only highest gra Elementary/Secondary (0-12)	ducation ada complated) Coltege (1-4or 5-		Ga. Decedant's Us (Giva kind of I lifa. DO NOT	sual Occup work dona usa retire	cupetion 16b. Kind of Busina: ina during most of working tired)					
2	ed wi	Sol	12			Homemak	cer			Own Ho	me		
pul	2 should be filed within and Mental Hygiena. Is marked other than sumstic event, the M.	Be	17. Fathar's Nama (First, Middla, Last	)				18. Mothar's Nama (First, Middle, Maidan Surnama)					
Ya	should ind Men i marka umatic	2	Daniel Guy Pfou						er Bickl	4			
Mar	is 1 and 2 should of Haaith and Mer Nem 27 is marka other traumatic		19a. tnformant's Name/Ralationship (		1:	_		and Number or Ru				· ·	
	Haaith Haaith em 27 i		J. Daniel Pfout  20a. Method of Disposition	2, 9011	20h Place			Sue-Dan D		20c. Location - 0		21074	
Baltimore,	Pages nent of I ant: if Ite ury or o'		1 ☑ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donetion 5 ☐ Othar (Specific		of Disposition (A tary, cramatory of ipe Cree		0,7,0	Union					
Balt	permit. Pages Depertment of I Important: If Ite any Injury or of		21. Signature of Funeral Service Licer	1000		22. Name 412	apd Agdre	Funeral H	iome & Ch	apel			
			23a. Part1. Enter tha disaasa, or com			Approximate	-						
	Physician /Medical Examiner	23a. Part1. Enter tha disaasa, or complications that caused that is the control of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each tine.  Immediate Cause (Final disaase or condition resulting in deeth)  Due to (or as a consequence of):									Intervel Batwaan Onsat and Daath  Months		
	iceta be axecuted physician end s the bunal-trensit	Examiner	Sequentially list conditions,	b	Dua to (or as	a consequenca o	of):						
30,	e axe Sian e vurial-										į		
K 68760,	E 0 0	Physician/Medical	C. Due to (or es a consequance of):  The trinifiated avants rasulting in death) Lest  Due to (or es a consequance of):  d.										
Box	ettendin for use	lan/											
0	the e	/sic	Part II. Other algnificant conditions of	ontributing to death bu	t not rasulting	in tha undarlying	g causa gi	van in Part I.	23b. Did to	bacco use cont	tribute to	the cause of death?	7
<u>α</u>	as that tha daath cei igned by the ettendir be detached for use	by Ph							1 🗆 Y	●8 2X No	3 Prob	ably 4 Unknow	n
Records,	aw requir is been s 2 should	Completed	_==						24a. Wes a parlor		evai	re autopsy findings ilabla prior to apletion of causa aath?	
æ	0 - 0	E							1 □ Y8	as 2 No	1 🗆	Yes 2□ No	
Vital		Be	25. Was casa refarrad to medical					26. Place of Dea	th (Check only on	a)			-
of V	2 w D	70	axaminar? 1 □ Yas 2 No	Hospital: 1 Inpatier	nt 2 ER/	Outpatient 3 1	DOA Ot	har: 4 Nursing H	oma 5 A Rasida	ınca 6 □Othe	r (Specify)	)	
iono	ding h. After fune		27. Mannar of Deeth  1X Netural 5 ☐ Panding  2 ☐ Accident invastigation	28e. Dete of Injur (Month, Day	Yaar) 28b	o. Time of Injury M	28c. tnju Wo 1 🗆	ry at rk? I Yas 2 □ No	28d. Describe ho	ow Injury occurre	d		
Division	tal or Attendent rs efter deat al Director: led in by the	Certification:	3 ☐ Suicida 6 ☐ Could not b 4 ☐ Homicide datarmined		ry - At home, . (Specify)	farm, street, factor	ory, offica		281. Location (Straet and Number or Rural Routa Number, City or Town, Steta)				
	To the Hospital or At within 24 hours efter of To the Funeral Direct completaly filled in by	edical	29a. Certifier (Check only one) 1 Certifying Ph	yelcian: To the best of ninar: On tha basis of end mennar stat	axamination a	ge, daath occurre and/or investigetion	ed at the ti	me, date and placa opinion, daath occu	, and dua to tha carred at the time, da	ause(s) and men ate end place, ar	ner es ste nd due to	ited. the ceusa(s)	
	To the within 2 To the comple	Me	29b. Signature and title of Certifier			2	9c. Llcan	sa number	2	9d. Date signed	(Month, D	ley, Yaar)	
			Johnoon	What			D25	443		July 2	, 19	997	
			John Midd				ad,	Westmin	ster, M	D 211	57		
	Sta	te	31 Thin filed (Month Day Year) -		Signature								Ī



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 22043

					C	ertificat	e of	Death		F	leg. No.			
			1. Decedent's Neme (First, Middle, Las	st)						2. Dete of Dee Month	th	and a	3. Time	of Deeth
ı	Physic		M ('ara Darra								Day 9	1997	5-1	7a.m.
	/Medi Examii		4e. Fecility Neme (If not Institution, give					4b. City, To		July cation of Death	4c. County		J.1	/ a . m .
	- Aurin		12120 Rock Poi					Rock	Poi	nt		rles		
	Funeral		5. Social Sacurity Number 6. S		s. lest birthd			If Undar					lece (Stet	e or Foreign
	Director									6. Data of Birth (Month, Dey, Year) farch 28 1928  9. Birthplece (State of Country) Massachus				
	yland 10w		10e. Stete 10b. County	10c. C	ity, Town or	r Location						10	0d. Insida	City Limits
	Mar February	ğ	Maryland Charles	Ne	wburg					1 ☐ Yes 2 ☐ No				es 2 No
	ter death with the Marylan Hems 23a or 28a-f show Inst. must be not ind at	Director	10e. Street and Number			10f. Zip	Code				Og. Citizen of	Whet Coun	trv?	
	3a o	0	12120 Rock Point	Road			2066	1			USA			
	ine 2	era	11. Maritai Status	12. Was Decedant Evar In	U.S. 1				ioln? (Spe					
21215-0020	in 72 hours after death with the Maryland "natural", or Hems 23e or 28e-f show fedical Examiner must be notified at	by Funeral	1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced	Armed Forces?  1  Yes 2 No If Yas, Giva Yeer or Dates:		_	ecedant of Hispanic Origin? (Specify Yas or No- specify Cuben, Mexican, Puerto Rican, etc.) es 2XNo Specify:			Rican, etc.)	Bleck, Whita, atc.  Specify: White			
Ö	2 ho	Completed	15. Decedent's Ed	ucation	16a. De	cedent's Usu	el Occu	petion			16b. Kind of B	usiness/ind	Justry	
21		ple	(Specify only highast gra Elamantary/Secondary (0-12)	da completed) Coilege (1-4or 5+)	- (G	ive kind of wo e. DO NOT u	rk dona se ratin	ı during mos ∍d)	it of workir	ng				
21	e filed withln al Hygiene. I other than '	PO	10	College (1-451 54)	Hon	nemaker					Own	Home		
p	il Hygie other	Be	17. Fether's Neme (First, Middle, Last)					18. Mothe	er's Name	(First, Middle,	Melden Sumer	ne)		
Maryland	fents fents ked ked	ToE	John Irving Peckh	nam				Ma	rv Mo	Colgan	Peckha	m		
ary	should No mark	_	19a. Informent's Neme/Ratetionship (1		19b. M	eiling Address	(Stree			I Route Numbe			Code)	
	nd 2 lith a 27 is		Virginia P. Maxey	(Daughter)						Newbur				
ē,	Hear Hear		20a. Method of Disposition		Plece of Di	sposition (Ner	ne of		Nodu	Dete	20c. Location		wn, Stete	
altimore,	permit. Pages 1 and 2 should be filed Department of Health and Mental Hyg Important: If item 27 is marked other eny injury or other traumatic event, once.	- 23	1 ☐ Buriel 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify	The second secon		cremetory or o	-		71.1	0 07 1	To 1 1 .	36	- 00	001
Ti	artmo		21. Signature of Fugurel Saryica Lican		raney	& Sons		-		10–97	Valpole	, Mas	S UZ	081
Ba	Depa Impo eny ii		b John A.	M00173		J.H. E	ber	wein 1	Mortu	uary White	Pls.,	MD 20	695	
ř			23e. Pan Linter the diseesa, or composhe or heart feilure. List only	olicetions thet causad tha decone ceuse on each line.	th. Do not	enter tha mod	e of dy	ing, such as	cardiec o	r raspiretory arr	est,		Approxim	
	Physician /Medical Examiner	ner	Immediate Ceusa (Final disease or condition resulting in deeth)	e. Cancer Due to		onsil sequance of):	,_C	hron	ic P	ancrea	titis			
oʻ	executed an and rial-trensi	Examiner	Sequentially list conditions, if eny, leeding to immadiate cause. Enter Underlying	Sequentially list conditions, if eny, leeding to immadiate cause. Enter Underlying										
Box 68760,	eath certificate be executed ettending physician and for use as the burial-trensit	//Medical	Ceuse (Diseese or injury thet initieted avants resulting in deeth) Last											
ă	death e etter ed for u	Physician	Death Other leaders and the			at Maria				1				
o	the d y the	ys	Pert II. Other significant conditions of	ntributing to death but not re	sulting in the	e underlying c	ause g	ven in Part i	i.		obacco usa co			
۵,	that the death	by Pt								1 U Y	es 2 No	3 ☐ Prob	ably 4	☐ Unknown
Records,	e law requires that the has been signed by th ge 2 should be detache	Completed b							-	24a. Was e perfor		eve	ara autops eilable prio mpletion o death?	sy findings or to of cause
	The law ate has t page 2 s	E								1 Y	as 2 No	1 🗆	Yas 2	□ No
Viitai		Be	25. Wes casa referred to medical					26. Plece	of Deeth	(Check only or				
>	ysici is cer direc	0	axeminer? 1 ☐ Yes 2☐ 40	Hospitel: 1 Inpatient 2	ER/Outpat	tient 3 DC	O O	har		ne 5 Reside		er (Specific	/1	
on of	Attending Physician: or death. ector: After this certific by the funeral director,	tion: T	27. Menner of Death    Natural 5   Pending   P	28e. Dete of Injury (Month, Day Year)	28b. Time Injur		8c. Inju		2	28d. Describe h			,	
Division	X = = C	Certification:	3 Sulcida 6 Could not be 4 Homicide datarmined	28e. Pieca of Injury - At I building, etc. (Spec	nome, ferm,	street, fectory	, offica	7.	2	28f. Location (S) City or Town		per or Rura	Route Nu	umber,
	To the Hospital of within 24 hours a To the Funeral Completely filled	edicai (	29e. Certifiar (Check only one) 2 Medical Exam	rsician: To the best of my kn iner: On the basis of examin end manner steted.	owledge, da etion and/or	ath occurred invastigation,	et the t	me, dete en opinion, dee	d placa, a	and due to the co	euse(e) end me ate end plece,	enner as sto	eted. the cause	B(S)
	omp	M	29b. Signature end titla of certifier			290	. Licen	se number		2	9d. Date signe	d (Month, L	Dey, Yeer,	)
	- > - 0		Koude	N 11-	. M.	_   1	028	325			July 9	9, 19	97	
	i	-	30. Neme end address of person who co	ompleted course of death (to-	m 2201 T	Drine)								
							720	т –	D1 -	to un	200	16		
	Sta		Krishan Mathur 31. Dete filed (Month, Dey, Year)	32. Registrar's Sign		DUX Z	129	, Lid	ьта	La, MD	2064	10		
	Registr		1111 0 0 10	N/		1 11								

DHMH 16 Rev 6/95

vijba infloristi eta peter o ser kat teknita ma

97-3598-019 wlc

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

	1. Decedent's Nama (First, Midd	la, Last)
Physician /Medical	Ronald	A11

Certificate of Death

2. Data of Death Month Day

3. Time of Death

9. Birthplaca (Stata or Foraign Country) Washington

Examiner

RONALD ALLEN PEARSON

4e. Facility Neme (If not institution, giva street and numbar) CAMBRIDGE BELTWAY (ACROSS FROM WOODS 4b. City, Town, or Location of Daath

June 28,1997 820p 4c. County of Death

**Funeral** Director

ral', or items 23a or 28a-f show Examiner must be notified at

"natural", the Medical

ventri and Mentel Hygiene.
127 is marked other than "n. Y traumatic event

Health a

If item 27 or other t

Department of Important: If any Injury or

**Physician** /Medical

Examiner

physicien s the burial

or Attending Physician: The law requires that the death certificate be executed

Box 68760.

P.O.

Division of Vital Records.

Examiner

Physician/Medicai

ģ

Be Completed

မ

Certification:

Medicai

page 2

After this

24 hours efter death.

within 2 To the To the

Hospital

filled in by the funeral

completely

with the Meryland

Pages 1 and 2 should be filed within 72 hours efter deathnent of Health and Mentel Hygiene.

Baltimore, Maryland 21215-0020

5. Social Sacurity Number 6. Sax 1.XXM 2□ F 539-96-2835 30

Pearson

CAMBRIDGE Months Days Hours Min. April 4, 1967

DORCHESTER

Usual Rasidance of Decedant 10a. Stata

Director

Funerai

Completed by

Be

10b. County Maryland Dorchester

Ronald Allen

10c. City, Town or Location Cambridge

10d. Insida City Limits XX Yas 2 No

10e. Straat and Numbar

10f. Zip Coda 21613 10g. Citizan of What Country? US

701 Peachblossom Avenue

Was Decedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Mexican, Puarto Ricen, atc.)

14. Rece - Amarican Indian, Black, Whita, etc.

Salisbury, Maryland

1 Navar Married 2 Married 3 Widowad 4 Divorced

12. Was Dacedent Ever In U,S. Armed Forces? 1 ☐ Yas Ā(Ā) No If Yas, Giva Yaar or Datas:

Specify: White 16b. Kind of Business/Industry

15. Decedant's Education ify only highast grada complated) (Specify Elementery/Secondary (0-12)

College (1-4or 5+)

16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) Dishwasher

Restaurant

17. Fathar's Name (First, Middla, Last)

Donald Pearson

Nancy Hebert

19a. Informent's Name/Ralationship (Type, Print)

Sheila Pearson

19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) 701 Peachblossom Avenue Cambridge, Maryland 21613

20a. Mathod of Disposition

1 ☐ Burial 2 In Crametion 3 ☐ Ramovel from Stata 4 Donation 5 Dothar (Spacify)

20b. Place of Disposition (Nama of cematary, cramatory or othar placa) Salisbury Crematory 20c. Location - City or Town, Stata

o Funaral Sarvice Lightsee

22. Nama end Addrass of Facility

Thomas Funeral Home, P.A.

700 Locust Street Cambridge, Maryland 21613 23a. Part 1. Entar tha disaasa, or complications thet caused tha daath. Do not antar tha moda of dying, such es cardiac or raspiretory errest, shock, or haart failura. List only ona causa on aach line. Approximata Interval Between Onsat and Death

7/8/97

18. Mothar's Nama (First, Middle, Maidan Sumama)

Immediate Causa (Final disaasa or conditio rasulting in death)

as of onsaquence of):

Sequantially list conditions, if any, leading to immadiata ceusa. Entar Undarlying Ceuse (Disaasa or Injury that initiated avants rasulting in daath) Last

Due to (or as a consequence of):

Due to (or as a consequence of)

1	Ш	Yes	2	ш	No

3 Probably 4 Unknown

23b. Did tobacco usa contributa to the cause of death?

24a. Was en eutopsy parformad?

24b. Wara autopsy findings aveilabla prior to completion of causa of death?

25. Was casa rafarred to medicel axeminar? 1 ∑Yes 2 □ No

Hospital: 1 ☐ Inpatlant 2 ☐ ER/Outpetient 3 ☐ DOA Found 6/28/97

Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

28b. Time of 1 Yes 2 No 1955HK

At homa, farm, straet, factory, office

Othar: 4 Nursing Home 5 Rasidance 6 Other (Specify) 28d. Dascribe how injury occurred

Sub 28f. Location (Straat and City or Town, Stata)

29a. Certifier (Check only one)

Thee is worked feeting of the best of my knowledge, death occurred at tha time, deterned place, and due to the causa(s) and manner as stated.

| Medical Exeminer: On the basis of axamination and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the causa(s) and manner stated.

29b. Signatura and title of certifian

31. Date filed (Month, Day, Year)

27. Manner of Death

1 Natural

2 Accidant

3 Suicida 4 ☐ Homicida

29c. License number O.C.M.E.

29d. Data signad (Month, Day, Yaar) June 30,1997

DOWNE

5 Panding invastigation

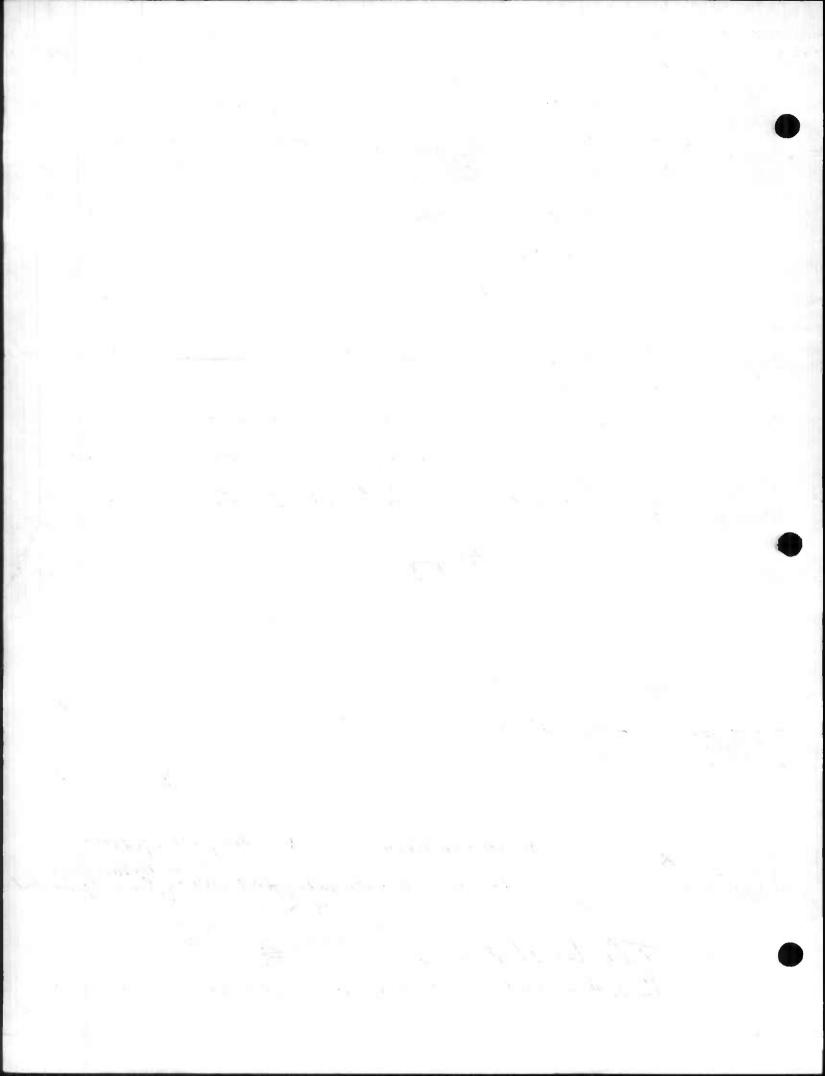
6 Could not be detamined

ted cause of deast (Item 23a) (Type, Print)

Penn Street, Baltimore, Maryland 21201 2. Registrar's Signature

26. Place of Death (Check only one)

State Registrar



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2045 State of Maryland / Department of Health and Mental Hygiene

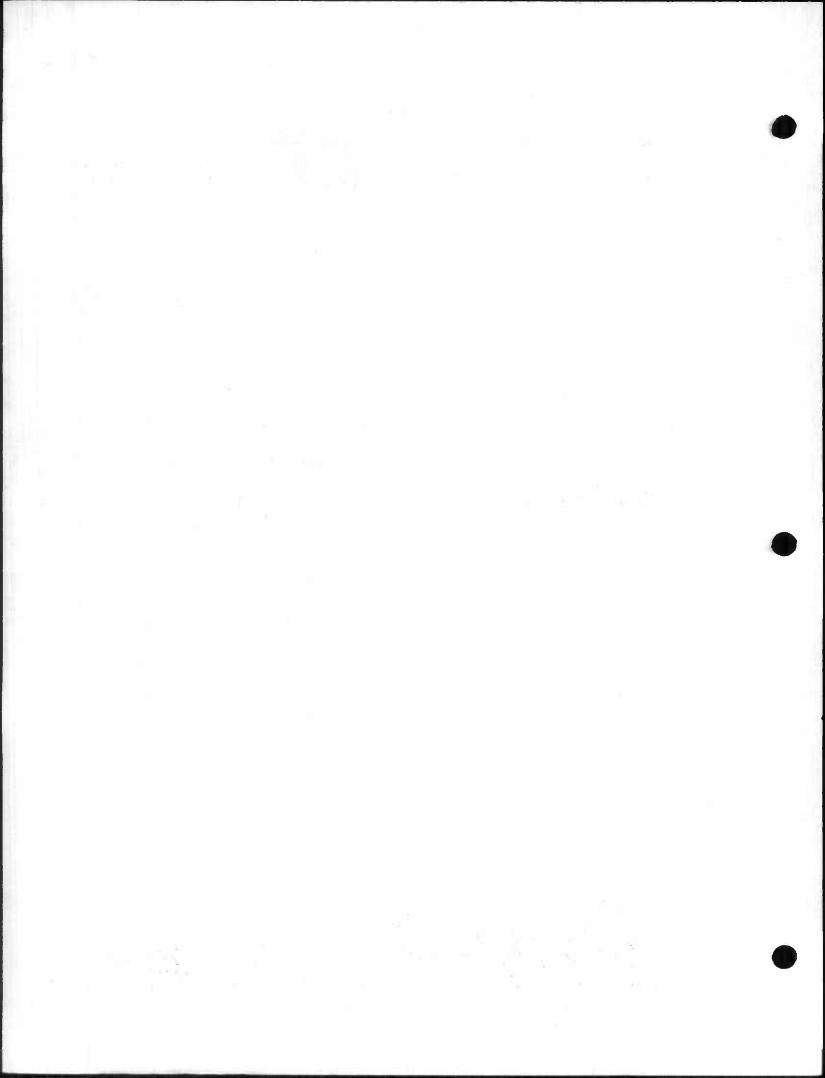
					Certifica	ate of Death	R	eg. No.	
			1. Decedent's Neme (First, Middle, Last,	2 0			2. Dete of Dee	th	3. Time of Death
	Physici /Medi		Mary Elisal	oeth. Yur	nell		Month	8 199	7 2:40 PM
	Examir		4e. Fecility Neme (If not institution, give		1	4b. City, Town, or	Location of Deeth	4c. County o	
			Avalon Manor	· Nursing	Some	Hagers	stown	What	rington.
	Funeral	Г	5. Sociel Security Number 6. Sec	x 7. Age Wyrs	lest birthdey) If Und	der 1 Yeer Tif Undel 24 Hrs	8. Dete of Birth		9. Birthplace (State or Foreign
в	Director		218-30-8615 15	JM 20XF 9	2 Yrs. Month	s Deys Hours Min	Oct 2	5 /904 /	Allentown, Pa.
	2 -	1	Usuel Residence of Decedent						11100000000
	arysar ahow d.et	-	10a. State 10b. County	1	ty, Town or Location				10d. Inside City Limits
	ith the Marysa or 25a-f show ne notified at	cto	Md Washin	gton 19	agersto	200 m			1□ Yes 20 No
	(1) pg (1	Fig	10e. Street end Number	0.	10f. 2	Zip Code	1	0g. Citizen of Wi	het Country?
	after death with the Marysa or thems 23a or 28a-f show miner mant be notified at	Funeral Director	14014 Marsh	rike		21742		215	7.
	r de	曹	11. Meritel Stetus	<ol><li>Wes Decedent Ever in L Armed Forces?</li></ol>	J,S. 13. Was Dec	cedent of Hispanic Origin? (Specify Cuben, Mexican, Puer	Specify Yes or No- to Rican, etc.)		- American Indien, , White, etc.
20	or transfer		1 Never Merried 2 Married	1 ☐ Yes 2 X No If Yes, Give		2000 Specify:	,	Specify:	. 11. 1
8	hours after tural", or the al Examine	d by	3  Widowed 4 □ Divorced	Yeer or Detes:					white
21215-0020	and	Completed	15. Decedent'e Edu (Specify only highest grad	cation e completed)	18e. Decedent's Us (Give kind of I life, DO NOT	work done during most of wo	orking	16b. Kind of Bus	iness/industry
12	than than	E D	Elementery/Secondery (0-12)	College (1-4or 5+)	, /	1		D 1	10000
			17. Fether's Neme (First, Middle, Last)		Home	maker	me (First, Middle, i	Weiden Sumame	John S.
an	and be a second	9 Be	Scatt D	11/20000		1	1000	- 1	
Maryland	d 2 should be filed th and Mental Hyg 7 is marked other traumatic event, i	2	19e. Informent's Neme/Reletionship (Ty	Wagner	10h Mailing Addre	ess (Street and Number or R			OX.
M	2 年 単 番		Lorene P. Ba	1		1 1 0	11/	1	/)
e,	of Health Item 27		20a. Method of Disposition	410r 20b.	Pieca of Disposition (A	eme of		nespor	City or Town, Stete
5	0==0		1 ☐ Burlet 2 ☐ Cremetion 3 ☐	Lemovel from Stete	cemetery, cremetory o		7/10	1.1	/)
Baltimore	P 46 35		4 ☐ Donetion 5 ☐ Other (Specify)  21. Shareture of Funerei Service License	Cui	nb. ralley [	Vem . end Address of Fecility	1110		esboro, la
Ba	Departi Departi Importu eny inj once.		A A	^	22. (Valité	end Address of Pecinic	rove Fu		/)
-		Н	James A D	en brook	50		st wa	ynesb	
			23a Fall 1. Enter the diseese, or compliance, or heart feilure. List only or	ne ceuse on each line.	n. Do not enter the m	ode of dying, such es cardie	c or respiretory em	est,	Approximete Intervel Between Onset end Deeth
	Physician /Medical		Immediate Cause (Final	D					0.00.010.0001
	Examiner		disease or condition resulting in deeth)		ymonia				1 week
		ē		Ann	or es e consequenca o	f):			4 000
	uted d ansit	Examiner			iralim	Δ.			unteroun
Ć,	exec in an	Exa	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	Coloro	or es e consequence o	1).			
68760	requires that the death certificete be executed seen signed by the ettending physicien and hould be deteched for use as the bunk-transit	edicai	thet initieted events	Due to (	or es e consequence o	Ŋ·		-	
68	ertificel ling phy e as th	B	resulting In deeth) Last	540 10 (1	or of our sequence of	· /-			
Box	ires that the death cert signed by the ettendin d be deteched for use	M/ul		d					
	deat e ette	sicie	Pert II. Other significant conditions con	tributing to death but not res	sulting in the underlying	cause given in Pert I.	23b. Did to	bacco use cont	tribute to the cause of death?
P.0	by the	Physician/		leso tic can			1 D Y		3 Probably 4 Unknown
	s the gned se de	by F	HTIMOSC	cero Fil Call	awyscular	ausan			
Records,	v require been signature						24e. Wes e	n eutopsy	24b. Were eutopsy findings aveilable prior to
S		Completed					ponon		completion of cause of deeth?
æ	The law ate hes page 2	E					1 U Y	s 2 No	1 ☐ Yes 2 ☐ No
Vital	delan: The certificate rector, pag	Be C	25. Wes case referred to medical			26. Place of De	eth (Check only on	ne)	
>	Physician: The lithis certificate heral director, page	ToE	exeminer?	lospitel:	ER/Outpetient 3 I	Out	Home 5□ Reside		(Specify)
Jou	g Physical distribution		27. Menner of Deeth	28a. Dete of Injury (Month, Day Year)	28b. Time of injury	28c. injury et Work?	28d. Describe ho		
0	Attending or death. ector: After by the fune	atio	1 ☑Neturel 5 ☐ Pending 2 ☐ Accident investigation	(World, Day 1 bar)	М	1 Yes 2 No			
Division	el or Attending P s efter death. I Director: After t d in by the funera	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Piece of Injury - At h building, etc. (Specific	ome, ferm, street, fecto	ory, office	28f. Location (St City or Town		r or Rural Route Number,
	tal or is efte al Diri	Ç			,,				
	To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral	edicai	(Uneck only 2   Medical Examin	iclan: To the best of my kno er: On the basis of examine	wiedge, death occurre	d et the time, dete end place	e, end due to the co	ause(s) and man	ner as steted.
	the the n	Med	one)	end menner steted.					
	5 ¥ 5 8		29b. Signeture and title of certifier	MO	2	9c. License number	2	9d. Dete signed	(Month, Dey, Year)
			1 chul	*		V 44496		July 1	, 1771
			30. Neme end eddress of person who co		m 23a) (Type, Print)	D44996 : Rp Boon	SCORD M	10 2171	3
			2AFAR MALIK			. 19			
	Sta	te	31. Dete filed (Month, Dey, Year) 199	7 32. Refisirar's Jight	dron Rand on				7. 10

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97

22046

						Ce	rtificate	of	Death			Reg. No.			
1	Dhysis	an	1. Dacedent's Name (First, Middle,	Last)							2. Deta of D Month	Day	Yaar	3. Time of Death	
	Physici /Medi		Lo	ouise H	Broadna	xe Pa	vlik				July	1,1997	7	8:30 AM	
	Examir		4e. Fecility Neme (If not institution, s		umber)				4b. City, To Fred			Fred	lerio	ck	
	Funeral Director		237-05-8727	.Sax 1□M 2√□F	7. Age (In yrs. Ia 76	st birthday) Yrs.	Months E	Yaar Days	If Under: Hours	24 Hrs. Min.	8. Data of B (Month, D Jan.	irth 18,1921	9. Birthi Cau Cai	place (State or Foreign MOUN Colina	
	within 72 hours after death with the Maryland ene. than "natural", or items 23s or 28s-f show he Modical Examiner must be notified at	or	Usual Residence of Decedent  10a. Stete 10b. County  Md • Frede	erick		Town or Lo								10d. Inside City Limits 1 ☑ Yes 2 ☑ No	
		Funeral Director	10e. Straet and Number 614 Apple A	ve.			10f. Zip Co	21	701			10g. Citizen of U.S.A		ntry?	
0020	vurs after death 'el', or Items 2 Evantiner mu	by	11. Marital Status  1 Never Merried 2 Never Married 3 Divorced	Armed F 1 ☐ Yas if Yas, G	Armed Forces? If Yes, spec 1 ☐ Yes 2 XNo				pecedent of Hispenic Origin? (Specify Yas or Nospecify Cuban, Maxican, Puarto Rican, etc.)  s 2 No Specify:				14. Raca - American Indien, Bieck, Whita, etc. Specify: White		
21215-0020		Be Completed	15. Decedent's (Specify only highest 1 Elementery/Secondery (0-12)	grede completed	(1-4or 5+)	(Give kind of work done duning most of working life. DO NOT use retired)					16b. Kind of B	usiness/in			
Maryland 2	s 1 end 2 should be filed with if Heelth and Mental Hygiene. Itam 27 is marked other than other traumatic event, the M	To Be Co	17. Father's Nama (First, Middle, La Eberee Br		2				18. Mothe		e (First, Middl Hardi	e, Maiden Sumer	ne)		
	end 2 sho eeith and n 27 is m		19e. informant's Name/Reletionship (Type, Print)  19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State 614 Apple Ave., Frederick, Md. 2												
Baltimore,	permit. Peges 1 e Department of Hee Important: If Itam any Injury or othe pace.		20a. Mathod of Disposition  1 Buriel 2 XCremetion 3 4 Donetion 5 Other (Spe	cify)	State	metery, crea ithsl	osition (Name metory or othe ourg (	r pla Cre	emato			Smiths	bur	g, Md.	
Ball	Depart Import any In		21. Signeture of Funeral Service us	ust -		I I	Neme end / Donald 31 E.	Addre I I Ma	ss of Fecilit B. Th ain S	omp	son F Midd	uneral letown	Home Md	e 21769	
	Physician /Medical Examiner	ner	23a. Proceedings of the disaese, or condition, or heart fallure. List on Immediate Cause (Finel disease or condition resulting in deeth)	a.	espiration	as e consec	Failer	ayır	,	cardiec	or respiratory	errest,		Approximate Intervel Between Onsat and Death  6 Mos  Gyens	
Box 68760,	es that the deeth certificate be executed igned by the attending physician and be detached for use es the buriel-transit	in/Medical Examiner	Sequentially list condifions, if any, leeding to Immadiate cause. Enter Underlying Ceuse (Disease or injury that initiated evants resulting in death) Lest	c		es e consec as a consec								<del>Janes Janes /del>	
P.O.	that the deeth c ed by the attend detached for us	/ Physician	Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I.  23b. Did toba								acco uss contributs to the cause of death?				
Records,	aw requires been s	Completed by									24a. We	s en eutopsy formed?	CO	ere autopsy findings relieble prior to implation of causa death?	
Vital R	The ate h	Be	25. Wes case referred to medical examinar?	Hospitel:		***************************************		Oth	or.		h (Check only	Yes 2 No	1[	Yes 20 No	
Division of	or Attending after death. Director: After in by the fune	Certification: To	27. Manner of Deeth  1 Neturel 2 Accident 3 Suicide 4 Homicide	28a. Dete (Mori ion be 28e. Plec		R/Outpatier 28b. Time of Injury	28c	Injur Wor	4 🗆 140	No	28d. Dascribe	Streat and Num.	rred		
	To the Hospital within 24 hours of the Funeral I completely filled	edical	29e. Certifier (Check only one)	aminar: On the b	e best of my know pasis of examination oner steted.	ledge, deeth	occurred et t vestigetion, In	the tir	ne, dete en pinion, deel	d pleca, th occurr	end due to the	e cause(s) end m	enner as s end due to	teted. o the cause(s)	
D	To the within To the Complex C	M	29b. Signeture and use of partifier	· Kay	mund			icans	l 39	77,	/	29d. Data signe	97	Day, Year)	
	Sta		30. Name and address of person whe Robert L Ka 31. Date filed (Month, Day, Year)	ufmai	ise of deeth (Item : 1 n n 3 d Registrar's Sig <del>nat</del> u	00 h	194	4.	S+,	Fre	deri	ckmi	0 0	2170/	
	Registr		JUL 0 2	1997	the dave	corpor	Call								



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death **Physician** 4 /Medical 4a. Facility Nama (If not institution, give street and nui 4b. City, Town, or Location of Deet Examiner If Under 1 Year | If Under 24 Hrs. unie 8. Data of Birth (Month, Day) Birthplece (State or Foreign Country) 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** Months Days Hours 1⊠M 2□ F 46 Yrs. Director 1951 MARYLAND 217-52-4675 Usual Rasidance of Dacedant permit. Peges 1 end 2 should be filed within 72 hours efter death with the Maryland Department of Health end Mental Hygiene. Intropretant: If Item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, the Magnetic Examination and approximate the notified and ap 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Directo MARYLAND ANNE ARUNDEL GLEN BURNIE 10f. Zip Coda 10g. Citizan of What Country? 6906 GLEN RIDGE CIRCLE 21061 US Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yes 2 ☑No If Yas, Giva Yaar or Dates: 14. Race - American Indian, Black, Whita, atc. 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 Never Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 🗓 No Specify BLACK þ 3 ☐ Widowad 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12th MANAGER PEPSI COLA COMPANY 17. Father's Nema (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Sumama) ALPHONSE R. PULLEY SR. AMELIA E. HARRIS 9 19a. Informent's Name/Raiationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stete, Zip Code) ALPHONSE R. PWLLEY, SR. (FATHER) 236 TERNWING DRIVE ARNOLD, MD. 21012 20b. Place of Disposition (Nama of cematery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) 7/10/97 ANNAPOLIS MEM. GARDENS ANNAPOLLIS, MD. 21. Signatura of Funeral Sarvice Licenses 22. Name and Addrass of Facility WM. REESE & SONS MORTUARY, P.A. 23a. Pert1. Entar tha diseasa, or complications that causad tha daeth. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or haart failure. List only ona causa on each lina. Approximeta Intarval Batwaan Onsat and Death **Physician** /Medical Immediata Causa (Final diseese or condition resulting in death) Examiner Examiner sician end buriel-transit The lew requires that the death certificate be executed Sequantially list conditions, if any, laading to immediata causa. Entar Underlying Cause (Disease or Injury that initieted evants rasulting in daath) Lest Dua to (or es a consequance of): Division of Vital Records. P.O. Box 68760. Physician/Medical the Due to (or as a consequance of): 98 signed by the el Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wera autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? Completed After this certificate 1 ☐ Yas 2 No Hospital or Attending Physician: 24 hours efter death.
Funeral Director: After this certifica 25. Was casa raferrad to medical axeminar? Be 26. Placa of Daath (Check only ona) Other: 4 Nursing Home 5 Rasidance 6 Othar (Specify) 1□ Yes 2□No 9 1 Dipatiant 2 ER/Outpatient 3 DOA 27. Mennar of Death filled in by the funeral Defe of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Dascribe how Injury occurred 5 Panding 1 ☐ Yas 2 ☐ No investigation 2 Accidant 3 Suicida 6 Could not be datarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Place of Injury - At home, ferm, streat, factory, offica building, atc. (Specify) 4 ☐ Homicida 24 hours To the Hospi within 24 hou To the Funer completely fil 29a. Certifiai Cartifying Physicien: To the best of my knowladga, daath occurred at the time, dete end place, and dua to tha causa(s) and mannar as stated. Medical 2 Madical Exeminer: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date end place, end due to the causa(s) and mannar stated. 29b. Signature end titla of certifiar 29c. Licansa number 29d. Data signad (Month, Day, Year) m·V olla 30. Name and addrass of person who complated causa of daath (Itam, 23a) (Type, Print) RAHORUSTOWH, 4306 -OURA T. 0 MARFIELD

32. Registrata Signature

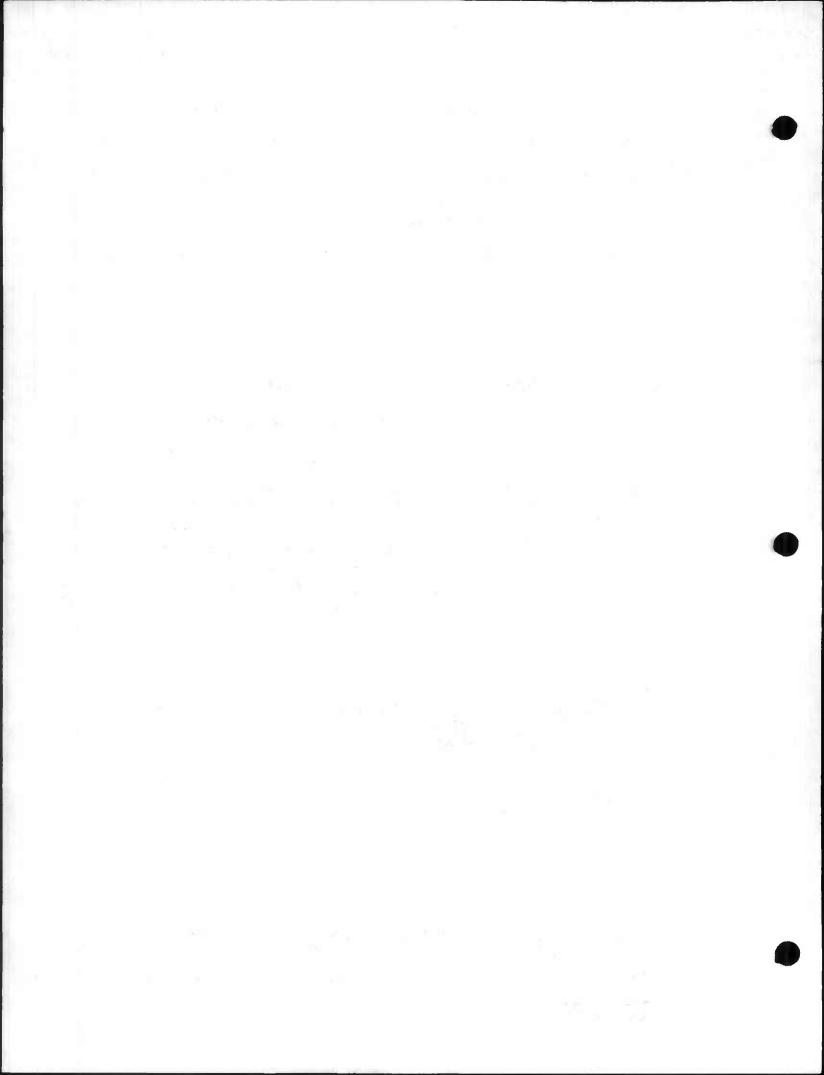
State Registrar 31. Date filed (Month, Day, Year)

JUL 0 8 1997

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 22048 Amondel#5, 7/9/97 Pord, Allegany Count Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** JUNE 30, Day 1997 Yeer Violet Loretta Rounds 1830 /Medical 4a. Fecility Name (If not institution, giva straat and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Sacred Heart Hospital Cumberland Allegany 8. Data of Birth (Month, Dey, Year) 9. Birthplace (State or Country) May 23,1922 Maryland 5. Sociel Security Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2 KF 75 Yrs. Director with the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at Allegany 15 Yes 2 No Director Md Barton 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? P.O. Box 123 High St 21521 United States Funeral death permit. Peges 1 and 2 should be filed within 72 hours after dean Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel!. Any Injury or other traumatic event. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) Race - Amarican Indian, Black, White, etc. 1 ☐ Yas 2 No If Yes, Give Yeer or Dates: 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2√2 No Specify: Specify: White þ 3 Widowed 4 □ Divorced 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Home Unknown 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Walter Broadwater Sara Wilt 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Dale Rounds/Son S. Eutaw St. Barton Md. 21521 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 X Burial 2 ☐ Cremation 3 ☐ Removel from State Rest Lawn Mem. Gardens 7/3/97 Lavale, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses 22. Name and Address of Fecility Boal Funeral Home 111 Church St, We Westernport, Md. 21562 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrast, shock, or heart is liure. List only one cause on each line. **Physician** /Medical Immediate Ceuse (Final diseesa or condition resulting in death) Examiner Examiner sician end burial-transit Sequentially list conditions, if eny, leading to immadiate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest ettending physician for usa es the buna P.O. Box 68760 Physician/Medical Due to (or es e consequence of) Pert II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were eutopsy findings eveilable prior to completion of causa of death? Completed 24a. Wes en eutopsy performed? 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifics completaly filled in by the funaral director, I 25. Was cese referred of medicel examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth Certification: 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Natural 5 Pending 1 TYes 2 No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner stated. 29a. Certifier Medical 3d Date signed (Month, Day, Yaar) 29b. Signeture and title of certifier 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) 1502 31. Dete fited (Month, Day, Year) 32. Registrer's Signature Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Dete of Deeth 3. Time of Death **Physician** Mabel Gaynell Renner 0400 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deet **Examiner** <u> Washington County Hospital</u> Hagerstown
If Under 24 Hrs. | 8 Date of Washington 5. Social Security Number 6. Sex 1 ☐ M 2 反 F If Under 1 Year 8. Dete of Birth
Jan. 30, 1911 9. Birthpiece (Stete or Foreign Country) Mary Land 7. Age (In yrs. lest birthday) **Funeral** 219-01-7494 Months Deys Hours Min. 86 Yrs. **Director** Usuel Residence of Decedent filed within 72 hours effer death with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f ahow 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Peges 1 end 2 should be filled within 72 hours effer death with the Maryla Department of Health end Mental Hygiene. Important: If them 27 is merked other than "natural", or items 23a or 28e-f ehor any hjurry or other traumatic event, the Medical Examiner must be notified at once. 1 ☐ Yes 2 ☐ No Maryland Washington Directo Hagerstown 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 11 S. Walnut Street Funeral 21740 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 11. Marital Status 1 Never Married 2 Merried Specify: White Baltimore, Maryland 21215-0020 1 ☐ Yes 2 1 No Specify: þ 3 Nidowed 4 Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) supply Washington County Hospital 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Vachel Worthington Randell Susan Gossard 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Helen L. Glessner

20a. Method of Disposition

1 Burial 2 Cremetion 3 Remove from State 20b. Place of Disposition (Name of Ica) cedar Lawn Memorial Park 7/8/97 Hagerstown, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 22. Neme end Address of Fecility Gerald N. Minnich 305 N. Potomac Street Funeral Home Hagerstown, Maryland 21740 Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heert feilure. List only one ceuse on each line. Approximete Intervel Between Onset end Death **Physician** /Medicai Immediate Ceuse (Final disease or condition resulting in death) Examiner Examiner physician end s the burief-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es a cons Physician/Medicai use es signed by the etter Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of deeth? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Completed by 24b. Were eutopsy findings evellable prior to 24a. Wes en eutopsy periormed? completion of cause of deeth? page 2 s 1 Tyes 2 1 No 1 ☐ Yes 2 ☐ No After this certificate funeral director. 25. Was case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 9 1 Yes 2 No 1 ☐ Impatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Day Yeer) 27. Manner of Deeth Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident efter death Director: 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Hospital 24 hours e 1 Certifying Physicien: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of exemination end/or investigetion, in my opinion, death occurred et the time, date end pleca, end due to the cause(s) end menner stated. 29a. Certifier To the Hosp within 24 hou To the Fune completely fi Medical (Check only one) 29d. Date signed (Month, Dev. Yeer) 30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) m00 1190 mt d 32. Degistrer's Signature 31. Date filed (Month, Day, Ye State

Registrar

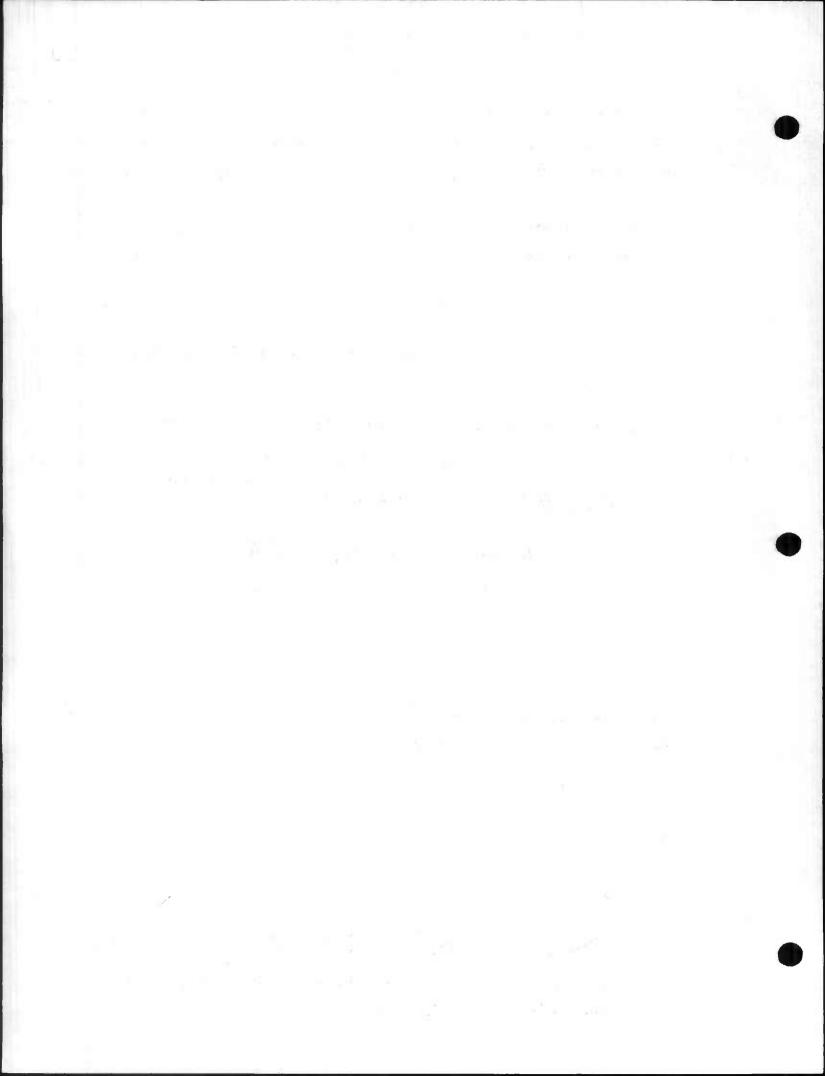
Garhell

Mabel

State of Maryland / Department of Health and Mental Hygiene 7 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Juli 16:04 PM Donald Raymond RUSSELL /Medical 4a. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Beath 4c. County of Death **Examiner** Washington Washington County Hospital Hagerstown 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral** 10XM 2□ F Maryland Yrs. Director 73 705-14-0293 Usuel Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours after death with the Merylan Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "neturel", or Items 23a or 28a-4 show eny Injury or other traumatic event, the Medical Exportment may be notified as eny Injury or other traumatic event, the Medical Exportment may be notified as 10d. Insida City Limits 1 X Yas 2 No Director Hagerstown Maryland Washington 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21740 U.S.A. 829 Virginia Avenue Funerai 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☑ Yas 2 ☐ No If Yas, Giva Yaar or Datas: WW II Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No þ Specify: 3 ☐Widowed 4 ☐ Divorced White Completed 16e. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Dacedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) 0 Electric Company 12 Engineering Assistant 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middla, Maidan Sumame) Be Madeline Bower George Hudson Russell 2 19a. Informent's Name/Relationship (Typa, Pnint) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) Hagerstown, Md. 21742 Caroline Russell Palkovitz 13626 Donnybrook Drive 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) 7/5/97 Hagerstown, Maryland Rest Haven Cemetery 21. Signatura of Funeral Sarvica Licensaa 22. Nama and Addrass of Facility Minnich Funeral Home 415 E. Wilson Blvd. Hagerstown, Md. 21740 1 umuela 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Physician** Abdominal Aostic Aneurysm /Medical Immediata Causa (Final disaasa or condition resulting in deeth) Examiner scleratic Cardio Vascy Examiner bunel-transit Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disaasa or Injury thet Initiated avents rasulting in daath) Last pue P.O. Box 68760. attending physician Physician/Medical the Dua to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? been signed by should be detec 3 □ Probably 4 Unknown 1 ☐ Yes 2 ☐ No Division of Vital Records. À The law requires 24a. Was an autopsy performed? 24b. Wara autopsy findings availabla prior to complation of causa of daath? Completed hes page 2 1 ☐ Yes 2 ☐ No After this certificete To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Diractor: After this certifice completely filled in by the funeral director; 25. Wes casa referred to medical Be 26. Pleca of Death (Check only ona) examiner 1 1 ☐ Yes 2 No Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 70 1 Inpatient 2 ER/Outpetient 3 DOA 27. Manner of Daath 28e. Date of Injury (Month, Day Year) 28c. Injury et Work? Medicai Certification: 28b. Tima of 28d. Describe how injury occurred 5 Pending investigation 1 Natural 2 Accidant 1 ☐ Yas 2 ☐ No 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 ☐ Suicida 6 Could not be 28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred et tha tima, date and place, end dua to tha causa(s) and mennar es stated.
2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and dua to the cause(s) 29a. Cartifiai and mannar statad. 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Yaar) 30. Nama end addrass of person w completed causa of daath (Itam 23e) (Type, Print) Hagerstown State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.



## Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible State of Maryland / Department of Health and Mental Hygiene 2 2 0 5

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** June 29, 1997 Doris Laverne Rudisill /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Frederick Health Care Center Frederick Frederick If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) Funeral 1□ M 2√2 F Months 214-34-9536 85 Yrs. Director Aug. 13, 1911 Pennsylvania Usual Residence of Decedent death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Extension must be notified at Yes 2 No Funeral Director Maryland Washington Hagerstown 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? or Itams 23a or 633 Marion Street 21740 USA 12. Was Decedent Ever in U,S Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bleck, White, etc. 11. Maritel Status Pages 1 and 2 should be filed within 72 hours after 1 Yes 2 No 1 ☐ Never Married 2 ☐ Married 3altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify 3 QWidowed 4 □ Divorcad white "natural". Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Hygiena. Elementary/Secondery (0-12) College (1-4or 5+) Housewife Home marked other 17. Fether's Neme (First, Middle, Last) permit. Pages 1 and 2 should be file Department of Health and Mantal Hy Important: if Itan 27 is marked other any Injury or other traumatic event 2008. 18. Mother's Name (First, Middle, Malden Sumeme) Be Marvin L. Kaniper Amelia O. Clowes 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zlp Code) Herbert C. Rudisill Route 2 Box 3012 Inwood, West Virginia 25428 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, Stete 1 Buriai 2 ☐ Cremetion 3 ☐ Removal from Stete Rose Hill Cemetery 2/7/97 Hagerstown, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility Gerald N. Minnich 305 N. Potomac Street Funeral Home Hagerstown, Maryland 21740 etions thet caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, cause on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediete Ceuse (Finel CEREBROVASCULAR ARCIDENT month disease or condition resulting in death) Examiner Due to (or es e consequence of) Hyper tension The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or injury thet initiated events resulting in deeth) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760. attanding physician for use as the buria Physician/Medical Due to (or es e consequenca of) Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? signed by the 3 Probably 4 Unknown DIABETES 1 ☐ Yes 2 ☐ No Q Q Completed 24b. Were eutopsy findings eveileble prior to 24a. Wes en eutopsy performed? completion of cause of deeth? certificate has b lirector, page 2 s 2 No 1 ☐ Yes 2 ☐ No or Attanding Physician: director. Be 25. Wes case referred to medical exeminer? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA this funeral 27. Manner of Death 28a. Dete of injury (Month, Dev Year) Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? Affer 5 Pending 1 aturel death. 1 ☐ Yes 2 ☐ No investigation 2 Accident after death Director: / 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 | Homicide filled 24 hours a Hospital edical 29a, Certifier 1 Certifying Phyelcian: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end menner es steled.
2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) and manner stated. complately (Check only one) within 2 the 29b. Signeture and title of carl 29c. License number 29d. Date signed (Month, Dey, Year) 043091 7-2-97 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) TOU HOUSE AVE, PREDERICK, MM SAEED TMIDI MD

32. Registrer's Signeture

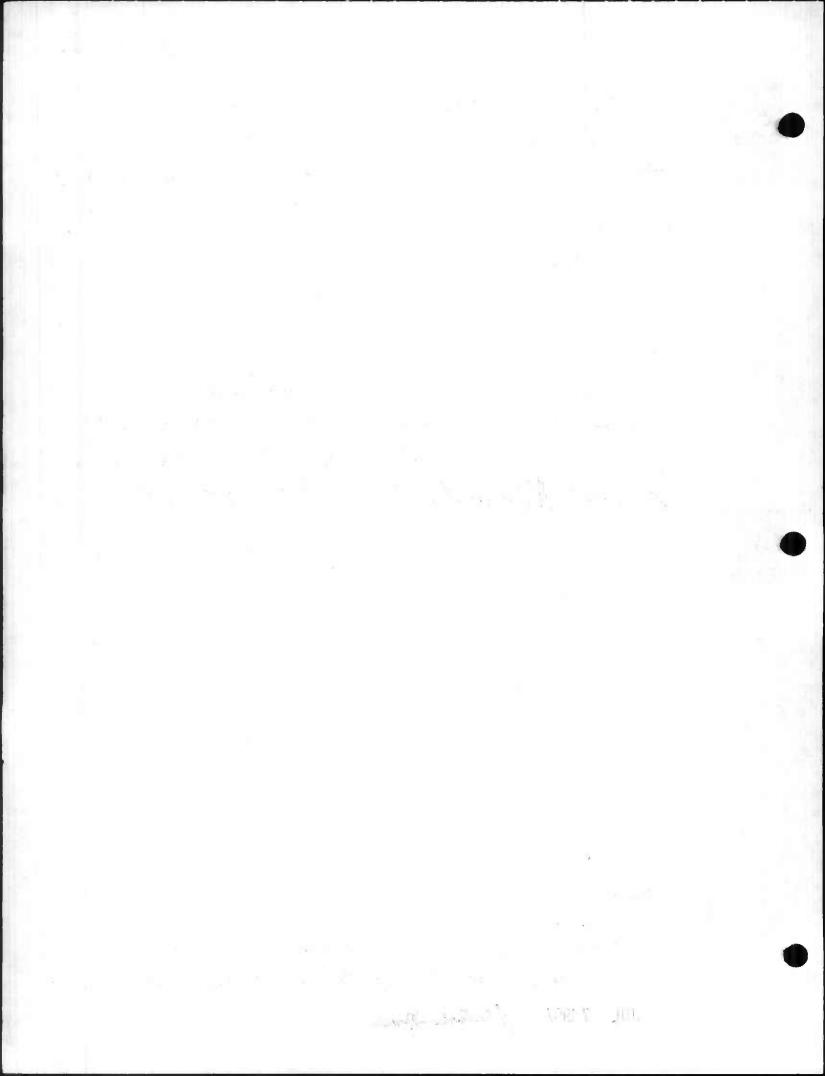
rchia Davidson

Registrar

31. Dete filed (Month, Day, Yeer)

JUL

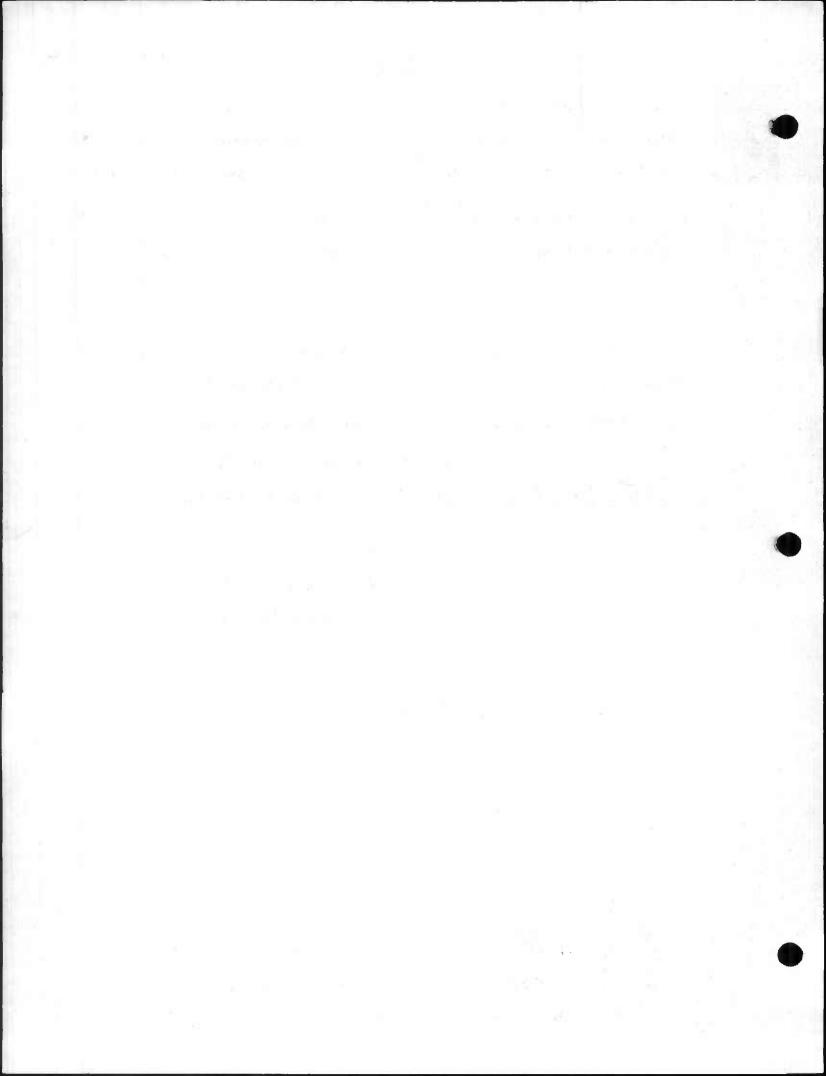
DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 2 2 0 5 2

Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Date of Deeth 3. Time of Death Month **Physician** June Lawrence Pittman RITTER 28 1997 /Medical 4c. County of Deeth 4a. Fecility Nema (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner Washington County Hospital Hagerstown Washington 5. Social Security Number If Under 1 Yaar If Undar 24 Hrs. 7. Aga (In yrs. last birthdey) 8. Data of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** 180 M 2□ F Months Deys Hours 214-09-8231 87 Yrs Director Dec. 15,1909 Virginia Usuel Residence of Decedent the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow the Medical Examiner must be notified at 1 Yes 2 □ No Director Maryland Washington Hagerstown 10e. Street end Numbar 10f. Zip Code 10g. Citizen of What Country? ò filed within 72 hours efter deeth with 289 Frederick Street 21740 USA items 23s Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☑ Yas 2 ☐ No If Yes, Give Yaar or Detes: W • W • II 13. Was Dacedent of Hispenic Origin? (Specify Yes or No-II Yes, specify Cuben, Maxican, Puerto Rican, atc.) 14. Race - American Indien, Black, White, etc. 11. Maritel Status 1 ☐ Never Married 2 ☑ Married ŏ Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ white 3 ☐ Widowed 4 ☐ Divorced natural'. Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Educetion 16b. Kind of Business/Industry (Specify only highast grade completed) Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Peges 1 and 2 should be filed w tent of Heelth and Mentel Hygien it: If item 27 is merked other thy y or other transmitted. salesman auto 0 17. Fethar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Walter W. Ritter Mattie Aleshire 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Gloria Flook daughter 21435 Blackrock Rd., Hagerstown, Md. 21740 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cramation 3 ☐ Removal from State Depertment of Important: If any injury or once. Hagerstown, Maryland Rose Hill Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 7 - 1 - 9721. Signature of Funeral Service Licenses 22. Name end Address of Fecility MINNICH FUNERAL HOME 415 E.Wilson Blvd., Hagerstown, Md. 21740 23e. Pert1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Intervel Between Onset end Death **Physician** /Medical Immediate Ceuse (Finel Mercha 2 disease or condition resulting in death) **Examiner** Examiner the buriel-transit Sequentially list conditions, if eny, leading to immediate ceuse. Enter Undarlying Ceuse (Disease or Injury thet initieted events resulting in death) Last pue ettending physician for use es the burie Physician/Medical Due to (or as e consequance of) Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. the 23b. Did tobecco use contribute to the cause of death? signed by t 1 | Yes 2 | No 3 | Probably 4 | Unknown by 24b. Were eutopsy lindings eveileble prior to completion of ceuse of death? Be Completed 24a. Was en eutopsy performed? page 2 : certificete 1 ☐ Yes 2 ☐ No Division of Vital al or Attending Physician: To setter deeth.

N Director: After this certificated in by the funeral director, ps 25. Wes cese referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 ☐ Yes ⊋☐ No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth Certification: 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Naturel 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28l. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide in 24 hours the Funeral Dire Hospital 24 hours e edicai To the Hospi within 24 hou To the Funer completely fil 29a. Certifier 1 🗄 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted. 2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred et the time, dete end place, end due to the ceuse(s) end manner stated. 29b. Signeture and titla of certilier 29c, License numbar 29d. Date signed (Month, Day, Yeer) ho completed ceuse of deeth (Item 23e) (Type, Print) 31. Dete filed (Month, Day, Yeer) 32. Registrar's Signeture State JUN 3 0 1997 ha Davidso Registrar



	K.S EODC	RE	S. ROGERS State of Maryland / Department of Health  Certificate of Death	and Mental Hy		22053		
Si.	Physici /Medi Examir	cal		2. Deta of Der Month JUNE Town, or Location of Death THSBURG	ath Day Yea 25, 199	97 0910AM		
	uneral irector		5. Social Security Number 594-14-2617 6. Sex 1 M 2 F 23 7. Aga (In yrs. lest birthday) Months Days Hours	der 24 Hrs. 8. Date of Bird (Month, De JUL 24	th 9. B y, Year) , 1973 Yum	irthplaca (Stete or Foreign Country) a, Arizona		
ne Manylend	a-f show	Director	Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or Location WAYNESBORO			10d. Inside City Limits 1 □ Wes 2 □ No		
th with th	23a or 2	al Dire	7 PEN MAR STREET 10f. Zip Code	268	10g. Citizen of What Country?			
d 21215-0020 ilied within 72 hours efter death with the Marylend Hotiena.	of Health end Mental item 27 is merked or r other traumetic ev	by Funeral	11. Marital Status  1 Navar Married 2 Marrled  3 Widowed 4 Divorced  12. Was Dacedent Ever in U,S. Armed Forces?  1 Yes, 2 No If Yes, Giva Year or Dates:  13. Was Decedent of Hispanic C If Yes, specify Cuban, Maxic		14. Race - Ar Black, WI Specify: B			
21215-0020 d within 72 hours ef		Completed	15. Decedent's Education (Specify only highast grade completed)  Elementery/Secondary (0-12)  1 2  16a. Decedent's Usual Occupation (Give kind of work dona during model) (Give kind of work dona during model) (Ife. DO NOT use retired)  DOCK SUPERVISO	i	16b. Kind of Busines			
ylan Puld be Mental		To Be C	17. Father's Name (First, Middle, Last)  THEODORE STERLING ROGERS, SR  DET	other's Name <i>(First, Middle,</i> LORES JOHN	Maiden Sumeme)			
6 =			20a. Method of Disposition  20b. Place of Disposition (Neme of cemetery, crametory or other plece)  20c. Place of Disposition (Neme of cemetery, crametory or other plece)	WAYNESBORO	PA 17 20c. Location - City	268 or Town, Stata		
Dependent of Hea	important: i eny injury o once.		4 □ Donation 5 □ Other (Specify)  BURNS HILL CEMETERY  21. Signalure of Funeral Service Licensee  22. Nama and Address of Fac	cility GROVE FUN	WAYNESBORG VERAL HOME PA 17268			
/M	sician edical miner		23a. Part1. Enter the diseasa, or complications that caused tha death. Do not enter the moda of dying, such a shock, or haart failure. List only one cause on each line.			Approximate Interval Between Onset and Death		
daath certificata be executed	ss been signed by the attending physician end 2 should be detached for use as the buriel-trensit	Medical Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  b. Due to (or as a consequence of):  c					
J. ag the C.		Physician/Med	Part II. Other significant conditions contributing to death but not resulting in the undarlying ceuse given in Par	23b. Did 1	A	te to the cause of death? Probably 4 Unknown		
ecords law requires		ompleted by			an autopsy 24trmed?	b. Were autopsy findings available prior to completion of cause of death?		
Fall Fall	ificate has or, page 2:	e Con	25. Was case referred to medical	X.	Yes 2□No	Yes 2 No		

Division of Vit To the Hospital or Attending Physicia within 24 hours after death.

To the Funeral Director: After this certi completely filled in by the funeral direct

examiner? Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Other: 4 Nursing Home

My es 2 No 5 ☐ Residence 6 XIOther (Specify) ROADWAY

28c. Injury at Work? 27. Mannar of Death 5 ☐ Pending investigation 1 Natural 1 Yes 2 No

Accident
3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

SAFETT 10 accide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number City or Town, State) 4 - Homicide

Medical Certification: To 29e. Certifier (Check of one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, end due to the cause(s) and memor as steted.

\*\*Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Sig

29c. Licansa number 29d. Date signed (Month, Dey, Yaer)

rson who completed ceuse of 11.

(Year)

32. Ragistrar's Signature

2 0 1997

Suidon-Anders O.C.M.E JUNE 26, 1997

ress of person who completed ceuse of deeth (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 31. Date filed (Month, Day, Year)

JUN 3 0 1997

State Registrar

A. W.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedant's Nama (First, Middla, Last) 2. Date of Deeth 3 Time of Death Month 7:158.12 **Physician** Charles Eugene Riddlemoser 30, 1997 June /Medical 4a. Fecility Neme (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Daeth Examiner Citizens Nursing Home Frederick Frederick If Undar 1 Year If Undar 24 Hrs. 5. Sociel Sacurity Number 7. Age (In vrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplace (Stete or Foraign Country) .Funeral Days 1**X** M 2 □ F Months Hours 214-10-2665 Director March 2, 1906 Maryland Usual Residence of Decedant with the Maryland 10a. Stata 10b. County 10c. City. Town or Location 28a-f show 10d. fnsida City Limits the Medical Examiner must be notified at Director 1 Yas 2 No Maryland Frederick Frederick 10e. Street and Number 10f, Zip Coda 10g. Citizan of What Country? ŏ "natural", or items 23e 610 Schley Ave. 21701 death v USA Funerai 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Raca - American Indian. Bleck, Whita, atc. efter 1 ☐ Yes 2 ☑ No 1 ☐ Navar Married 2 ☑ Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: by 3 ☐ Widowed 4 ☐ Divorcad Yaar or Datas: White Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast greda complated) 16b. Kind of Business/Industry nd Mental Hygiene. marked other than Elementery/Secondary (0-12) College (1-4or 5+) Self Butcher 17. Fether's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumeme) Pages 1 and 2 should be fill ment of Health end Mental Hant: If item 27 is marked oth Be Howard Eugene Riddlemoser Emma Florence Keller 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Route Number, City or Town, Stata, Zip Coda) or other tra Doris Bottcher, step-daughter 202 Wyngate Dr., Frederick, MD 21701 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cremation 3 □ Ramoval from Stata permit. Page Depertment of Important: If any injury or once. 4 Denation 5 ☐ Othar (Spacify) Olivet Cemetery 7/3/97 | Frederick, Maryland 22. Nama and Addrass of Facility Stauffer Funeral Home 21. Signatura of Runaral Sarvice Licansaa 23a. Palt1. Eritar tha diseesa, or complications that causad the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, on heart feilure. List only one cause or each line. 1621 Opossumtown Pike, Frederick, MD 21702 Approximata Intarval Batwean Onset and Death **Physiclan** /Medical Immedieta Ceusa (Final disaasa or condition rasulting in daath) **Examiner** Examiner The law requires that the death certificate be executed physician and s the buriel-transit Sequentially list conditions, if any, laading to immadiata causa. Entar Underlying Causa (Disaasa or Injury that initiated avants resulting in daeth) Last Dua to (or as a consequence of) P.O. Box 68760. Physician/Medicai Dua to (or as a consequence of) for use es Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 No 1 Yes 3 Probably 4 Unknown been signed I should be det Records, þ 24b. Ware autopsy findings available prior to completion of causa of daeth? Completed 24a. Was an autopsy parformed? page 2 20 No certificate Division of Vital al or Attending Physician: T s efter death. I Director: After this certificat of in by the funeral director, p Be 25. Was case rafarrad to madical exeminar? 26. Placa of Daath (Check only ona) exeminar? Othar: Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3□ DOA Nursing Home 5 Rasidanca 6 Othar (Spacify) funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Dascribe how Injury occurred 28b. Time of 28c. Injury at Work? 1 Natural 2 Accidant 3 Suicida 5 Pending investigation 1 ☐ Yas 2 🗆 No in 24 hours.
The Funerel Directory filled in by the 6 ☐ Could not ba determined 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stete) 4 Homicide Hospital 24 hours 6 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the ceusa(s) end mannar as stated.

Madical Examiner: On the basis of examinetion and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end mannar stated. cai 29a. Cartifiar To the Hosp within 24 ho To the Fune completely f 29b. Signatura and title of cartille 29c. Licansa number 29d. Data signad (Month, Day, Yaar) BA IMD. 30. Name and eddress of parson who complated cause of death (Itam 23a) (Type, Print 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State

Registrar

JUL 0'2

The state of the s

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 2 0 5 5 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death 3. Time of Death **Physician** Month Veer Harold Irvin Rebuck June 1997 16 2:15 am /Medical 4e. Facility Neme (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 17301 Hoskinson Road Poolesville MC

If Under 24 Hrs. 8. Date of Birth
(Month, Day, Year) Montgomery 5. Social Security Number If Undar 1 Year Birthplaca (Stete or Foreign Country) 7. Age (In yrs. lest birthday) **Funeral** Months Deys t⊠M 2□ F Yre Director 161-28-7952 Usuel Residence of Decedent 62 Mar. 4 1935 PA permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Marylend Department of Heelth and Mantel Hygiens. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Madical Exercise must be refilled at once. 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD Montgomery 1 → Yes 2 □ No Director Poolesville 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 17301 Hoskinson Rd. U . S . A .

14. Race - American Indien,
Bleck, White, etc. 20837 Funerai 12. Wes Decedant Evar in U,S. Armad Forcas? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Armad Folicias 1 1 ☑ Yes 2 ☐ No If Yes, Give Yaer or Detes: 1954/96 1 ☐ Navar Married 2 ☑ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No þ Specify: white 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Natl Disaster Med System USPHS 17. Father's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Sumeme) Irvin Melvin Rebuck Clara Kiehl 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sally G Rebuck 17301 Hoskinson Rd. Poolesville, MD 20837 wife 20b. Plece of Disposition (Name of cematary, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☑ Cremation 3 ☐ Removel from Stata 4 ☐ Donation 5 ☐ Other (Specify) Smithsburg 6/17 Smithsburg, MD 22. Name end Address of Facility Hilton Funeral Home 23a. Part1. Enter the disease, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or raspiretory errast, shock, or heart feiture. List only one ceuse on each line. Physician /Medical Immediate Cause (Final disease or condition resulting in deeth) LIVER MET Examiner Examiner physician end the burief-transit The law requires that the deeth certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in death) Lest Division of Vital Records, P.O. Box 68760. Physician/Medicai Due to (or as a consequence of) 950 signed by the a Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? Completed hes certificete 1 TYAS 2 No 1 ☐ Yes 2 ☐ No • Hospital or Attending Physician: 24 hours efter death. • Funeral Director: After this certific funeral director, 25. Wes casa referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 ☐ Nursing Home 5 KResidenca 6 ☐ Other (Specify) 2 1 Yes 20 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury et Work? 1 Neturel 5 Pending 1 Yes 2 No investigation 2 Accidant 6 Could not be determined 3 Suicida 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29e. Certifier (Check only one) Medical 12 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and place, and due to the cause(s) end menner es steted. completely 2 Medical Examiner: On the besis of axamination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end mannar stated. To the Vithin 2 29c. Licansa number 29b. Signature ar 29d. Date signed (Month, Day, Year)

WIS WISH AVE, BLOG 8 RM SIOI, BETHEJDA MD

State Registrar 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

32. Registrer's Signeture

Jandson Rendell

8901

NNMC

31. Date filed (Month, Dey, Year)

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 2 0 5 6 State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month **Physician** Year Alyda Gibbs Rowles 5, Ju1y 1997 1:30 pm /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 11 Linstead Road Severna Park Anne Arundel 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Days 1 M 2 F Yrs Director 216-46-5449 91 April 18, 1906 MD Usual Residence of Decedent with the Maryland 10a State 10h Count 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or flems 23s or 28s-f show traumstic evant, the Medical Examiner must be notified at 1 ☐ Yes 2 XNo Director Anne Arundel Severna Park 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 11 Linstead Road 21146 USA death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒No 14. Race - American Indian, 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) permit. Peges 1 and 2 should be filed within 72 hours after. Department of Health and Mental Hygiene. Important: If Itam 27 is merked other than "natural", or ther any injury or other traumatic evant, Its Mental. Black, White, etc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 If Yes, Give Year or Dates: 1 ☐ Yes 2 ☑ No Specify: Specify: White ρ 3 XWidowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Teacher Elementary School 4 years 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be 2 John Henry Gibbs Magdalene Barbara Schuerholz 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Rusty Rowles/Son 11 Linstead Road Severna Park, MD 21146 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 Cremation 3 ☐ Removal from State July 7 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory 1997 Baltimore, MD 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Barranco & Sons Funeral Home 495 Ritchie Hwy. Severna Park, MD 21146 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical fmmediate Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of attending physicien and for use as the bunal-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initieted events resulting in death) Last Due to (or as a consequence of): Records, P.O. Box 68760 certificate be Physician/Medical Due to (or as a consequence of) signed by the at Part II. Other aignificant conditions contributing to death but not resulting In the underlying ceuse givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy peen completion of ceuse of death? certificate has 1 Tyes 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certifical completely filled in by the funeral director, 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residence 6 □Other (Specify) 27. Manner of Deeth 28e. Date of injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of Certification: 1 Natural 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No investigation 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Medical Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29c. License number 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) of death (Item 23a) (Type, Print) wed, and 210/2 31. Dete filed (Month, Day, Year) State 0 1997 Registrar

-10

1. Decedant's Nama (First, Middla, Last)

	Physic /Medi		Nellie	К.	Rock	efelle			July	14 1	997	0700
	Exami	ner	4a. Facility Nama (If not institution, giva	street and number)			_   '	4b. City, Town, or L	ocation of Death	4c. County	of Death	
			PENINSULA REGIO			T 10		SALIS			OMICO	
1	Funeral Director		5/8-18-066/	x 2∏ F 7. Aga	(In yrs. last birth	rs. If Und Months	ar 1 Yaar B Days	If Undar 24 Hrs. Hours Min.	8. Data of Birt (Month, Da Aug. 1	v Yaarl	9. Birthple Count	aca (Stata or Foraign y)
	pu *		Usual Rasidance of Dacedant  10a. Stata 10b. County		10c. City, Town	or Location					140	d 11d- 00 -11 -0
	anyle sho	2			TOC. City, TOWIT						10	d. Insida City Limits
	he M	Director	MD Wicomic	0			lisbu	ıry				1∏ Yas 2 No
	or 2	Dir	10e. Street and Number			10f. Z	ip Coda			10g. Citizan of \		
	ath v	rai	1022 Beaglin Par		104			21804			J.S.A.	
21215-0020	72 hours after death with the Maryland natural', or Items 23s or 28s-f show steel Examiner must be notified at	by Funeral	11. Marital Status  1 □ Navar Married 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. Was Dacadant Ev Armad Forcas? 1 ☐ Yas 2♥ No If Yas, Giva Yaar or Datas:		If Yas, sp	edant of H ecify Cuba 2∭ No	lispanto Origin? (Sp an, Maxicen, Puarto Specify:	ecify Yas or No Ricen, atc.)		e - Amarica ck, Whita, a v: Wh	
2-0	72 hours "natural".	Completed	15. Decedant's Edu	cetion	16a. [	Decedent's Us	ual Occup	ation	110 -	16b. Kind of B	usinass/indu	ustry
21	5 5	pie	(Specify only highast grad Elamantary/Secondary (0-12)	Collaga (1-4or 5+)		lifa. DO NOT	usa ratired	during most of work d)	ang			
	T3 P2 10 10	No.	12			Lega	1 Sec	cretary		La	aw Fir	m
pu	be filed tal Hygi d other event, t	Be (	17. Fathar's Nama (First, Middla, Last)					18. Mothar's Nam	a (First, Middla,	Maidan Suman	na)	
Maryland		To	Clyde	W.	Koon	tz		<b>Elton</b>		Jeni	nings	
an	d 2 should th and Men 7 Is marks traumatic		19a. Informant's Name/Ralationship (T)	rpa, Print)	19b.	Meiling Addra	ss (Straat	and Number or Rui	ral Routa Numbe	er, City or Town,	Stata, Zip	Coda)
	ロースト		Pamela Rockefelle	r - daught	er 3	5730 H	enny	Penny Dr	. Pitt:	sville,	MD 21	.850
ore	of Heal		20a. Mathod of Disposition		20b. Place of I	Disposition (No. cramatory or	ama of	na)	Data	20c. Location	City or Tov	m, Stata
E	Pages nant of I int: If Ite		1 🗓 Burlal 2 ☐ Cramation 3 ☐ F 4 ☐ Donetion 5 ☐ Othar (Specify)		Lacey			1	7-8-97	Lacey S	Spring	. VA
altimore,	교육관금 .		21. Signatura of Funaral Sarvice Licens		Dacey			ss of Facility				,, VA.
ñ	Depa Impo any i		RIGHT	Phaem	CF5P					E. Main		20/
			23a. Part1. Entar tha disaasa, or comp	1.1				ineral Ho		isbury,		Approximata
Box 68760,	Medical be executed to a standard physician and attending physician and id for use as the burial-trains!!	sician/Medical Examiner	Immediate Ceuse (Final diseasa or condition rasulting in daath)  Sequantially list conditions, if any, leading to Immadiata ceusa. Entar Undarfying Ceusa (Disaasa or Injury that initiated avants rasulting in daath) Last	2.	ua to (or as a co	ensequence of	): 	Ane	ursign	aneur	65,5	Min,
	Seath cer attendin d for use	iciar	Part II Other planificant conditions as	strikustina ta staatu kus					ook Did	-h		
P.O.	g 60	Phys	Part II. Other algnificant conditions con	ntributing to daath but	not rasulting in	ina underlying	causa giv	an in Part I.		Yes 2□No		the cause of death?
	ns that the ligned by to be detach	þ										
Records,	aw requi	Completed								an autopsy med?	avai	a eutopsy findings labla prior to iplation of ceusa aath?
	a - X	6							1 🗆 1	as 2 No	10	Yas 2□ No
of Vital		Be (	25. Was cesa refarred to medical					26. Place of Deal	th (Check only o	na)		
2		2	axaminar? 1 □ Yas 2 No	fospitel: 1 Inpatiant	2 ER/Outp	atient 3 🗆 🗈	OOA Oth	er: 4 Nursing Ho	ma 5 🗆 Rasio	dance 6 □Oth	ar (Specify)	
0			27. Mannar of Daath	28a. Date of Injury (Month, Day	28b. Tir	ma of ury	28c. Injur Wor	y at	28d. Dascribe I	now injury occur	red	
ō	Attending is r death. ector: Aher by the tuner	atio	1 Natural 5 ☐ Panding 2 ☐ Accidant Invastigation	(World, Day	, out,	M		Yas 2 □ No				
Division	at or Atte s after de it Directo ed in by th	Certification:	3 Suicida 6 Could not be 4 Homicida datarminad	28a. Place of Injury building, atc.	y - At homa, fam (Spacify)	n, straat, facto	ory, office		28f. Location (5 City or Tox	Straat and Numb vn, Stata)	per or Rural	Routa Number,
	To the Hospital or Atten within 24 hours after deal To the Funeral Director: completely filled in by the	edical	29a. Cartifiar (Check only one) 1 Certifying Physical Example 1 Medical Example 1	sician: To the best of e ner: On the basis of e and mannar stata	xemination and/	daath occurre or Investigatio	d at the timen, in my o	ne, data and place, pinion, daath occur	and due to the red at the time,	ceuse(s) end me date end place,	ennar as ste and dua to	itad. the ceuse(s)
	To the	Σ	29b. Signatura and titla of certifiar	//			9c. Licans			29d. Data signe	d (Month, D	lay, Year)
				arlino				52039		July		997
•	4		30. Name end eddress of person who co	empleted ceuse of dee	th (Item 23e) (T	ype, Print)		1 0		1	,	
	C		Stephen Ko	mpleted ceuse of dee	1D. 5	40 R1	VERS	ide Un.	A206	-SAlis	burns	Md, 2181
	Sta	**	31. Data filed (Month, Day, Year)	32. Registrar	s Signatura						1	

32. Pegistrar's Signatura Rawlell

JUL 07 1997

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

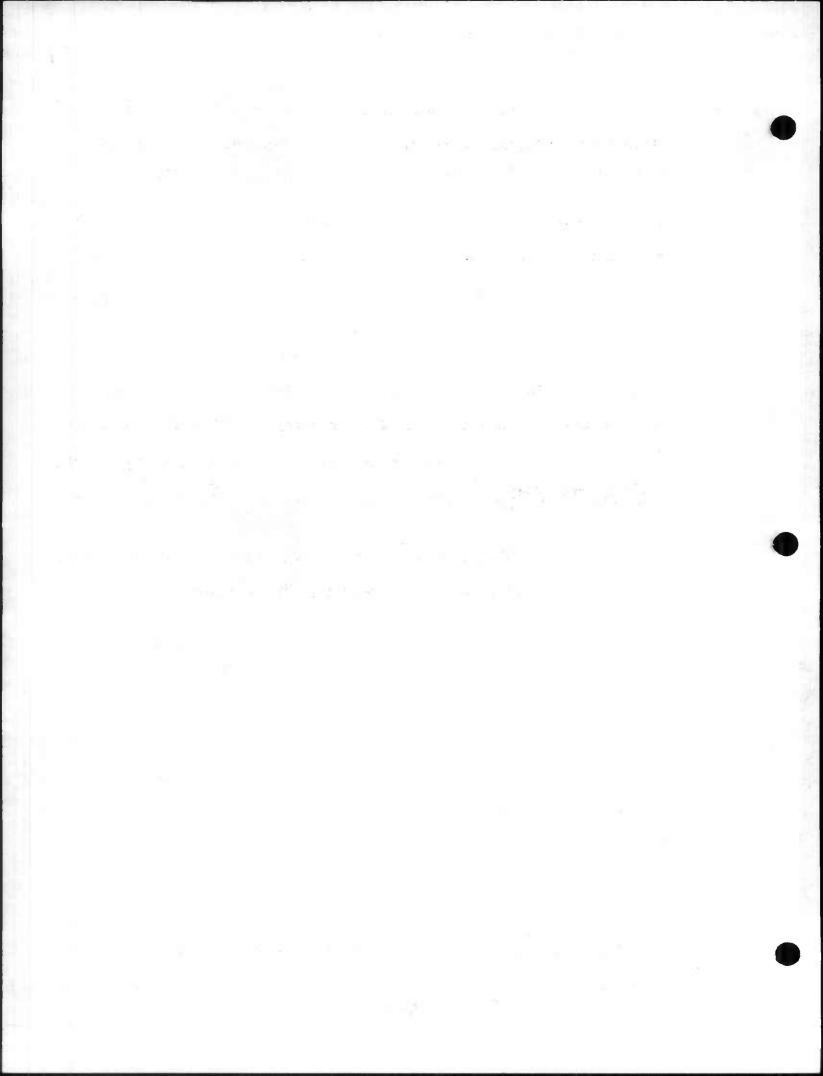
State of Maryland / Department of Health and Mental Hygiene 7 Certificate of Death

2. Data of Daath

3. Time of Death

State

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

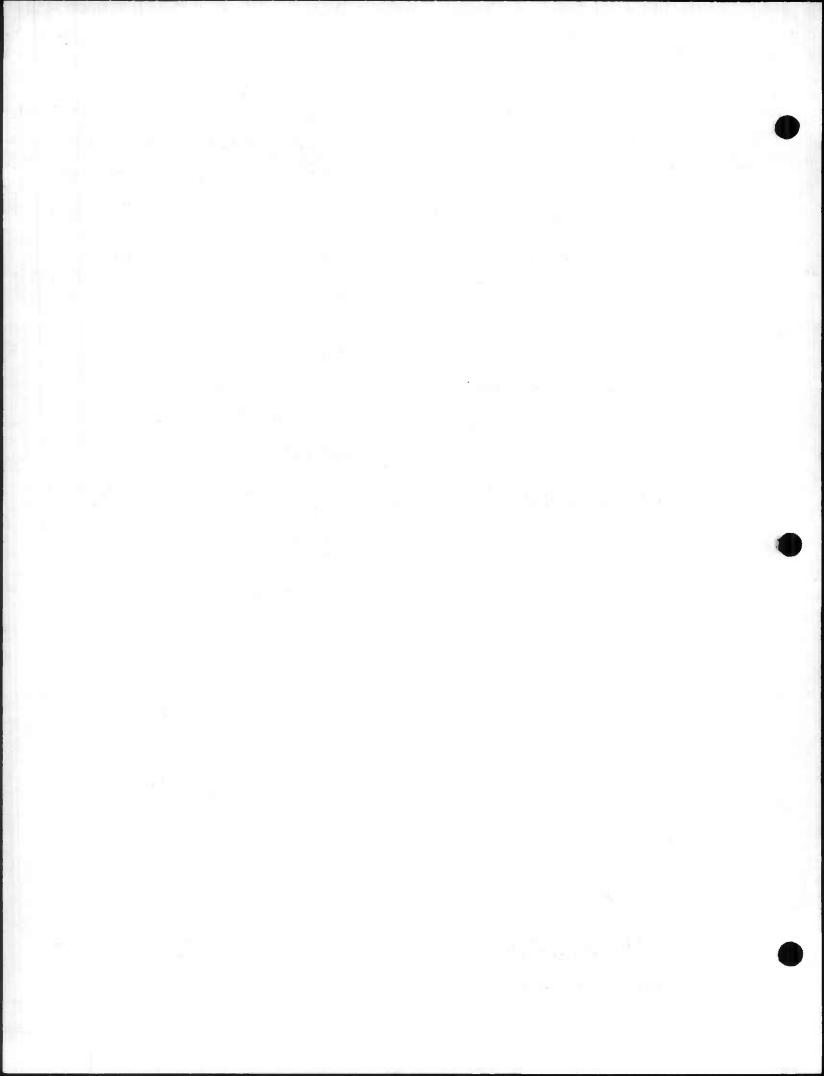
State of Maryland / Department of Health and Mental Hygiene 2 2 0 5 8

Decedent's Name (Frest, Middle, Last)   Jest Standard   Last					Certifica	ate of Death		Reg. No.		
Exemptor of Section Section (Section Section S	Dhusia	ion	1. Decedent's Neme (First, Middle, Last		, .		2. Date of De	ath		Time of Deeth
Exemptor of Section Section (Section Section S				- rene Si	tankey		IVIOTIET	7 7	97	1957
South Seventh Number (Che or Park State)  1. South Seventh Number			4a. Facility Name (If not institution, give			4b. City, Town, or	Location of Death	4c. County	of Death	
The control of the			40					Do	reharte	
Director    Co. Green of Control   Co. Green of Control   Co. Green of			A A		Month		. (Month, Da	h y, Year)	9. Birthplace (	Stete or Foreig
To, Store and Number    Co. Corriy   Town or Location   Toky Color   Town or Location	Director		262-20-4209	7	B Tis.		10/05	5/15	Flan	
The contract of number   100 Category   100 Categ	p k			10c. C	ity, Town or Location				10d. ln	side City Limits
Security of the product of the pro	f and a man	ò	MO D.	1.1.	, , ,	10				
Security of the product of the pro	The The Double	10e	10e Street and Number	Len				10a Citizen of 1		
Security of the product of the pro	E P S		910 (1 1)	Ci	101. 2	01/10		// /	n	
Security of the product of the pro	The State	era	11 Marital Status	12 Was Decedent Ever in I	US 13 Was Dec		Specify Ves or No	14 Bar	e - American in	dien
Security of the product of the pro	ther d	E		Armed Forces?	If Yes, sp	pecify Cuban, Mexican, Pue	rto Rican, etc.)	Bla		alon,
Description of the property	P. O.			If Yes, Give	1 ☐ Yes	200 Specify:		Specify	" Black	,
Description of the property	Salt B		15. Decedent's Edu	ıcation	16a. Decedent's Us	sual Occupation		16b. Kind of B	usiness/Industry	
17. Februar Same Place (Last)	Media 7	ple	- C		(Give kind of w	vork done during most of wo use ratirad)	orking			
17. Februar Same Place (Last)	The state of	E	11.41	College (1-401 34)	Pa	cker		Phill:	DE Pas	King C
The Information of Companies	A STATE		17. Fether's Name (First, Middle, Last)	A -	1 (		ame (First, Middle,	Maiden Sumar	P -	J
199. Melling Address (Sireet and Number of Rival Route Number. City or Town, State, 2p Code)  199. Melling Address (Sireet and Number of Rival Route Number. City or Town, State, 2p Code)  200. Pack of Disposition   199. Melling Address (Sireet and Number of Rival Route Number. City or Town, State, 2p Code)  200. Report of Disposition   199. Melling Address (Sireet and Number of Rival Route Number. City or Town, State, 2p Code)  200. Report of Disposition   199. Melling Address (Sireet and Number of Rival Route Number. City or Town, State, 2p Code)  201. Signature of Sireet and Number of Rival Route Number. City or Town, State, 2p Code)  202. Report of Disposition   199. Melling Address (Sireet and Number of Rival Route Number. City or Town, State, 2p Code)  203. Report of Disposition   199. Melling Address (Sireet and Number of Rival Route Number. City or Town, State, 2p Code)  204. Report of Disposition   199. Melling Address (Sireet and Number of Rival Route Number. City or Town, State, 2p Code)  205. Report of Disposition   199. Melling Address (Sireet and Number of Rival Route Number. City or Town, State, 2p Code)  206. Report of Disposition   199. Address (Sireet and Number of Rival Route Number. City or Town, State, 2p Code)  207. Report of Disposition   199. Address (Sireet and Number of Rival Route Number. City or Town, State, 2p Code)  208. Melling Address (Sireet and Number of Rival Route Number. City or Town, State, 2p Code)  209. Address of Piping Address of Fibril   199. Address of F	Abrit Abrit Head	0	Robert	Mc.)	Vish	Alic	0	MORR	15	
200. Bayes of Disposition   Rame of Dispos	of Brand		19a. Informant's Name/Reletionship (T)			ss (Street and Number or F	Rural Route Number			»)
200. Bayes of Disposition   Rame of Dispos	277		Craham Pat	-ricia Daud	1928 1	Washington	St. Ca	imbrio	doe m	d 216
21. Signature of Figure 1 22. Name and Address of Figure 2 23. Name and Address of Figure 3 23. Name and Address of Figure 3 23. Name and Address of Figure 3 24. Name and Address of Figure 3 25. Name and Address of Figure 3 25. Name and Address of Figure 3 25. Name and Address of Figure 3 26. Name and Address of Figure 3 26. Name and Address of Figure 3 27. Name and Address of Figure 3 28. Part I. Interest the disease, or complications and assess of complications and assess	音音				Plece of Disposition (A	lame of	Dete	20c. Location	City or Town, S	tete
22. Surgeture of Fygers Service Licensee  22. Name and Address of Fygers  23. Surgeture of Fygers Service Licensee  24. Name and Address of Fygers  25. Surpers and Address of Fygers  26. Surpers and Address of Fygers  26. Surpers and Address of Fygers  27. Surpers and Address of Fygers  28. Part II. Finer the disease, or compliations that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, inferiorable Berryan Address of Fygers  26. Surpers and Address of Fygers  27. Surpers and Address of Fygers  28. Part II. Finer the disease, or compliations that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, inferiorable Berryan Address of Fygers  28. Part II. Finer the disease, or compliations that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, inferiorable Berryan Address of Fygers  28. Part II. Finer the disease, or compliations that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, inferiorable Berryan Address of Fygers  28. Part II. Fine the disease, or compliations that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, inferiorable Berryan Address of Fygers  28. Part II. Fine the disease, or compliations that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, inferiorable Berryan Address of Fygers  28. Part II. Fine the disease, or compliants that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, inferiorable Berryan Address of Fygers  28. Part II. Fine the disease, or compliants that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, inferiorable Berryan Address of Fygers  29. Part II. Orther algorithms	Pages named mt: # h			temovel from State	1.1	ensetand	7/12/97	Camb	ممانمه	m
28a. Part Enter the disease, or compliations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inherent failure. List only one cause on each fine.  Approximate inherent failure. List only one cause on each fine.  Immediate Cause (Final disease or condition resulting in death)  By Due to (or as a consequence of):  End Structure.  Due to (or as a conse	Partit a		21. Signature of Funerel Service Licens			end Address of Facility	111	04///	mage	Mary
28a. Part Enter the disease, or compliations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inherent failure. List only one cause on each fine.  Approximate inherent failure. List only one cause on each fine.  Immediate Cause (Final disease or condition resulting in death)  By Due to (or as a consequence of):  End Structure.  Due to (or as a conse	SOFES		NOL SA O	Marcol	Вез	nie Smith Fu	neral Ho	me land	21601	,
Physician (Modical Examiner)    The Comment of the	2000	Н	23a. Part1. Enter the diseese, or compl	cations thet caused the der					Appr	roximate
Translate Course (Final disease or condition resulting in death)  Due to (or as a consequence of):  Sequentially list conditions, and was a consequence of):  Due to (or as a consequence of):  Sequentially list conditions, and was a consequence of):  Sequentially list conditions of list and was a consequen	Physician		shoot or heart failure. List only or	ne ceuse on each line.					Inter	val Between
Due to (or as a consequence of):    Sequentially ist conditions, and probably and p			Immediate Ceuse (Final	1	. 7	// -				701
Sequentially list conditions, and with the conditions of the condi	Examiner		resulting In death)			of ann-			- 1	70
Due to (or es a consequence of):    The consequence of the consequence	E.E., M.	ē		-		1.7	5. 1.		1	1.0.
Due to (or es a consequence of):    The consequence of the consequence	cuted	Ē	Sequentially list conditions	U	4		Timere	,	- 9	7/5
Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death for language given in Pert I.    Part III. Other algnificant conditions contributing to death for language given in Pert I.    Part III. Other algnificant conditions contributing to death for language given in Pert I.    Part III. Other algnificant conditions contribution of death cause of death language given in Pert I.    Part III. Other algnificant conditions contribution of death c	an er	4 4	if any, leading to immediate cause. Enter Underlying	Banes	retent	Combine and	1. Di	e 1.	1	415
Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Part III. Other algnificant conditions contributing to death for language given in Pert I.    Part III. Other algnificant conditions contributing to death for language given in Pert I.    Part III. Other algnificant conditions contributing to death for language given in Pert I.    Part III. Other algnificant conditions contribution of death cause of death language given in Pert I.    Part III. Other algnificant conditions contribution of death c	ficate be e physician s the bunk	cal	triat irritiated events	v		Disco / ngen	1600	can		/
25. Was case referred to medical examiner?  1	ng ph es ti	Se le	resulting at death) cast	7					i	1000
25. Was case referred to medical examiner?  1	ath cer ettendir for use	ST.		1. //10-	SON E	(6) (1)				715
25. Was case referred to medical examiner?  1	deat ne ett ed fo	sici	Part II. Other significant conditions cor	ntributing to death but not re	sulting in the underlying	cause given in Pert I.	23b. Dld 1	obacco use co	ntribute to the	cause of death
25. Was case referred to medical examiner?  1	d by the	hy	7 11	12/17						
25. Was case referred to medical examiner?  1	s the		1/ labetes	1 181/14cm	1	<u> </u>	-			
25. Was case referred to medical examiner?  1	quire en si						24e. Was	an autopsy	24b. Were au	Itopsy findings
25. Was case referred to medical examiner?  1	s be	plet					pono	,	completi	ion of cause
28. Place of Death (Check only one)  25. Was case referred to medical examiner?  1	The It	E					101	es 20 No	1 ☐ Yes	2□ No
The property of the property						28. Placa of De	eath (Check only o	ne)	1 22	
The property of the property	yalci			lospital:	ZER/Outpatient 3□ I	Other:			er (Specify)	
Duilding, stc. (Specify)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signature end title of certifier  30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)  31. Date filled (Month, Dey, Year)  32. Registrar's Signeture	g Ph er th				28b. Time of		1			
Duilding, stc. (Specify)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signature end title of certifier  30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)  31. Date filled (Month, Dey, Year)  32. Registrar's Signeture	ath. r: Aft	atio		(Mortal, Day Your)						
30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)  WILLIAM TOURS MD DEH ED Cumb-day MD 216 31  State 31. Date filled (Month, Dey, Year) 32. Registrar's Signeture	Atte er de by th	tific	datamiand	28e. Place of Injury - At It	nome, farm, street, facto	ory, office			per or Rural Rou	te Number,
30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)  WILLIAM TOURS MD DEH ED Cumb-day MD 216 31  State 31. Date filled (Month, Dey, Year) 32. Registrar's Signeture	a after a series and a series a	Cer	/	building, etc. (Opec	··y)		Only or 101	,, 0,0,0,		
30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)  WILLIAM TOURS MD DEH ED Cumb-day MD 216 31  State 31. Date filled (Month, Dey, Year) 32. Registrar's Signeture	pepit hour mera ly fills	cal	29a. Certifier 1 Cartifying Phys	lctan: To the best of my kn	owledge, death occurre	d at the time, date and plac	e, and due to the	cause(s) and ma	anner es steted.	
30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)  WILLIAM TOURS MD DEH ED Cumb-day MD 216 31  State 31. Date filled (Month, Dey, Year) 32. Registrar's Signeture	n 24 n 24 or Fu	edic		end manner stated.	ation end/or investigetion	on, in my opinion, death occ	surred at the time,	date and placa,	and due to the c	ause(s)
30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)  WILLIAM TOURS MD DEH ED Cumb-day MD 216 31  State 31. Date filled (Month, Dey, Year) 32. Registrar's Signeture	To the To the Com	Σ	29b. Signature end title of certifier	7	2			29d. Date signe	d (Month, Day,	Year)
State of Sale Indian, Day, real,			huthe	- Bakling		D46111		7/	7/97	
State of Sale Indian, Day, real,			30. Name and eddress of person who co	empleted cause of death (Ite	m 23a) (Type, Print)	- /011/	*	1	/ /	
State of Sale Indian, Day, real,				e7	DEH ED	(un-b-	da p	20. 7	21631	
	Sta	ite		32. Registrar's Sign	eture		0		1	

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 0 5 9 State of Maryland / Department of Health and Mental Hygiene

							of Death		Reg. No.		
	Physici	an	1. Decedent's Neme (First, Middla, Las					2. Date of Do Month	eath Day	Year	3. Time of Death
	/Media	al	Olga 1	Show	ell			Jul		199	MAOH:11
	Examir	ier	4a. Facility Nama (If not institution, give	street and number)			0	or Location of Dea	The second second		ODE
-			5. Social Security Number 6. Se	7 Agg /in	ı yrs. last birthda	(v) If Undar 1		timore			
	Funeral Director			<sup>™</sup> 2√ F 83			Days Hours M	in. (Month, D			ce (Stata or Foraign y) JERSEY
	/land		10a. State 10b. County	10	c. City, Town or	Location				100	d. Inside City Limits
	the Merylar 28a-f show notified at	to	FL INDIA	N RIVER	VERO	BEACH					<b>X</b> Wes 2□No
	oth with the Meryla 23a or 28a-f sho	Funeral Director	10e. Street and Number 2636 OCEAN DR	IVE		10f. Zip C	ode 2963		10g. Citizan of \	What Country	y?
020	or items	þ	11. Marital Status  1 Nevar Married XXMarried  3 Widowed 4 Divorced	12. Was Dacedent Ever Armed Forces? 1  Yes 2 No If Yes, Give Yaar or Dates:	r in U,S. 13		t of Hispanic Origin? Cuban, Maxican, Pu I No Spacify:	(Specify Yas or Narto Rican, etc.)	o- 14. Rac Blac Specify	ce - Americer ck, White, et v: WH	
21215-0020	within 72 hours ene. then "natural", the of the Exe	Completed	15. Decedent's Ed (Specify only highast grad Elementary/Secondary (0-12)	ucation da complated) College (1-4or 5+)	16a. Dec (Gin life	. DO NOT use		vorking	16b. Kind of B	usiness/Indu	stry
12	be filed withintel Hyglene. d other than	် ပ	12			HOME	MAKER			HOM	2
anc	S should be filed with and Mentel Hyglene. s marked other than sumatic event, me.	Be	17. Father's Name (First, Middla, Last) FRANK XAVIER	DDODGMING				lame (First, Middle		na)	
Ž	d 2 should th and Mer 7 is marks traumatic	To			100 100			A GOSSE			
Maryland			19a. Informant's Name/Relationship (7 DEWEES F. SHOW)				treet and Number or				ioda)
	- 5 E 5	}	20a. Method of Disposition	2	Ob. Place of Dis	position (Nema	SES LANE,	Date	20c. Location -		n State
Baltimore,	Se of L		1 Burial 2 XCramation 3 4 Donation 5 Other (Specify	Removal from State	CHESAPE	AKE CH	(Piaca) REMATION	7-9	CHESTE		
Ball	permit. Peg Depertment Important: II any injury o		21. Signature of Funeral Service Licens	idm BC	CRP F	ELLOWS	ddress of Facility HELFEN				ERAL HOME
68760,	The law requires that the death certificate be executed  The law requires that the death certificate be executed  It is a second by the ettending physician and be detected for use as the buriel-frensit beginning.	/Medical Examiner	Immediate Cause (Final diseasa or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last	C	to (or as a const	equence of):	ation cardian	yopath	7		
Box	eath cert ettending	clan									
P.O.	es thet the death igned by the ette be deteched for	Physician/N	Part II. Other significant conditions co	ntributing to death but no	ot resulting In the	underlying ceu	se given in Part I.		Yes 2 No		he cause of death? bly 4 - Unknown
Division of Vital Records,	The law requires the set hes been signe page 2 should be or	Completed by					211	perf	s an autopsy ormed?	avalle comp of de	
a			25. Wes case referred to medical						Yes 2 No	10	Yes 2□ No
Ξ	ysician: is certific director,	To Be	examiner?	Hospital:	0   EB/Outros	2 004	Othor	eath (Check only Home 5 Res			
ion of	Jing Ph h. After th funeral		27. Menner of Death  1 Natural 5 Panding 2 Accident investigation	28a. Date of Injury (Month, Dey Yea	2 ER/Outpati 28b. Time Injury		Injury at Work?  1 Yes 2 No		how Injury occur		
Divis	To the Hospital or Attandit within 24 hours efter deeth.  To the Funeral Director: A completely filled in by the fu	edical Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - building, etc. (S	At home, farm, s	street, factory, o	ffice		(Straat and Numb wn, Stete)	per or Rural F	Routa Number,
	To the Hospital or At within 24 hours efter of To the Funeral Direct completely filled in by	dicai	29a. Certifier (Check only one)	sician: To the best of my ner: On the basis of exa and manner stated.	knowledge, dea mination and/or	ath occurred at I Investigation, In	he time, dete and pla my opinion, death oc	ce, end due to the curred at the time,	ceuse(s) end ma date end place,	anner as stat and due to th	ed. ne cause(s)
29c. License number					T	29d. Date signe	d (Month. De	Vaar)			
	To Too	~	200. Digitatara and that of continor	. /						- (	ly, rear)
D	To T	-	▶ adam Cla	Z.					Jul		
	Mith Ton		30. Name and address of person who c	ompleted ceuse of death	(Item 23a) (Type	e, Print)	oreene	St.	July		

DHMH 16 Rev 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 3 / Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death **Physician** 1997 Year JULY **JENNIE** SLOJEWSKA 8 WANDA 7:25 PM /Medical 4e. Fecliity Nama (if not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3884 HARRISON COURT  ${ t TRAPPE}$ TALBOT If Undar 1 Yaer if Undar 24 Hrs. Hours Min. 5. Sociei Security Number 7. Aga (In yrs. iast birthdey) 8. Data of Birth (Month, Day, Year) Birthpiece (Stata or Foreign Country) **Funeral** Days 1 □ M 2 □ XF 91 Yrs. Director 203-18-3046 JUNE 21, 1906 POLAND Usuel Rasidence of Decedant permit. Peges 1 end 2 should be filed within 72 hours effer death with the Meryland Department of Heelth end Mental Hygiene. Important: if item 27 is marked other then "natural", or items 23s or 28s-1 show eny injury or other traumatic event, the Medical Examiner must be notified at optice. 10e Stete 10b. County 10c. City, Town or Location 10d. insida City Limits Mas 2□No Director TALBOT MD TRAPPE 10e. Street and Numbar 10f. Zip Code 10g. Citizan of What Country? 3884 HARRISON COURT 21673 USA Funeral 12. Was Dacedant Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ②No If Yas, Giva Yaar or Dates: Was Dacedant of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indien, Bleck, Whita, atc. 1 ☐ Nevar Married 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes ② No Specify: WHITE þ 3 ☐ Widowed 4 (XDivorced Completed 16a, Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Coilega (1-4or 5+) CASHIER FOOD STORE 6 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maldan Sumema) Be WALENTY SLOJEWSKA JOSEFA CIESLAK 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) JANET MCDERMOTT P.O. BOX 150, TRAPPE, MD 21673 20b. Pleca of Disposition (Name of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Buriai 2 Cramation 3 Remove from Stata SOMERTON, PA. SUNSET MEMORIAL PARK | 7-11 4 ☐ Donetion 5 ☐ Othar (Specify) 21. Signatura of Funarai Sarvice Licensaa 22. Nama end Addrass of Facility FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onset end Deeth **Physician** /Medical erebro vasculas Accident immediata Cause (Finel 5 years disease or condition rasulting in daath) Examiner Physician/Medical Examiner physician and s the buriel-transit Hospital or Attending Physician: The lew requires that the deeth certificate be executed Sequentially list conditions, if any, leading to immadiata causa. Enter Underlying Causa (Disaase or injury that initiated events rasulting in death) Last Dua to (or as e consequance of) Division of Vital Records, P.O. Box 68760. Dua to (or as e consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown s been signed to should be det Completed by 24b. Wara autopsy findings evaileble prior to complation of cause of death? 24a. Was an autopsy performed? pege 2 1 Yas 2 No 1 ☐ Yes 2 ☐ No certificete funeral director, Be 25. Was casa rafarred to medical 26. Place of Death (Check only ona) Hospital: 1 Inpatiant Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Other (Specify) Certification: To 1 ☐ Yas 20K No 2 ER/Outpatient 3 DOA After this 28a. Data of injury (Month, Day Year) 27. Mannar of Deeth 28b. Tima of 28c. injury at Work? 28d. Dascribe how injury occurred Naturai 5 Panding within 24 hours efter death.

To the Funeral Director: All completely filled in by the fu 1 ☐ Yas 2 ☐ No 2 Accidant investigation 6 Could not be determined 3 Suicide 28e. Plece of injury - At home, term, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 4 Homicide Cartifying Physician: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) end mennar as stated.

2 Madical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data end piece, and due to the cause(s) and menner steled. Medical 29a, Cartifier (Check only one) ŝ 29b. Signature and titla of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) D46820 lywood 30. Nema and addrass of person who complated causa of death (item 23e) (Type, Print)

JENNIFER HOLLYWOOD, M.D., 607 DUTCHMAN'S LANE, EASTON, MD 21601

32. Registrar's Signatura

DHMH 16 Ray 6/95

State Registrar 31. Data flied (Month, Day, Year)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth JULY 14, Dey 1997 LOUISE SHARPLESS 9:40 AM 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth GARRETT COUNTY MEMORIAL HOSPITAL OAKLAND GARRETT If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dev. JUNE 15 7. Age (In yrs. lest birthdey) 9. Birthplece (Stete or Foreign 1□M 2X F Days Yrs. MARYLAND Usuel Residence of Decedent 10b Counts 10c. City, Town or Location 10d. Inside City Limits GARRETT MT. LAKE PARK 1 X Yes 2 □ No 10f. Zin Code 10g. Citizen of Whet Country? 1200 WHEELING AVENUE 21550 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Yeer or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Race - American Indien, Black, White, etc. 1 ☐ Never Married 2X Married 1 ☐ Yes 2 Ĭ No Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) MAMAGER RESTAURANT 17. Fether's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) TIMMERMAN ELSIE MABEL BITTINGER 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) JAMES C. SHARPLESS - HUSBAND 1200 WHEELING AVE. MT. LAKE PARK, MD 21550 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete Buriel 2 Cremetion 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) GARRETT MEMORIAL GARDENS 7/16/97 OAKALND, MARYLAND 22. Neme end Address of Fecility P.O. BOX 243 M00167 DURST FUNERAL HOME - OAKALND, MD 21550 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feilure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth e. Respiratory Failure 3 weeks Due to (or es e consequence of): Emphysema 10 years Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that inflieted events resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequence of) Pert II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2□ No 3 Probably 4 ☐ Unknown diabetes mellitus type II, hypertension 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 □ ER/Outpetient 3 □ DOA Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 ☐ Could not be determined 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) end menner es steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end plece, end due to the ceuse(s) and menner steted.

29c. License number

D26650

29d. Dete signed (Month, Day, Year) 7/14/97

the Maryland 'natural', or items 23a or 28a-f show dissi Examiner must be notified at with filed within 72 hours after death 21215-0020 the Medical Hygiene. 7 is marked other traumetic event. Baltimore, Maryland Pages 1 end 2 should be 1 of Health Itam 27 I = 6 Depertment of Important: If sny Injury or once. **Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

**Funeral** 

Director

FRANCES

10e State

MD

10

ALLEN

20a. Method of Disposition

Immediate Ceuse (Finel

1 Yes 2 No

27. Menner of Deeth

Neturel

2 Accident

3 Suicide

29a, Certifier

4 ☐ Homicide

29b. Signature and title of certifier

diseese or condition resulting in deeth)

project Furnisal Se

Director

Funeral

þ

Completed

Be

0

5. Sociel Security Number

10e. Street end Number

220-34-1607

The law requires that the death certificate be executed the buriel-transit P.O. Box 68760. ettending physician Physician/Medical use es signed by Records, þ ed bluods Be Completed peen After this certificate has Division of Vital Attending Physician: 2 funeral Certification: death. spital or Attendi ours eftar death. weral Director: A

> State Registrar

Medicai

Margaret

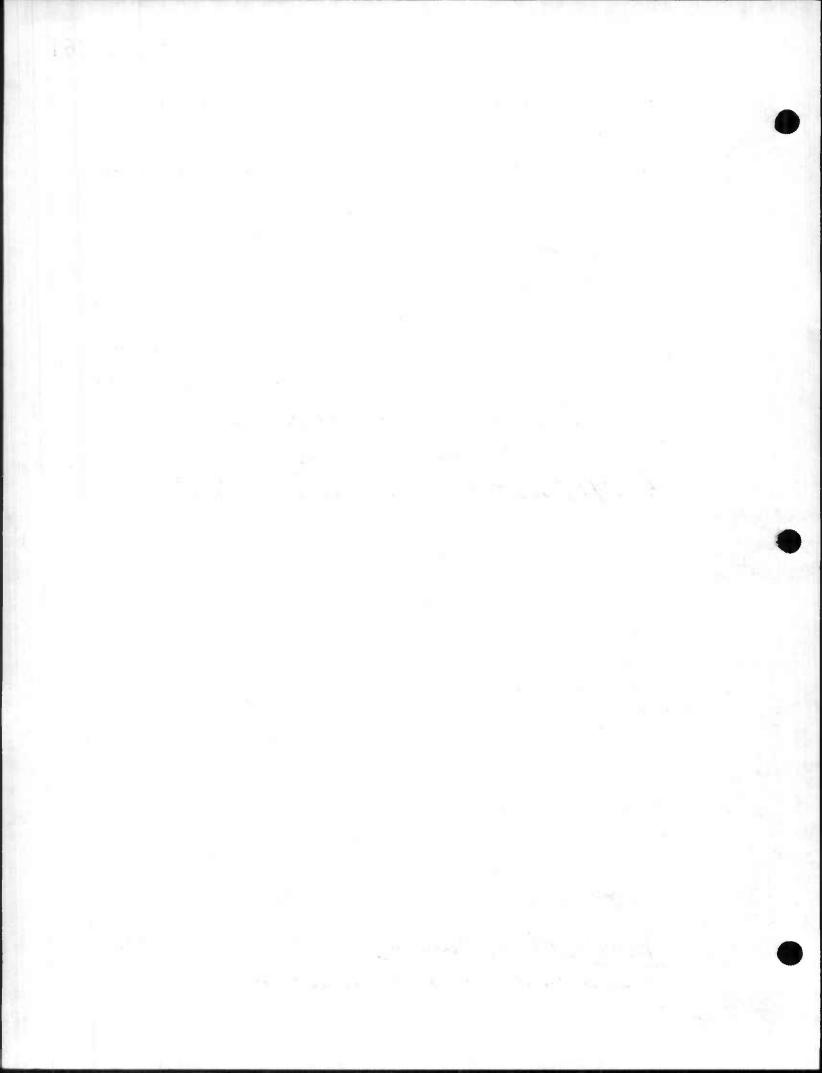
30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Kaiser, MD, PO Box 486, Oakland, MD 32. Registrer's Signeture relia d'évilen-Rardall

all w

DHMH 16 Rev 6/95

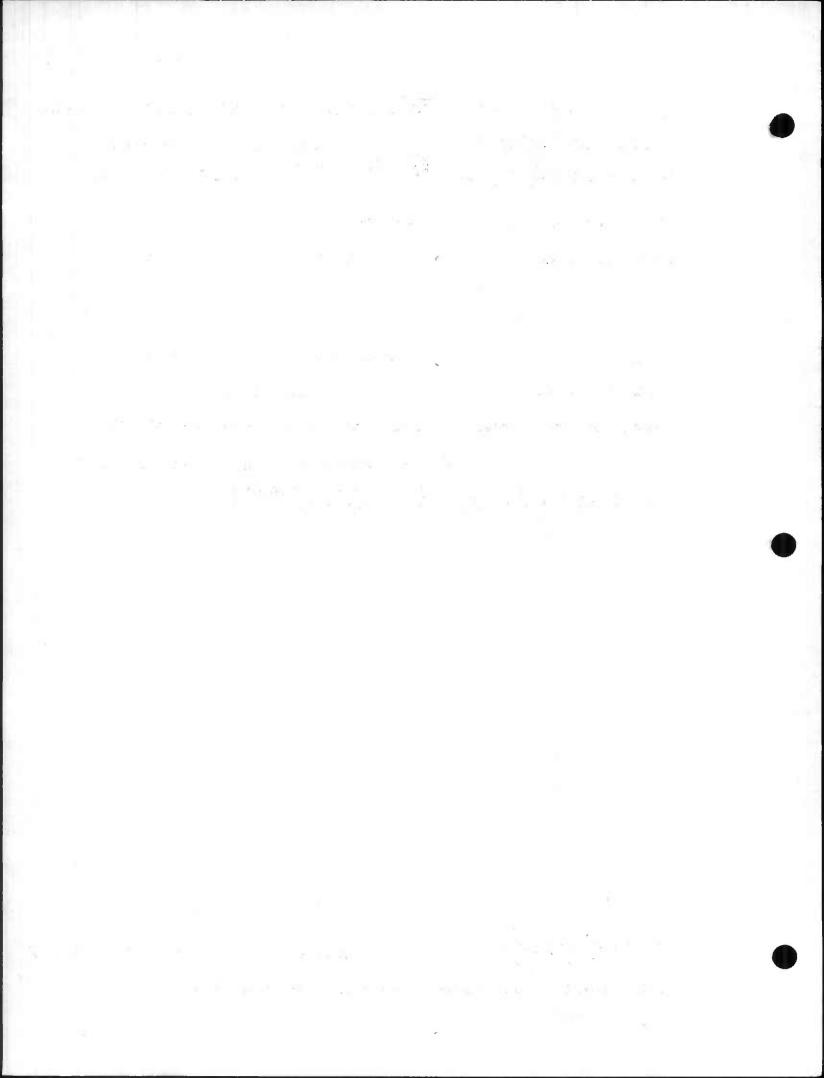
To the Hospital o within 24 hours of To the Funeral Di completaly filled is



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

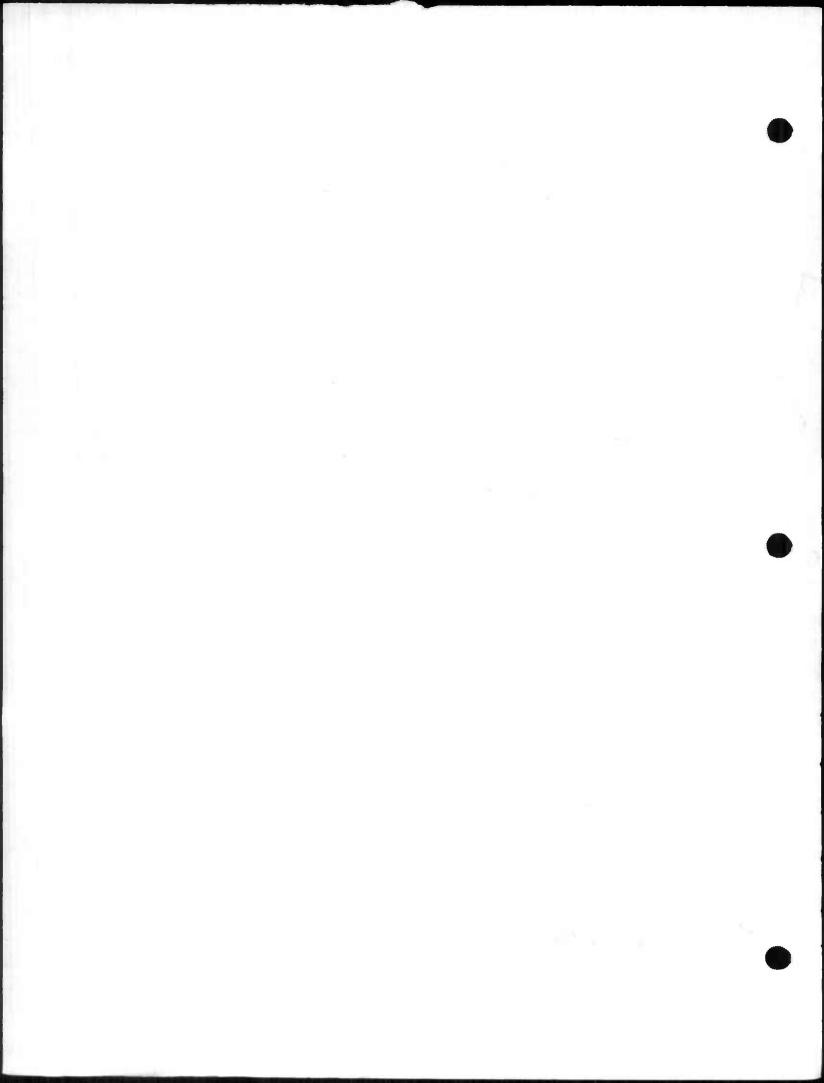
State of Maryland / Department of Health and Mental Hygiene 7 22062

						Certificate of	of Death	Re	g. No.	Arm Gray	.002
	Dharia	·	Decedant's Name (First, Midd	fla, Last)	~			2. Dete of Deat Month	h	Year	3. Tima of Death
	Physic /Medi		20LA-1	IRCINIA	5/6	VEN	SON	July 8,	1997	1 eai	10:57AM
	Exami		4a. Facility Nama (if not institution	on, giva street and number)			4b. City, Town, o	or Location of Deeth	4c. County of	of Death	
			SACRED HEART	HOSPITAL			CUMBERL		ALLEGA	ANY	
	Funeral Director		5. Social Sacurity Number 191–28–4482	1 M MTE	ga (In yrs. iest bii 61	thday) If Undar 1 Ya Months De			Year) , 1935	9. Birthpie Country PA	oca (Stata or Foreign y)
	and w		Usuel Rasidance of Decedant 10a. Stete 10b. Count		10c. City, Tow	n or Location				100	d. Inside City Limits
	Maryi f sho	5	MD Alleg	anti		berland				1.00	M☐ Yas 2☐ No
	the the property	90	10e. Street and Number	arry	Cuit	10f. Zip Code		11	0g. Citizan of W	hat Countr	
	with with	ă	12914 Sixth A	ronllo				, "			,,
	leath 23	era	11. Meritei Stetus	12. Was Decedant	Evar In U.S.	2150		(Specify Yes or No-	USA 14. Bace	- Americar	n indlen
020	hours effer death with the Maryland turst, or Nems 23s or 28s-f show al Exercitor must be notified at	by Funeral Director	1 Never Married 2 Mail 3 Widowed 4 Divorce	Armed Forces?		If Yas, specify C		(Specify Yes or No- arto Rican, atc.)		c, Whita, et	
21215-0020	72 hours netural,		15. Deceda	nt's Education	18a	Decedant's Usuel Occ	cupation		16b. Kind of Bus		
215	C 9	Completed	(Specify only highs	ast grade completed)		(Giva kind of work do	ne during most of w	vorking			,
212	d within piene. r then	E	Elementary/Secondary (0-12)	Collega (1-4or		mer Employ	ree		Restau	rant	
	I Hygi other	Bec	17. Fathar's Nama (First, Middla	, Last)				ama (First, Middla, M	faidan Sumama	a)	
la	should be filed of Mental Hygi marked other imatic event,	To	Lawrence Gei	sbert			Edith	(nmn)			
Maryland	s 1 and 2 should be filed f Health and Mental Hyg tem 27 is marked other other traumatic event,	-	19a. Informant's Name/Ralation	ship (Type, Print)	19b	. Mailing Addrass (Stre	eet and Number or	Rural Routa Number	City or Town, S	Stata, Zip C	2ode)
	1 end 2 Health am 27 lt		James W. Steve	enson-husban	d 12	2914 Sixth	Avenue;	Cumberland	1, MD 2	21502	
ore	ges 1 and t of Health if item 27 or other to		20a. Mathod of Disposition			f Disposition (Nama of ry, cramatory or othar p		T T	20c. Location - 6	City or Tow	n, Stata
Ĕ	Pages nent of nt: If Its iry or o		1 ⚠ Burial 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Othar (			est Memori		07/11	Cumberl	and.	MD
Baltimore,	permit. Pag Department Important: I any Injury c		21. Signatura of Funaral Sarvice	Licensaa	~M.	22. Name end Ad Scarpe	drass of Facility lli Funer	al Home		ana,	
			23e. Pert1. Enter the disaase, o shock, or haart failure. Lis	L 1 X CUA	the death Do		land, MD	21502	not .	1 4	Approximete
	Physician /Medical Examiner		Immediate Causa (Final disaasa or condition rasulting in daath)	e. Cara	la ful	MANUAL CONSAQUANCE OF ():	anes	7.			ntarvel Between Onset and Death
	bet list	Examiner		b. Veu	hou	elas "	my	luc		M	ullnour
	end al-tra	хаг	Sequentially list conditions, if any, laading to immediata causa. Entar Underlying Causa (Disaasa or Injury	D. 1	Due to (or as a	consequence of):	/	4		0	2
68760,	be e siciar buri		causa. Entar Underlying Causa (Disaasa or Injury that Initiated evants	o driver,	red !	Gardio	uis of	75		X	years
687	tificate be executed g physician end es the burial-transit	Medical	rasulting In daath) Last		Due to (or as a	consequance of):	//	14		1	10.
	certif nding use ex		A. 1W	a summe	ve.	sel con	may !	upen .	delle	06	year
Box	seath ette	cla	Part II Other elgolitecest condition	anno	ONE	release /	(20) 3/0.	Jeeyses		A-18-10- A - A	/
P.O.	The law requires that the death certificate be executed ate has been signed by the ettending physician end page 2 should be detached for use es the bural-transit	/ Physician/	Part II. Other significant conditions of the state of the significant conditions of the signific	Dark to death of	ut not rasulting ii	n tha undariying causa	givan inyman i.	1×10			the cause of death?
rds	n sign	ed by	1					24a. Wes er	eutopsy	24b. Wer	a autopsy findings
Records,	e law rec has bee ge 2 shor	Completed	Julohy					perform	ned?	com	labla prior to pletion of cause path?
<u></u>								1 □ Ye	s 2/2/No	10	Yes 2□ No
Vita	ysician: The li is certificate ha director, pege	Be	25. Was casa rafarred to medica axaminar?	Hospital:		1.1	28. Placa of D	eath (Check only on	a)		
ō	는 돈 등	: To	27. Mannar of Daath	(S(C)) I I Inpatia		itpatient 30 DOA	4 Li Nursing	Homa 5 ☐ Rasida 28d. Dascribe ho			
C	After fune	lon	Natural 5 ☐ Pandi		y Year)		njuryat Vork? □ Yes 2 □ No	200. Dascribe no	w injury occurre	30	
Division	after deetl Director:	Certification:	3 ☐ Sulcida 6 ☐ Could	not be nined 28a. Place of Injudicing, at	iury - At homa, fa c. (Specify)	rm, streat, factory, office		28f. Location (St. City or Town		er or Aural I	Routa Number,
7	To the Hospital or Attending Ph within 24 hours after deeth. To the Funeral Director: After thi completely filled in by the funeral	edical C	29a. Cartifiar (Check only one) Certifyli 2 Medical	ng Physician: To the bast Examiner: On the basis of and mannar st	f axamination en	, daath occurred at the d/or investigetion, in m	a tima, data and pla y oplnion, daath oc	ce, and dua to tha ca curred at tha tima, de	usa(s) and mar ata and place, a	nnar as stat nd dua t <i>o</i> ti	ted. ha cause(s)
	To the To the	M	29b. Signature and title of certific	5		29c. Lica	anse number	25	d. Data signed	(Month, De	ay, Year)
	,3		1/1/	Wit-		ות	3601	TI	ULY 2	ge	1997
	W. 0		30. Nema and addrass of person	who commetted cause of a	eath (Itam 23a)			J	ODI &		, , /
	TULS		V.R. Felipa	·	,		Cumberla	nd, MD 215	502		
	Sta	ite	31. Data filad (Month, Day, Year,		er's Signatura		J. J				
	Pogist	_	IIII n g 1Q		hearthouse						



BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	il examiner must be notified at once.	TO BE COMPLETED BY CHINEBAL DIBERTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tented within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMDIFTED BY DHYCICIAN: MEDICAL CEDTIFICATION

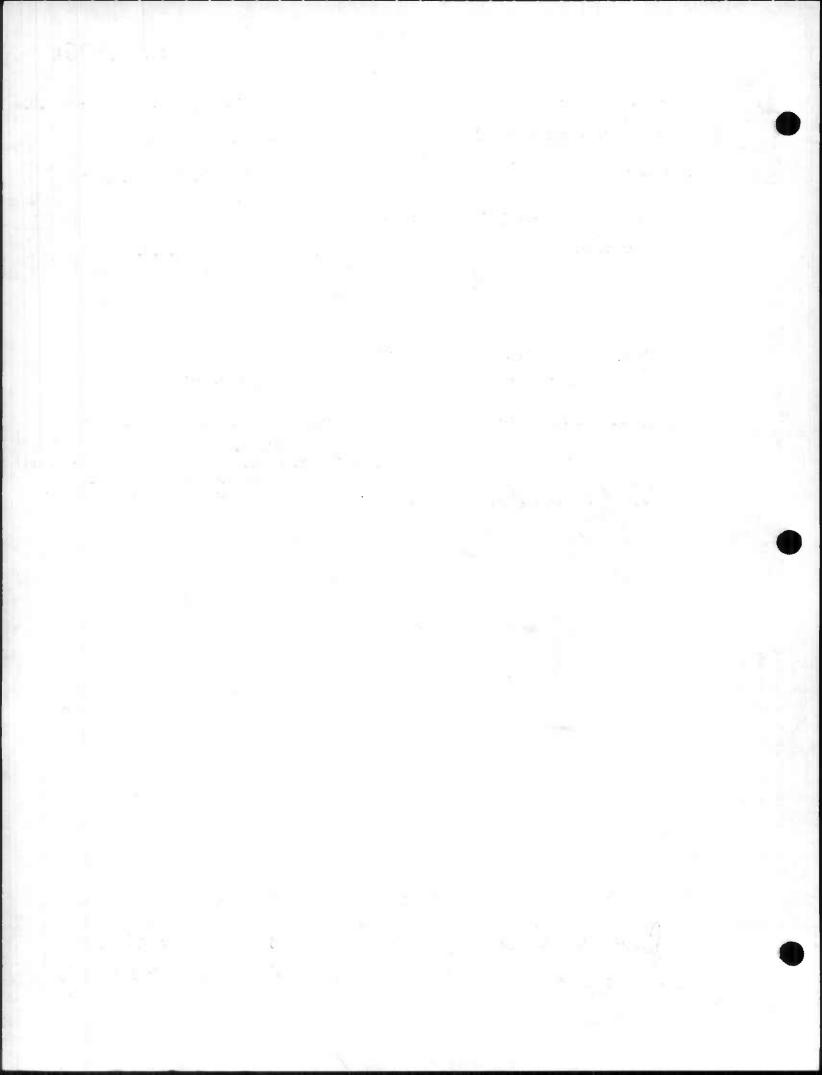
	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART				YGIENE EG. NO.			
,	1. DECEDENT'S NAME (First, Middle, Las	)				2 DATE OF I	DEATH		3. 1	TIME OF OEATH
	EVELYN PEARL	SHEETZ				MONTH	ly I	), 19 <sup>§</sup>	7	6:01 amm
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	HATH			CE (State or Foreign
	214-05-5264  9a. FACILITY NAME (If not institution, give	1 M 2 TF	84 YRS.	ONTHS DAYS	R LOCATION OF DE	(Month, De May	26,	1913	OS DEATH	MD
Œ	DEVLIN MANOR				RLAND				LEGAN	
DIRECTOR	RESIDENCE OF DECEDENT	NOI DING HOLD								
H	toe. STATE 10b. COUN			TOWN OR LOCAT	ION				10d	. INSIDE CITY LIMITS?
		llegany	L	aVale						XYES 2 NO
FUNERAL	10a. STREET AND NUMBER			101	ZIP CODE			10g. CITIZEN		COUNTRY?
Ÿ.	103 West Stre				21502			US		
3	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	2 10	If yes, sp	ENDENT OF HISPAN ecify Cuben, Mexica	n, Puerlo Ricar		or No — 14.	RACE - A	American Indian, nite, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	t 🗌 YES	2 No Specify	<i>i</i> :			Specify:	white
0	15. DECEDENT'S E	DUCATION	16e. DECEDENT'S U			16b. KIN	D OF BUS	NESS/INDUST		WILLCO
E	(Specify only highest gra Elementary/Secondary (0-12)	de completed)  College (1-4 or 5+)	(Give kind of wo	rk done during mo retired.)	st of working					
APL	12		Retir	ed			Dept	. Sto	re	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middl	e, Maiden S	Sumame)		
BE C	George F.	Sheetz			Mar	y Edna	(Ky	ne)		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	DDRESS (Street a	nd Number or Rural I	Route Number, (	City or Town	, State, Zip Co	de)	
F	Clarence E. S	heetz-brother	12603	Irons	Mountair	Road;	Cum	berlar	nd, M	D 21502
	20e. METHOD OF DISPOSITION 1 □ Buriel 2 □ Cremetion 3 □ Re	movel from State	. PLACE AND DATE OF	or place)		DATE		ATION — CITY		
	4 Donation 5 Other (Specify)		Hillcres	t Memor	ial Park	07/1	2 C	umber.	Land,	, MD
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	n	22. NAME A	o address of fa rpelli F	CILITY		Α.		
	* 4 uchova/	JA MAMA	olla	Cim	berland,	MD 2	1502	_		
	23. PART I. Enter the diseeses, o	r complications that cause e. List only one cause on e	d the deeth. Do no					atory arrest	,	Approximate
	IMMEDIATE CAUSE (Fine)	s. List only one cause on e	ech line.							Interval Between Onset and Daath
	disease or condition resulting in death)	· Gel	inverse	morri	metal	to				3mn
1			CONSEQUENCE OF					_		
Z	Sequentially list conditions,	ъ								
Ĕ	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF)							
5	CAUSE (Diseese or injury	C. DUE TO (OR AS	A CONSEQUENCE OF							
Ē	thet initieted events resulting in death) LAST	500 10 (011 110 1	, dombeddende dri	•					Ì	
CERTIFICATION		_ d								
AL	PART II. Other algnificent conditi		out not resulting in	the underlyin	g ceuse given in	Part i. 24	PERFORI			RE AUTOPSY FINDINGS
DIC.	ASCUD C	46				1	YES 2		CO	MPLETION OF CAUSE DEATH?
ME										YES 2 NO
PHYSICIAN: MEDIC	DID TOBACCO USE CON	ITRIBUTE TO CAUSE C			UNCERTAI	N 🗆				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH	OTHER:						
YSI	t TYES 2 TWO	1   Inpatient 2   ER/Out	patient 3 DOA	4 Hursing Hon	e 5 🗆 Residence					
	27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b, TIME INJU	RY WO	URY AT	28d. DEŞCRI	BE HOW IN	IJURY OCCUR	ED	
B	2 Accident Investigation	26e. PLACE OF INJUR	, At harman daman and		YES 2 NO		M. (5)	-144		
60	3 Suicide 6 Could not t	building, atc. (Spe	cify)	reet, rectory, ornic	•		wn, State)	nd Number or i	Hural Houte	Number,
COMPLET	29a. CERTIFIER									
MPL	(Check only	YSICIAN: To the best of my know								
00	2 MEDICAL EXAM	INER: On the beels of exemination	n and/or investigation	, in my opinion, o	leath occured at the	time, date and	l placa, and	due to the c	euse(a) an	d menner se stated.
BE (	29b. SIGNATURE AND TITLE OF CERTUR	A 100			29c. LICENSE NUI	MBER				nth, Day, Year)
DITES DO DITES OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							1987			
	30. NAME AND ADDRESS/OF PERSON		5 Frese		st cu	mser 1	2~1	7	11	512
	31. DATE FILEB (Month, Day, 1917) 19									
	002 12 10		- Se De Grand							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 7 22064

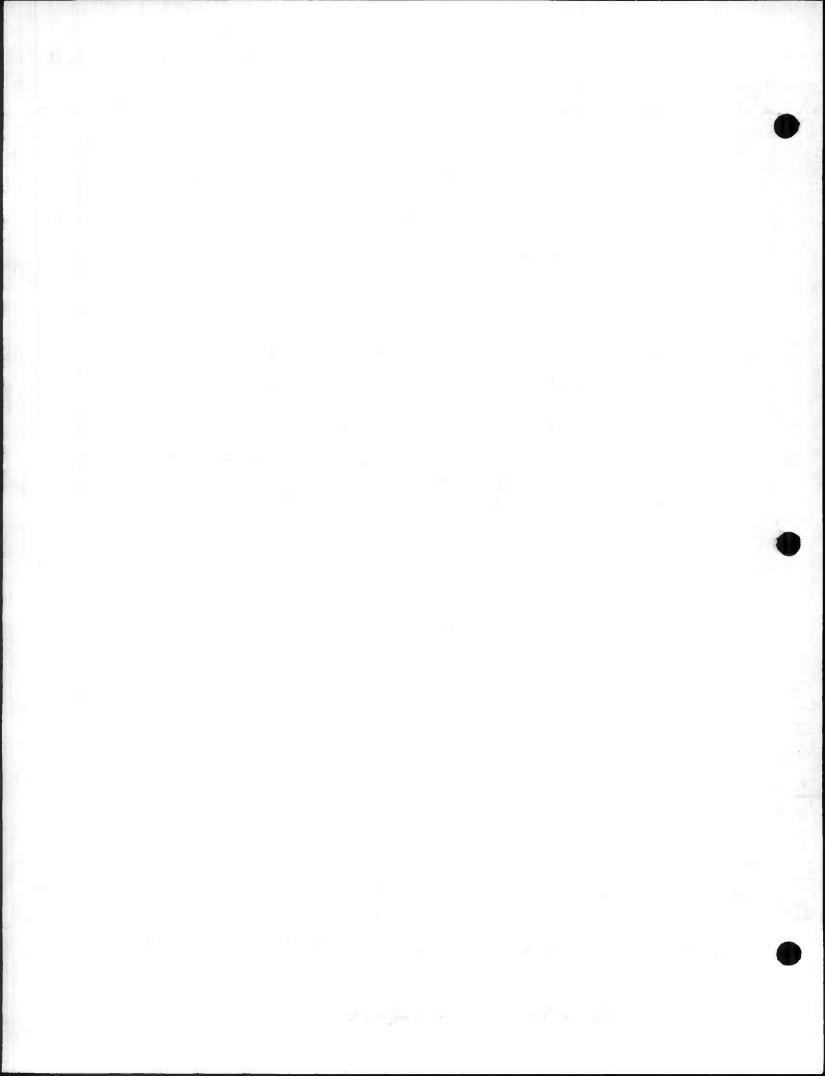
					Cei	rtificate	of Dea	ath		Reg. No.	- Sweets		
	Physic /Medi		Decedent's Neme (First, Middle, Lest)     Edna Mae	Simpson				-6-0	2. Dete of Dec	eth	Yeer	3. Time o	of Death
	Exami		4e. Fecility Name (If not Institution, give street Mediplex of Montgome	end number) ery Village				ty, Town, or L thersh	ocation of Death		y of Deeth	7	
	Funeral, Director		5. Social Security Number 6. Sex 79–22–2123 Usuel Residence of Decedent	7. Age (In yrs. las	st birthday) Yrs.	If Under 1 Months [		Inder 24 Hrs. ours Min.	8. Dete of Birt (Month, De June 28		1	lace (Stete try) yland	
	e Marylend 8a-f show	Director	10a. State 10b. County Maryland Prince Ge		Town or Lo Clint						1	0d. Inside C	City Limits
	23a or 28		10e. Street end Number 6205 Parkview Lane			10f. Zip C	ode 20735			10g. Citizen of U.S.A		try?	
020	72 hours after death with the Maryland natural; or items 23a or 28a-f show dical Exerciter must be notified at	by Funeral	1 Never Married 2 Married 1	as Decedent Ever in U,S. med Forces? □ Yes 2 □ No Yes, Give var or Detes:	l'	Wes Deceder f Yes, specify I□Yes 2√		lc Origin? (Spexican, Puerto	pecify Yes or No- Rican, etc.)	14. Re Ble Specia	ce - Americ eck, White, fy: W		
21215-0020	within	Completed		pleted)	16e. Deced (Give life. L Homem		Occupetion done during retired)	most of work	king	16b. Kind of E		lustry	
Maryland	d a b	To Be C	17. Fether's Name (First, Middle, Last) Jessie Thomas Quill						e (First, Middle, iae Howa:		me)		
	d 2 sh th end 7 is m traum		19a. Informent's Neme/Relationship (Type, Pr Bernard F. Quillin (E						Owings,				
Baltimore,	Solution		20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Remove 4 ☐ Donetion 5 ☐ Other (Specify)	ei from State can	ce of Disponetery, crem	sition (Neme netory or othe	of er place)	July	9 Dete	20c. Location	- City or To	wn, Stete	
Balti	permit. Peg Depertment important: i eny injury o		21. Signeture of Funeral Servica Licansee	Bilance	22	. Neme end /	Address of I	Fecility L	ee Fune: Ferry		e, In	c.	
	Physician /Medical Examiner	er	23e. Pert1. Enter the diseese, or complication shock, or heart feilure. List only one ceu immediate Cause (Finel diseese or condition resulting in death)	Respi	for a conseq	y a	f dylng, such	T	or respiretory er	rest,	a	Approxime Intervel Ber Onset end	reewi
x 68760,	eeth certificete be executed ettending physician and for use as the buriel-transit	Medical Examiner	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest	Due to (or es			υу	2//	· P · ·	7		y v	
. Box	deeth ce e ettendi id for us	Physician/	Pert II. Other eignificent conditions contribution	ng to death but not resulting	na in the un	deriving caus	o siven in t	Port I	22h Dide	obacco uee co		the seven	ed death0
s, P.O.	es that the deeth co	by Phys	(I) ( //-	Ve unon	_		e given in i	-61(1.	1 🗆 1		3 ☐ Prob		Unknown
ecord	v require	Completed							24a. Wes e perfor	en eutopsy med?	eva	re eutopsy lleble prior i apletion of d leeth?	to
la R	ysician: The lav s certificate has director, pege 2	e Con	25. Was case referred to medical						1 🗆 Y		10	Yes 2	∰o
Division of Vital Records,		To B	examiner?    Yes   No   Hospite  27. Manner of Deeth   28e	1 ☐ inpatient 2 ☐ ER	NOutpetlent Bb. Time of Injury	28c.	Other: Injury et Work?	Nursing Ho	h <i>(Check only or</i> me 5 ☐ Resid 28d. Describe h	ence 6 Oth		)	
Division	To the Hospital or Attending Physical within 24 hours eldedth.  To the Funeral Director After this completely filled in by the funeral d	Certification:	2 Accident Investigation 3 Suicide 6 Could not be determined 28e	. Pleca of injury - At home building, etc. (Specify)	e, ferm, stre	M eet, fectory, of	1 ☐ Yes		28f. Location (S City or Tow	treet end Numi n, Stete)	ber or Rurel	Route Num	ıber,
	ne Hospitu n 24 hours ne Funera	edical	29a. Certifier (Check only one) Certifying Physicien: 2 Medical Examiner: Or en	To the best of my knowle the besis of exemination d menner stated.	edge, deeth n end/or inve	occurred et ti estigetion, in	ne time, dat my opinion,	te end pieca, deeth occurr	end due to the c ed et the time, d	euse(s) end malate end place,	enner es ste end due to	eted. the ceuse(s	i)
	To the Com	¥	29b. Signature end title of certifier	ara M)		29c. Li	cense num	93	2	29d. Date signe	d (Month/E	Dey, Yeer)	
,			30. Name and eddress of person who complete	d cause of deeth (Item 23	3e) (Type, F	Print) M (	11	RAI	Rocku	Men	\$ 20	085	/
ĺ	Sta Begistr	re.	31. Dete flied (Month, Dey, Year)	32. Registrer's Signeture	Park	f. 11							



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 7

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** PAUL HAROLD SLIFER July /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Washington County Hospital Hagerstown Washington If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 15√ M 2□ F Months Yrs. Director 220-28-8418 66 Dec. 16, 1930 Maryland Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Maryland Washington Rohrersville Director 1 Yes 2 100 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20326 Locust Grove Road 21779 U.S.A. Funeral 14. Race - American Indien, Bleck, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) hours aftar 1 ☐ Never Married 2 ☑ Married altimore, Maryland 21215-0020 1 Tes 2 No Specify: Specify: White þ 3 Widowed 4 Divorced Yeer or Dates: 1951-1953 Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Hygiene. permit. Peges 1 and 2 should be filled w Department of Health and Mental Hygien Important: If Item 27 is marked other tru-any Injury or other traumests Correctional Officer 12 Years State Prison 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Luther Beard Slifer Orpha May Grimm 0 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Shirley M. Slifer, Wife 20326 Locust Grove Road, Rohrersville, MD 21779 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ♥ Burial 2 Cremation 3 Removal from State Boonsboro Cemetery July 7, 1997 4 ☐ Donation 5 ☐ Other (Specify) Boonsboro, Maryland 21. Signeture of Funeral Service Phenses 4 22. Name end Address of Fecility 7606 Old National Pike P. Steven Danfelt, Jr. BAST FUNERAL HOME Boonsboro, Maryland 21713 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiratory arrest, shock, or heert failure. List only one ceuse on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediate Cause (Final ONE MONTH disease or condition resulting in deeth) Examiner Examiner physician end s the burial-transit certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in deeth) Last P.O. Box 68760 Physician/Medical Due to (or as e consequence of): use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Onknown þ 24b. Were eutopsy findings evailable prior to Completed 24a. Was en eutopsy completion of cause of deeth? certificate has 1□ Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Certification: To After this Director: After this 28e. Date of Injury (Month, Day Year) 27. Menner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 1 DNatural 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) hours after 4 THomicIde Hospital or To the Hospital within 24 hours a To the Funeral Completely filled 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, printy opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signeture end title of certifier 29c. Ligense number 29d. Date signed (Month, Day, Year) 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) Eke, Arg. ml. Siddi. 31. Date filed (Month, Gay, Year) 19414 32. Register's Signature State JUL Registrar

Harold

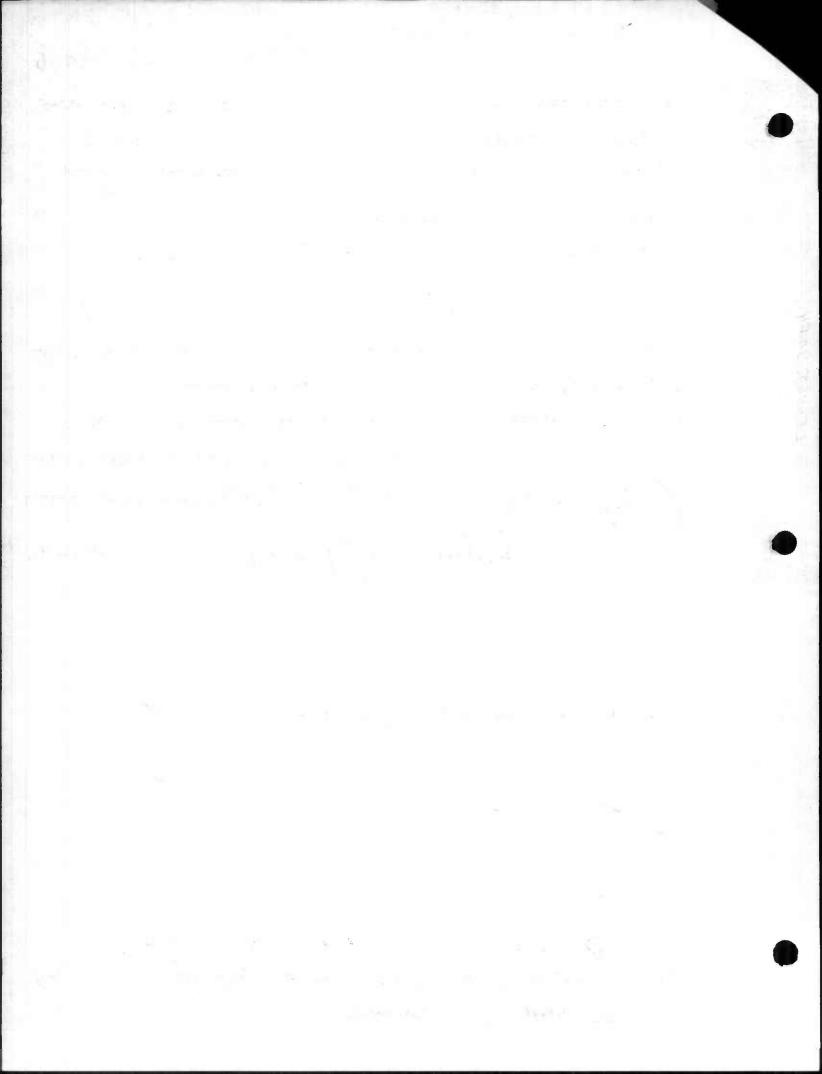


Division of Vital Records, P.O. Box 68760,

### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 22066

						C	Pertifica	ate of	Death			Reg. No.	1 6	2000
	. 1	1. Decedent's Name (First, Middle	, Last)								2. Dete of De	eth		3. Time of Death
Physic /Medi		LEWIS THOMAS S	мітн,	JR							JULY	Dey 2	Year 1997	0245
Exami		4a. Facility Nama (If not institution	giva stree	t end nu	mber)				4b. City, To	own, or L	ocation of Deat		ty of Deeth	1
		Washington Coun	ty Ho	spit	tal				Hager	stow	m	Wash	ningto	on
Funeral	1	5. Social Security Number	6. Sex		7. Age (In yrs.	lest birtho		der 1 Yaa	r If Unda	24 Hrs.	P Date of Bir	rth.	9. Birthp	lece (State or Foreign
Director		217-18-7967	1 🔯 M	2□ F	74	Yr	Month.	s Days	Hours	Min.	Jan. 2	1923	Mary	land
p ,		Usuei Residence of Decedent			10.0									
aryla		10e. Steta 10b. County			10c. C	ity, Town o	r Location						10	Od. Inside City Limits
r 28a-f show	cto	Maryland Washin	gton		Ha	gerst	own							1 □ Yas 2 O No
ith 15	D I	10e. Street and Number					10f. i	Zip Coda				10g. Citizan of	What Coun	try?
ath w	10	10825 Allen Ave	nue					21740				U.S.A.	•	
efter death with the Maryland or items 23s or 28s-1 show miner must be notified at	Funeral Director	11. Marital Status	P	med Fo		J,S.	13. Was De	cedent of pecify Cu	Hispenic Or ben, Mexice	igin? (Sp n, Puerto	ecify Yes or No Ricen, etc.)	)- 14. Ra	ice - America ack, White, o	
s eft	by F	1 Never Married 2 Marri 3 Widowed 4 Divorced	1 1	Yes, Gi	2□No va 19	43_	1 ☐ Yes	2 🖾 No	Specify			Speci	ity: von :	h a
hour	8			eer or D	Pates: 19	43- 45	nandant'a Lt	out Once	mation			10h Kind of I	" Whi	
In 72	Completed	15. Decedent (Specify only highes	grede cor	npleted)		(C	ecedent's U: live kind of the DO NOT	work done	ipation e during mos ed)	it of work	ring	16b. Kind of I	Jusiness/Inc	lustry
than than	mo	Elementary/Secondery (0-12)		otlege (	1-4or 5+)		inist					Hospita	al Dom	iciliary
Hyg Other	BeC	17. Fether's Neme (First, Middle, I	.ast)			2 3041		2000		er's Nem	e (First, Middle	, Maiden Sume		defiliary
ked ic ev	To B	Lewis T. Smith,	Sr.						Ethe	1 M.	Shrade	er		
shound M	-	19a. Informant's Neme/Relationsh		Print)		19b. N	leiling Addre	ess (Stree				er, City or Town	n. Stete. Zip	Code)
nd 2 alth e 27 is		Dorothy E. Smit	h/ Wi	fe								m,Mary		
f Heil		20e. Method of Disposition			20b.	Place of D	isposition (A	Jeme of			Dete	20c. Location		
permit. Pages 1 and 2 should be filed within 72 hours Department of Health end Mentel Hygiene. Important: if item 27 is marked other than "natural", any Injury or other traumatic event, the Wed cel Exa once.		1X Burial 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (Sp		al from	State	_	awn M			.Tu llsv	5 1997	Hage	cetown	,Maryland
Demit. Departm Importa any inju		21. Signature of Funeral Service L				101			ess of Fecili		3,133,	nagei	.S COWII	, mary rank
Depa Impo any ir		N/ ).	100	S			Dougla	as A.	. Fier	y Fu	neral F	lome .		3 04 7 40
		23a. Part1. Enter the disease, or shock, or head failure. List of	complicatio	ns there	aused the dea	th. Do not	enter the m	oda of dy	ing, such es	cardiac	N. Hage or respiretory e	erstown <sub>i</sub> errest.	Maryl	and 21742 Approximete
Physician		shock, or heaft failure. List of	nly one ca	use on e	ech line.							·		Intervel Between Onset end Death
/Medical	ш	Immediate Ceuse (Finel disease or condition		1	, Our	24.11	24.4	7	7/2	-1.			ĺν	Nonth
Examiner		resulting in death)	0	T	Due to (	or as a cor	sequencelo	0: /	1910	3/7	-			Total Ing
D #	ner			0.0										
acute and trens	Examiner	Sequentially list conditions,	Б		Due to (	or es e con	sequence o	f):					1	
olan g	E E	if eny, leading to immedlete ceuse. Enter Underlying Ceuse (Disease or injury											1	
ohysic the b	dica	thet initieted events resulting in death) Last	0		Due to (d	or as a con	sequance o	f):					!	
as thet the death carlificete be executed igned by the attending physician and be detached for use as the buriet-trensit	Medical		d.										1	
attendation for us	Physician													
he de	ysic	Part II. Other eignificant condition	e contribu	ing to d	eath buf nof res	sulting in th	a undarlying	g cause g	iven in Pert	l.	23b. Did	tobacco use c	ontribute to	the cause of death?
ed by	Ph	Schemi		10	ant		D14	00	20		10	Yes 20Ho	3 Prob	bably 4 Unknown
ulras Isign Id be	d by			,							24e Wes	en eutopsy	24b. We	ere eutopsy findings
v require been si should	Completed											rmed?	con	ailable prior to appletion of ceuse
has ge 2	Ę													deeth?
ficate or, pa		25. Was case referred to medical									10		1	Yes 2□ No
ysician: The law is certificate has b director, page 2 s	To Be	exeminer?	Hospi	al: , re-	Inpatiant 2□	CD/0	*i	0	ther.		h (Check only o			
Phy or this		27. Manner of Death	28	a. Dete	of Injury	28b. Tim	e of	28c. Inju	ury et	arsing Ho	7 7 7 7	dence 6 □Ot how injury occu		9
oding th.: Afte	tion	1 Naturet 5 Pending 2 Accident investig		(Mon	th, Dey Year)	Inju	M	W	onk? ]Yes 2∐	No				
Attar dea actor by th	FICE	3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicide determine	ot be 28	e. Plece	of Injury - At h	ome, farm	street, fact	ory, office					ber or Rura	l Route Number,
s afte	Certification:	4   Homicide		Dulidi	ng, etc. (Speci	ry)					City or To	wn, State)		
To the Hospital or Attending Physician: The law requires thet the death certificate be executed within 24 hours after death.  To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the buriel-trensit		29a. Certifier 1 Certifying	Physician	: To the	best of my kno	wledge, d	eth occurre	d et the t	ime, date er	d place,	and due to the	ceuse(s) end n	enner es st	eted.
tha H in 24 the Fi	edical	one)	Karraner, C	nd man	ner steted.	tion end/o	rinvastigetii	on, in my	opinion, dee	tn occurr	ed et the time,	date and place	, end due to	the ceuse(s)
N S TO	Σ	29b. Signature end title of certifier					2	9c. Licen	se number	^		29d. Dete sign	ed (Month, L	Dey, Yeer)
		P Sno	-	9				08	-14	7		1/2	197	
		30 Name end eddress of person v	ho comple	ted caus	-	n 23e) (Ty	pe, Print)		/ .	,	1-1- 1	Ilacon	Is To	om.mg
		M DAGELY	THE	el)	49-	- 12			KH	(	MUE, 4	Myclek	7101	
Sta Registr		31. Date filed (Month, Day, Year)	1997	32. A	egistrar's Signa	atura	mud. a	0_						
riegisti	-	JUL 7	1721		10000	- I APPLA	Al-ing							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 0 6 7

						Certific	ate of	Death	R	eg. No.		
	,		1. Decedent's Neme (First, Middle, Las	1)					2. Dete of Dea	th	V	3. Time of Deeth
ı	Physici /Medi		Barbara A	nn SLAUSO	N				Month	Dey /	Yeer 97	Stron
	Examir		4e. Fecility Neme (If not institution, give			7.		4b. City, Town, or	Location of Death	4c. County	of Death	0
			518 S. Cannor	Avenue				Hagerst	าพท	Wash	ingtor	1
+	Funeral	25	5. Social Security Number 6. Se	x 7. Age	(In yrs. last t	on or rowy/	der 1 Yeer	if Under 24 Hrs	8. Dete of Birth			ce (Stete or Foreign
	Director		217-28-5656 Usuel Residence of Decedent	JM 20XF	64	Yrs. Mont	ths Deys	Hours Min.	Sept 1	3 1932	Mary!	Land
	Aaryland I show	ō	10e. Stete 10b. County			wn or Location					100	1. inside City Limits
	the A	Director	Maryland Washingt	ion	на	gerstow	777 7 7 7 7 7			0-00	***	
	F 9 8					101.	Zip Code		1	0g. Citizen of \		y/
	e 23	era	518 S. Cannon Av			140 111 0	2174			U.S.		
21215-0020	be filed within 72 hours after death with the Maryland na Hygiene.  did other than "natural", or flems 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral	11. Maritel Stetus  1 □ Never Merried 2 ☑ Merried  3 □ Widowed 4 □ Divorced	12. Wes Decedent E Armed Forces? 1 ☐ Yes 2 📉 N If Yes, Give Year or Detes:			specify Cub	dispanto Ortgin? (Sen, Mexican, Puerl Specify:	pecify Yes or No- o Rican, etc.)		e - American ck, White, et :: Wh:	
2-0	72 hc	ted	15. Decedent's Edu	ication	18	a. Decedent's l	Jsuel Occup	pation	deta -	16b. Kind of B	usiness/Indu	stry
21	within 7 ene. than "r	Completed	(Specify only highest grad Elementery/Secondary (0-12)	College (1-4or 5-	L)	life. DO NO	Work done Tuse retire	during most of word)	rking			
7	d with giene.	TO.	12	2	′	Nur	se			Hosp	ital	
pu	e filed al Hygie other vant, II		17. Fether's Neme (First, Middle, Last)					18. Mother's Ner	ne (First, Middle, I	Maiden Sumen	10)	
Jai	should be nd Mental marked o	To Be	Grason Doarnberge	er				Mary	Virginia	Cline		
Maryland	SPEE		19e. Informent's Neme/Reletionship (T)	vpe, Print)	19	b. Meiling Add	ress (Street	end Number or Pu	irel Route Number	r, City or Town,	State, Zip C	Code)
Σ	s 1 and 2 should if Heeith and Mer tism 27 is merka other traumatic		Philip G. Slauson	1		518 S.	Canno	n Avenue	Hagers	town. M	arvla:	nd 21740
re	S 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1		20e. Method of Disposition		20b. Piece	of Disposition ( ery, cremetory	Name of			20c. Location -		
Baltimore,	permit. Pages 1 and 2 Department of Heelith a Important: if Itsm 27 is any Injury or other trai		1 ☐ Burial 2 🕅 Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)						7/2/97	Uacarat	orm l	Maruland
=======================================	ortal		21. Signeture of Funeral Service Licans		падет	stown (		as of Facility				Maryland
Ö	Depa Impo any I		XXXXX	m.				M	innich F	stown,		1740
			23a Part Frier the disease or comp	Icetions that caused	the death D			son Blvd				Approximete
Ž	Physician /Medicai Examiner		23a. Pert1. Enter the diseese, or complished, or heart fellure. List only of immediate Cause (Finel diseese or condition resulting in deeth)	e. M	Mad	edea	Qin	ife fin			1	mervel Between Onset and Deeth
x 68760,	The law requires that the death certificate be executed ate has been signed by the attending physician and page 2 should be detached for use as the bunal-transit	/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	s. GH	Que to (or es	a consequence e consequence e consequence	of):	dise	5-1			Dan
Box	ath c	lan										
o.	the s	Physician/	Pert II. Other significant conditions con	ntributing to death bu	t not resulting	In the underlying	ng cause giv	ven In Pert i.	23b. Did to	bacco use co	ntribute to t	he cause of death?
s, P.O.	es that the death cei igned by the attendir be detached for use	by Ph							1□ Y	es 2 No	3 Proba	bly 4 Unknown
Records,	aw require as been sig 2 should t	Completed							24a. Wes e		aveil	e autopsy findings eble prior to pletion of cause eth?
	The page	5							1 🗆 Ye	es 🎾 No	10	Yes 2□ No
ta	an: rtifica	Be	25. Wes case referred to medical					28. Piece of Dec	ath (Check only on	ne)		
2	Attending Physician: or death. ector: After this certific. by the funeral director,	2	examiner?	lospitel:	t 2 ER/C	Outpatient 3	DOA Oth	205:	lome 5 Reside		er (Specify)	
0	g Ph e a th		27. Menner of Deeth	28e. Dete of Injury (Month, Dey	Veerl 28b	Time of Injury	28c. inju		28d. Describe ho			
Ö	ttendin death. stor: Aff y the fur	atio	1 Neturel 5 Pending Investigation	(Worth, Day	, 641)	М		Yes 2 □ No				
Division of Vital	X = = -	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Plece of Inju- building, etc.	ry - At home, (Specify)	ferm, street, fed	etory, offica		28f. Location (Si City or Town		er or Rurel I	Poute Number,
	To the Hospital of within 24 hours at To the Funeral Completely filled in	edical	29a. Certifier (Check only one) 1 Certifying Physical Exami	ner: On the basis of end menner stet	examinetion e	ge, death occurr and/or investige	red et the tir tion, in my o	me, dete end plece plinion, deeth occu	, end due to the cred et the time, d	euse(s) end me ete end plece,	enner es stel	ed. he ceuse(s)
	o the o the omple	M	29b. Signeture end title of certifier	one mount stat			29c. Licens	se number	2	9d. Date signe	d (Month. De	ev. Year)
	F≩Fŏ		VIII	20 00	(					00	10	7
			-/54.	Weeks (1)	_			111200		79-7	1 7	/
			30. Name end eddress of person who co	empleted cause of de		(Type, Print)	cr Th	11206 101-1 A	Hos	preto	uy i	Pup
Г	Sta Registr	_	31. Dete filed (Month, Dey, Yeer)	32. Registre		20.00	• 7		117			1

, 6:8 N ----E. Indian XU SALERE LA SEL

Mark James - Pers II.

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Jegible 2 2 0 6 8

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month Dev Yaar Thelma Virginia SNYDER 5:07 p.m. June 29, 1997 /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Williamsport Williamsport Nursing Home Washington Hours Min. 8. Data of Birth (Month, Dey, Year) Aug. 20, 1 If Undar 1 Yaar 5. Social Security Number 7. Aga (In yrs. last birthdey) Birthplece (Steta or Foraign
Country) **Funeral** Months Deys 1□ M 2\ F 215-14-2782 82 Yrs Director Maryland Usual Residence of Decedant permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Heelth end Mental Hygiene. Important: If flem 27 is marked other than "natural", or itams 23s or 28s-f show any injury or other traumatic avent, the Medical Expriner must be notified at once. 10a. Stata 10b. County 10c. City, Town or Location 10d. inslda City Limits Maryland Washington Director Hagerstown 1 ☐ Yes 2 ☐ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 17830 Virginia Avenue 21740 USA Funeral 14. Rece - American Indien, Bleck, White, etc. Wes Decedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ Never Merried 2 ☑ Married 1 ☐ Yas 2 ☒ No If Yes, Give Year or Detas: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: white 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedant's Usual Occupetion (Give kind of work done duning most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) legal secretary 1aw 17. Fathar's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Franklin J. Russell Susan R. unknown ၉ 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) Lee G. Snyder - husband 17830 Virginia Ave., Hagerstown, Md. 21740 20b. Pieca of Disposition (Neme of cemetary, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 ☑ Buriat 2 ☐ Cremetion 3 ☐ Ramovei from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Salem Reformed Cemetery 7-3-97 Hagerstown, Maryland 22. Nama and Address of Fecility MINNICH FUNERAL HOME 21. Signeture of Euneral Service Licenses 415 E. Wilson Blvd., Hagerstown, Md. 21740 unnic 23a. Part1. Enter the disease, or complications that causad the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one ceuse on each line. **Physician** /Medicai immediate Cause (Finet diseeae or condition resulting in daeth) URO SEPSIS 4 DAYS Examiner Due to (or ea a consequence of): Physician/Medical Examiner or Attanding Physicien: The law requires that the death certificate be executed ettending physician and for use es the buriel-transit Sequentially list conditions, if any, leading to immadiate cause. Enter Undarfying Cause (Disease or trijury that initieted events rasulting in death) Lest Due to (or as a consequence of): Division of VItal Records, P.O. Box 68760, Due to (or as a consequence of): signed by the ed be detached for Part tt. Other significant conditions contributing to death but not resulting in the underlying causa givan in Part I. 23b. Did lobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown ADVANCED ALZHEMER'S Completed by 24b. Were eutopsy findinga available prior to completion of cause of death? 24e. Was en eutopsy performed? peeu pege 2 has 1 Yas 2 No 1 ☐ Yas 2 ☐ No certificate funeral director, 25. Was case refarred to medical examiner? Be 26. Placa of Death (Check only one) Other: 

Nursing Home 5 □ Rasidence 6 □ Other (Specify) Certification: To 1 Yas 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of injury 28c. tnjury at Work? After t 28d. Describe how injury occurred 5 Pending invastigation 1 Neturel 2 ☐ Accident e Hospital or Attandir n 24 hours after death. death. 1 Yes 2 No 3 Sulcida 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 ☐ Homlcide 1 Certifying Physician: To the best of my knowledge, daeth occurred at the time, dete end piece, end dua to the causa(s) and menner ea steted.

2 Medical Examiner: On the best of axamination end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) end manner steted. 29a. Certifier Medical (Check only one) within 2 29b. Signature and title of certifier 29c. Licansa number 29d. Date signed (Month, Dey, Year) D53700 30. Neme end eddress of person who completed cause of deeth (Itam 23a) (Type, Print) OVERLOOK DR. BOONSBORD, MD IED E. HOWE 7542 31. Dete filad (Month, Dey, Yeer)
JUL 01 1997 32. Registrar's Signeture State ulia Davidson Registrar

"ref" in gw" in 89 Lightly was a second to the se

4e. Fecility Nema (If not institution, give street end number)  WASHINGTON COUNTY HOSPITAL  5. Social Security Numbar  108-28-7492  1	ion of Death OWN Dete of Birth (Month, Day, Ye CT 28,  10g.	Day 79 25 / 97 4c. County of WAS 4c. County of WAS 1934 1934 1934 1934 1934 1934 1934 1934	SHINGTON  B. Birthplace (Stata or Foreign Country)  NEW YORK  10d. Insida City Limits  1 Yas 2 No  Nat Country?  U.S.A.  American Indien, Whita, atc.  WHITE Inass/Industry  PITAL  Tata, Zip Coda)  TOWN, MD 21740  Ity or Town, Stata  RO, MARYLAND  Dal Pike
46. Fecility Nema (If not institution, give street end number)  WASHINGTON COUNTY HOSPITAL  5. Social Security Number  1. 0. 5. 2 7. Age (In yrs. last birthday)  1. 0. 10 8 28 - 7492  1. 0. 10 M 22 F  6. 2 Yrs.  Months Days Hours Min. County  MARYLAND WASHINGTON  10. City, Town or Location  MARYLAND WASHINGTON  10. Street end Number  11. WEST BALTIMORE STREET, APT. 716  11. Merital Status  12. Was Decedant Ever in U.S. Armed Forests Not Yas or Orbitals  13. West Decedant's Education  (Specify Orbital Min. County Hysics Grant Completed)  14. Social Status  15. Decedant's Education  (Specify Orbital Min. County Hysics Grant Completed)  Elemantary/Secondary (1-12)  9  10. Legal Art Feel Status  11. Fathar's Nama (First, Middla, Last)  EMILIO FALCONE  12. Mast Decedant's Education (County Hysics)  13. West Decedant's Education (County Hysics)  14. Decedant's Education (County Hysics)  15. Decedant's Education  16. Decedant's Education (County Hysics)  17. Fathar's Nama (First, Middla, Last)  EMILIO FALCONE  19a. Informant's Name/Relationship (Type, Print)  GERALD C. SMITH/SPOUSE  20a. Mathod of Disposition  1 & Burial 2 (Cramation 3 (Ramoval from Stata 4 (Donation 5 (Orbital Specify))  20b. Place of Disposition (Nama of cametary, cramatory or other place)  20c. Mathod of Disposition  1 & BALTIMORE ST., APT  20a. Parit. Enter the disease, or complicationship for Stata 4 (Donation 5 (Orbital Specify))  20a. Parit. Enter the disease, or complicationship for Stata 4 (Donation 5 (Orbital Specify))  20a. Parit. Enter the disease, or complicationship for Stata 4 (Donation 5 (Orbital Specify))  20b. Place of Disposition (Nama of cametary, cramatory) or other place)  20c. Place of Disposition (Nama of cametary, cramatory) or other place)  20c. Place of Disposition (Nama of Cametary, cramatory)  20c.	ion of Death OWN Date of Birth (Month, Day, Ye CT. 28,  10g.   4c. County of WAS  (ear) 1934  1. Citizen of Who  14. Race-Black, Specify: b. Kind of Bush  HOSE iden Sumama)  City or Town, Sti HAGERST c. Location - Ci CONSBOR  Nation o, Mary	Death SHINGTON Birthplace (Stata or Foreign Country) NEW YORK  10d. Insida City Limits 1 × Yas 2 No  Nat Country? U.S.A. American Indien, Whita, atc.  WHITE Inass/Industry  PITAL  tata, Zip Code) FOWN, MD 21740 Ity or Town, Stata RO, MARYLAND Ital Pike Italy and 21713  Approximate Indiany Indiany Between	
WASHINGTON COUNTY HOSPITAL  5. Sociel Security Number  10. 28 7 Age (In yrs. last birthday)  10. 29 Age (In yrs. last birthday)  10. 20 Age (In yrs. last birthday)  10. 20 Age (In yrs. last birthday)  10. 20 Age (In yrs. last birthday)  10. 29 Age (In yrs. last birthday)  10. 20 Age (In yrs. last birthday)  10.	OWN Dete of Birth Month, Day, Ye CT. 28,  10g.  Yes or No- en, etc.)  16t  OLE  OLE  Outa Number, Co.  0/97 BC  606 Old  oonsbore	WAS  (ear) 1934  14. Race- Black, Specify:  b. Kind of Bush HOSE iden Surnama)  City or Town, Sta HAGERST c. Location - Cl OONSBOR Nation o, Mary	SHINGTON  B. Birthplace (Stata or Foreign Country)  NEW YORK  10d. Insida City Limits  1  Yas 2  No  nat Country?  U.S.A.  American Indien, Whita, atc.  WHITE Inass/industry  PITAL  tata, Zip Coda)  FOWN, MD 21740  ity or Town, Stata  RO, MARYLAND  nal Pike rland 21713  Approximate Intarval Between
Sociel Security Number  108-28-7492  1	Date of Birth (Month, Day, Ye CT 28, 10g. 10g. 10g. 10g. 10g. 10g. 10g. 10g.	ear) 1934  1934  14. Race - Black, Specify: b. Kind of Bush HOSE iden Sumama)  City or Town, Sti HAGERST c. Location - Ci CONSBOR Nation o, Mary	9. Birthplace (State or Foreign Country) NEW YORK  10d. Inside City Limits 1
Sequentially list conditions assulting in death   Days   Hours   Min.   Color	y Yes or No- en, etc.)  10g.  y Yes or No- en, etc.)  16t  OLE  outa Number, Co.  716, 1  Oata 20c  0/97 BC  606 Old  oonsbore	. Citizen of Who  14. Race - Black, Specify: b. Kind of Bush  HOSF iden Sumama)  City or Town, Sta  HAGERST c. Location - Cit  CONSBOR  Nation o, Mary	Couintry) NEW YORK  10d. Insida City Limits 1  Yas 2  No  Nat Country? U.S.A. American Indien, Whita, atc.  WHITE Inass/Industry  PITAL  Interval Between  Approximate Interval Between
Jose   Residence of Decedent   10s. State   10b. County   10c. City, Town or Location   10s. State   10b. County   10c. City, Town or Location   10s. State   10b. County   10c. City, Town or Location   10s. State   10b. County   10c. City, Town or Location   10s. State   10b. County   10s. State   10s. County   10s. County   10s. State   10s. County   10s. State   10s. County   10s.	y Yes or No- en, etc.)  16t  OLE  outa Number, Co. 716, 1  Data 20c  0/97 BC  606 Old  oonsbore	14. Race-Black, Specify: b. Kind of Bush HOSF iden Surnama) Sity or Town, Sh HAGERST c. Location - Cl OONSBOR Nation o, Mary	10d. Insida City Limits 1
MARYLAND WASHINGTON  Oe. Street end Numbar  11 WEST BALTIMORE STREET, APT. 716  21740  11. Marital Status  11. Merital Status  11. Merital Status  11. Ves 2 Marined Proces?  15. Decedant's Education (Specify only highest grade completed)  15. Decedant's Education (Specify only highest grade completed)  16. Decedant's Education (Give kind of work done during most of working fles. Do Not Tus a relief of Work done during most of working fles. Do Not Tus a relief of Work done during most of working fles. Do Not Tus a relief of Work done during most of working fles. Do Not Tus a relief of Work done during most of working fles. Do Not Tus a relief of Work done during most of working fles. Do Not Tus a relief of Work done during most of working fles. Do Not Tus a relief of Work done during most of working fles. Do Not Tus a relief of Work done during most of working fles. Do Not Tus a relief of Work done during most of working fles. Do Not Tus a relief of Work done during most of working fles. Do Not Tus a relief of Work done during most of working fles. Do Not Tus a relief of Work done during most of working fles. Do Not Tus a relief of Work done during most of working fles. Do Not Security and Not Tus a relief of Work done during most of working fles. Do Not Tus a relief of Work done during most of working fles. Do Not Tus a relief of Work done during most of working fles. Do Not Tus a relief of Work done during most of working fles. Do Not Tus a relief of Work done during most of working fles. Do Not Tus a relief of Work done during most of working fles. Do Not Tus a relief of Work done during most of working fles. Do Not Security and Not Tus and Not	y Yes or No- en, etc.)  16t  irst, Middla, Mair  OLE  outa Number, Co.  716, 1  Data 200  0/97 BC  606 Old  oonsbore	14. Race-Black, Specify: b. Kind of Bush HOSF iden Sumama) Sity or Town, Sti HAGERST c. Location - Ci CONSBOR Nation o, Mary	at Country?  U.S.A.  American Indien, Whita, atc.  WHITE Inass/Industry  PITAL  Itata, Zip Coda)  FOWN, MD 21740  ity or Town, Stata  RO, MARYLAND  hal Pike yland 21713  Approximate Intarval Between
10. Zip Code   10.	y Yes or No- en, etc.)  16t  irst, Middla, Mair  OLE  outa Number, Co.  716, 1  Data 200  0/97 BC  606 Old  oonsbore	14. Race-Black, Specify: b. Kind of Bush HOSF iden Sumama) Sity or Town, Sti HAGERST c. Location - Ci CONSBOR Nation o, Mary	U.S.A. American Indien, Whita, atc.  WHITE Inass/Industry  PITAL  Itata, Zip Coda)  FOWN, MD 21740 Ity or Town, Stata  RO, MARYLAND Ity or Maryland Ity or Jand 21713  Approximate Intarval Between
11. WEST BALTIMORE STREET, APT. 716  11. Marital Status  11. Marital Status  11. Marital Status  11. Was Decedent Ever in U.S. Armed Forces?  11. Yes 2 ZNo  11. Yes 2 ZNo  12. Was Decedent Ever in U.S. Armed Forces?  11. Yes 2 ZNo  12. Was Decedent Ever in U.S. Armed Forces?  13. Was Decedent of Hispanic Origin? (Specify Cuban, Maxicen, Puarto Ric In Yes, specify Cub	y Yes or No- en, etc.)  16t  irst, Middla, Mair  OLE  outa Number, Co.  716, 1  Data 200  0/97 BC  606 Old  oonsbore	14. Race-Black, Specify: b. Kind of Bush HOSF iden Sumama) Sity or Town, Sti HAGERST c. Location - Ci CONSBOR Nation o, Mary	U.S.A.  American Indien, Whita, atc.  WHITE Inass/Industry  PITAL  Itata, Zip Coda)  FOWN, MD 21740 Ity or Town, Stata  RO, MARYLAND Ity or Town, Stata  RO, MARYLAND Ity or Town 21713  Approximate Intarval Between
12. Was Dacedent Ever In U.S. Armed Forces?   12. Was Dacedent Ever In U.S. Armed Forces?   12. Was Dacedent Set In U.S. Armed Forces?   13. Was Decedent of Hispanic Origin? (Specify Septify: Specify: Very Septify: Septify: Specify: Very Septify: Very Sept	irst, Middla, Mair OLE Outa Number, Co. O16, 1 Oata 200 0/97 BC	Black, Specify:  b. Kind of Bush  HOSF iden Surmama)  Sity or Town, Sta HAGERST c. Location - Cl  OONSBOR  Nation o, Mary	American Indien, Whita, atc.  WHITE Inass/Industry  PITAL  Itata, Zip Coda)  FOWN, MD 21740  Ity or Town, Stata  RO, MARYLAND Ity on Town 21740  Approximate Interval Between
Armed Forces?    Armed Forces?   If Yes, specify Cuban, Maxicen, Puarto Rick   Armed Forces?   If Yes   Specify Cuban, Maxicen, Puarto Rick   Armed Forces?   If Yes   Specify Cuban, Maxicen, Puarto Rick   Armed Forces?   If Yes   Specify Cuban, Maxicen, Puarto Rick   Armed Forces?   If Yes   Specify Cuban, Maxicen, Puarto Rick   Armed Forces?   If Yes   Specify Cuban, Maxicen, Puarto Rick   Armed Forces?   If Yes   Specify Cuban, Maxicen, Puarto Rick   Armed Forces?   If Yes   Specify Cuban, Maxicen, Puarto Rick   Armed Forces?   If Yes   Specify Cuban, Maxicen, Puarto Rick   Armed Forces?   If Yes   Specify Cuban, Maxicen, Puarto Rick   Armed Forces?   If Yes   Specify Cuban, Maxicen, Puarto Rick   Armed Forces?   If Yes   Specify Cuban, Maxicen, Puarto Rick   Armed Forces?   If Yes   Specify Cuban, Maxicen, Puarto Rick   Armed Forces?   If Yes   Specify Cuban, Maxicen, Puarto Rick   Armed Forces?   If Yes   Specify Cuban, Maxicen, Puarto Rick   Armed Forces?   If Yes   Specify Cuban, Maxicen, Puarto Rick   Armed Forces?   If Yes   Specify Cuban, Maxicen, Puarto Rick   If Yes   Specify Cuban, Maxicen, Puarto Rick   If Yes   Specify Cuban, Maxicen, Puarto Puar	irst, Middla, Mair OLE Outa Number, Co. O16, 1 Oata 200 0/97 BC	Black, Specify:  b. Kind of Busin  HOSF iden Surmama)  Sity or Town, Sta HAGERST c. Location - Cl  OONSBOR  Nation o, Mary	Whita, atc.  WHITE  Inass/Industry  PITAL  Itata, Zip Coda)  FOWN, MD 21740  Ity or Town, Stata  RO, MARYLAND  Ital Pike  Pland 21713  Approximate Intarval Between
1   Yes 2   No Specify:   1   Yes 2   No S	OLE Touta Number, Co Data 200 0/97 BC 606 Old consbord	h. Kind of Busing HOSF iden Surmama)  Dity or Town, State HAGERST C. Location - CloonsBOR Nation o, Mary	rate, Zip Coda)  FOWN, MD 21740  Ity or Town, Stata  RO, MARYLAND  hal Pike  rland 21713  Approximate Interval Between
15. Decedant's Education (Specify only highest grade completed)  Elamantary/Secondary (0-12) 9 Collega (1-4or 5+) HOUSEKEEPING DEPARTMENT  7. Fathar's Nama (First, Middla, Last) EMILIO FALCONE 19a. Informant's Name/Ratationship (Type, Print) 19a. Informant's Name/Ratationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Pural File) 19a. Washed of Disposition 1	OLE Touta Number, Co Data 200 0/97 BC 606 Old consbord	HOSE iden Sumama) Sity or Town, Sti HAGERST c. Location - Ci CONSBOR Nation o, Mary	rate, Zip Coda)  FOWN, MD 21740  Ity or Town, Stata  RO, MARYLAND  hal Pike  rland 21713  Approximate Interval Between
Collega (1-4or 5+)   Collega	OLE Touta Number, Co Data 200 0/97 BC 606 Old consbord	HOSE iden Sumama) Sity or Town, Sti HAGERST c. Location - Ci CONSBOR Nation o, Mary	PITAL  tata, Zip Coda)  FOWN, MD 21740  ity or Town, Stata  RO, MARYLAND  nal Pike  rland 21713  Approximate Interval Between
9 HOUSEKEEPING DEPARTMENT  7. Fathar's Nama (First, Middla, Last)  EMILIO FALCONE  19a. informant's Name/Ratationship (Type, Print)  GERALD C. SMITH/SPOUSE  19b. Mailing Addrass (Streat and Number or Rural Father)  10c. Method of Disposition  1	OLE OLE OLA Number, Co. OLA 716, I Data 200 0/97 BC 606 Old consbore	iden Sumama)  City or Town, St HAGERSI c. Location - Ct CONSBOR Nation O, Mary	rata, Zip Coda)  FOWN, MD 21740  ity or Town, Stata  RO, MARYLAND  nal Pike  rland 21713  Approximate Intarval Between
EMILIO FALCONE  19a. informant's Name/Ratationship (Type, Print)  GERALD C. SMITH/SPOUSE  11 W. BALTIMORE ST., APT  20a. Mathod of Disposition  1 Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Other (Specify)  21. Signature of hunaral Service Decises  22. Nama and Addrass of Fecility  23a. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or not shock, or heart failure. List only one cause on each line.  23a. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or not shock, or heart failure. List only one cause on each line.  25a. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or not shock, or heart failure. List only one cause on each line.  25a. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or not shock, or heart failure. List only one cause on each line.  25a. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or not shock, or heart failure. List only one cause on each line.  25a. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or not shock, or heart failure.  25a. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or not shock, or heart failure.  25a. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or not shock, or heart failure.  25a. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or not shock, or heart failure.  25b. Disease or injury that initiated avants are consequence of):  25c. Disease or injury that initiated avants are cardiac or not shock and the disease.  25c. Disease or injury that initiated avants are car	OLE louta Number, Co. 716, 1 Data 200 0/97 BC 606 Old consbore	HAGERSI c. Location - Cl OONSBOR Nation , Mary	TOWN, MD 21740 ity or Town, Stata  RO, MARYLAND hal Pike rland 21713  Approximate Interval Between
19a. informant's Name/Retationship (Type, Print)  GERALD C. SMITH/SPOUSE  10a. Mathod of Disposition  1	0/97 BC 606 Old consbord	HAGERST c. Location - Cit CONSBOR Nation O, Mary	rOWN, MD 21740 ity or Town, Stata  RO, MARYLAND hal Pike rland 21713  Approximate Interval Between
GERALD C. SMITH/SPOUSE  11 W. BALTIMORE ST., APT  20a. Mathod of Disposition 1 M Burial 2 Cramation 3 Ramoval from State 4 Donation 5 Other (Specify)  21. Signature of Junear Service Consection 22. Name and Address of Fecility 23. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiec or reshock, or heart failure. List only one cause on each line.  Sequentially list conditions, and, leading to immediate acuse (Final disease or reshort).  Sequentially list conditions, and, leading to immediate acuse. Enter Underlying acuse (Disease or Injury hat initiated avants assulting in death) Last  Part It. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.	716, 1 Data 200 0/97 BC 606 Old consbord	HAGERST c. Location - Cit CONSBOR Nation O, Mary	rOWN, MD 21740 ity or Town, Stata  RO, MARYLAND hal Pike rland 21713  Approximate Interval Between
20b. Place of Disposition  1  Burial 2  Cramation 3  Ramoval from State 4  Donation 5  Other (Specify)  21. Signature of Juneral Service Paul M. Dean BAST FUNERAL HOME BAST Funeral Base or complications that caused the death. Do not anter the mode of dying, such as cardiec or reshock, or heart failure. List only one cause on each line.  Sequentially list conditions and leading to immediate acuse. Enter Underlying Cause (Disposition (Nama of camatary, cramatory or other place)  BOONSBORO CEMETERY 6/3  22. Nama and Addrass of Fecility BAST FUNERAL HOME BAST FUNERAL	0/97 B0 606 Old consboro	c. Location - Ch CONSBOR Nation o, Mary	RO, MARYLAND nal Pike vland 21713 Approximate Interval Between
A Burial 2 Cramation 3 Ramoval from Stata A Donation 5 Other (Specify)  BOONSBORO CEMETERY  22. Nama and Addrass of Fecility  Paul M Dean  BAST FUNERAL HOME BAST FUNERAL HOME  Paul M Dean  BAST FUNERAL HOME  BAST FUNERAL H	0/97 BC 606 Old consborc	OONSBOR Nation o, Mary	RO, MARYLAND nal Pike vland 21713 Approximate Interval Between
22. Nama and Addrass of Fecility Paul M. Dean  23a. Part 1. Enter the disaase, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reshock, or heart failure. List only one cause on each line.  Sequentially list condition resulting in death)  Sequentially list conditions, and, leading to immediate abuse. Enter Underlying Cause (Disaase or Injury hat initiated avants assulting in death) Last  Part It. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.	606 Old	Nation o, Mary	nal Pike vland 21713 Approximete Interval Between
mmediata Causa (Final disaasa or condition asulting in daath)  Sequentially list conditions, any, leading to immediate asuasa. Enter Underlying asuasa (Disaasa or Injury hat initiated avants asulting in death) Last  Due to (or as a consequence of):  Due to (or as e consequence of):  Due to (or as e consequence of):  d.  Cart It. Other algnificant conditions contributing to death but not resulting in the underlying ceusa given in Part I.	aspiretory errast,		Intarval Between
Sequentially list conditions, fany, leading to immediate seusa. Enter Undaritying Causa (Disease or Injury hat initiated avants asulting in death) Last  Due to (or as a consequence of):  Due to (or as e consequence of):  d.  Part It. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.			i
c. Due to (or as e consequence of):  d. Due to (or as e consequence of):			
Causa (Diseasa or Injury that initiated avants resulting in death) Last  Due to (or as e consequence of):  d.  Part It. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.			
d			
			1
	23b. Did tober		ribute to the cause of deeth?  B Probably 4 Unknown
end stage renal failure	24a. Was an a performac		24b. Wara autopsy findings available prior to complation of cause of death?
Diabetes Mellitus	1 🗆 Yas	2 🗷 No	1 ☐ Yas 2 ☐ No
5. Was cesa rafarred to medical axaminar? 26. Placa of Death (0	Check only ona)		
1 ☐ Yas 2 🛣 No Hospital: 1 🛣 npatiant 2 ☐ ER/Outpatiant 3 ☐ DOA Othar: 4 ☐ Nursing Homa	5 Rasidano	e 6 DOthar	(Specify)
7. Mannar of Death  1. Mannar of Death  28a. Data of Injury  (Month, Day Year)  28b. Tima of Injury  Work?  1. Yas 2. No	l. Dascribe how l	Injury occurrad	d
2 Cuiside 6 Could not be	Location (Straa City or Town, S		or Rural Routa Number,
Pa. Cartifiar (Check only one)  1 ☐ Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and manner stated.	dua to tha ceus at tha tima, data	sa(s) and mann and place, and	nar as stated. d dua to tha causa(s)
9b. Signatura and title of certifiar 29c. License number	29d.	. Data signed (i	(Month, Day, Year)
natural parson who completed causa of death (Itam 23a) (Type, Print)  Juan a Carbonel 1293; Oaklil Aven		June .	25 1997

State Registrar

**Physician** 

/Medical

**Examiner** 

Director

by Funeral

To Be Completed

**Funeral** 

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Haalth and Mental Hyglena. Important: If Item 27 is marked other than "natural", or Items 23a or 28a-1 show any injury or other traumatic event, or a Medical Examiner invest be not indicated.

Physician /Medical

Examiner

To the Hospital or Attending Physician: The law requiras that the death certificata be executed within 24 hours after death.

To the Funeral Director: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the bunal-transit

Division of Vital Records, P.O. Box 68760,

Examiner

Medical Certification: To Be Completed by Physician/Medical

Baltimore, Maryland 21215-0020

31. Data filed (Month, Day, Year)

JUN 2 7 1997



Mark to the of fine the second of the seco

...

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

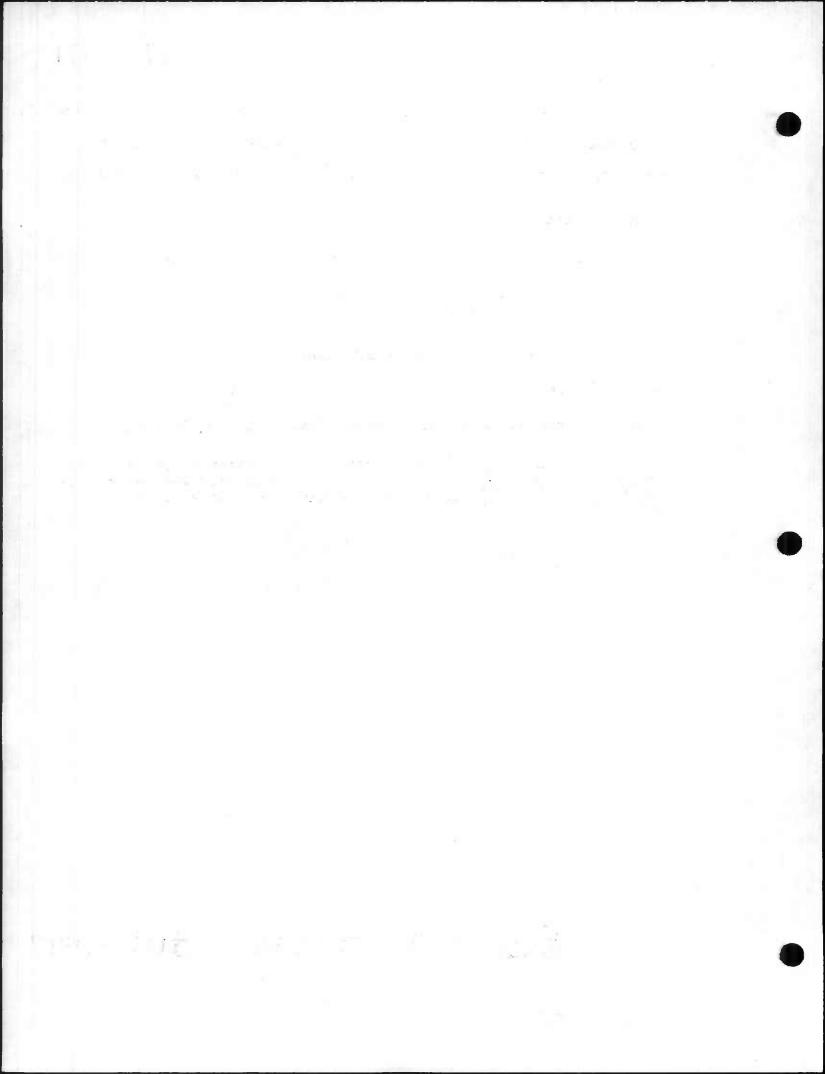
Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Death 3 Time of Deeth 25<sup>Dey</sup> **Physician** 1997 4:00 AM ROBERT JUNE WILLIAM SHUMAKER /Medical 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth **Examiner** 303 DELLA LANE **BOONSBORO** WASHINGTON If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In vrs. last birthday) Funeral 9. Birthplace (Stafe or Foreign 1 XM 2 ☐ F Months Yrs. Director 69 NOV. 24, 1927 220-26-5838 MARYLAND Usual Residence of Decedent death with the Meryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits worle r than "naturel", or items 23a or 28a-f ehov the Medical Examiner must be notified at 1 Yes 2□No Director MARYT AND WASHINGTON BOONSBORO 10e Street end Number 10f. Zip Code 10g. Citizen of What Country? 303 DELLA LANE 21713 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian 11. Marital Status Black, White, etc. filed within 72 hours efter 1 ☐ Yes 2 ☒ No 1 ☐ Never Married 2 Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: p 3 ☐ Widowed 4 ☐ Divorced Year or Dates: WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 9 INSURANCE SALESMAN LIFE INSURANCE COM. othar other treumstic evant, 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Pages 1 and 2 should be nent of Health end Mental int: If Item 27 is marked or FLORENCE LENA LONG JOHN WILLIAM SHUMAKER 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 303 DELLA LANE, BOONSBORO, MARYLAND JANET I. SHUMAKER/SPOUSE 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 0 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State permit. Page Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) 6/25/97 SMITHSBURG CREMATORY SMITHSBURG, MARYLAND 21. Signature of Funeral Septice Licensee 22 Name and Address of Facility 7606 Old National Pike aul M. Paul M. Dean BAST FUNERAL HOME 23a. Part 1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Boonsboro, Maryland 21713 Approximate interval Between Onset and Death **Physician** /Medical Immediate Cause (Final Brain Concer 6 months disease or condition resulting in death) Examiner Due to (or es e consequence of) Examiner physiclan and s the buriel-transit certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es a consequence of): P.O. Box 68760, Physician/Medical Due to (or as e consequence of): d for use es t ed by the a deteched f Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Drabelise mellities Records, þ should I 24a. Wes en eutopsy performed? 24b. Were autopsy findings eveilable prior to Completed completion of ceuse of deeth? page 2 s 1 Yes 24 No 1 ☐ Yes 2 ☐ No certificate Division of Vital Attending Physicien: director 25. Was cese referred to medical Be 26. Plece of Death (Check only one) examiner? Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this funeral 27. Manner of Death 28e. Date of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how Injury occurred 28b. Time of Certification: Affer 1 Naturel 5 Pending Investigation To the Hospital or Attending within 24 hours after death.
To the Funeral Director: Afte completely filled in by the fun 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1 Certifying Physicien: To the best of my knowledge, death occurred et the time, dete end place, end due to the ceuse(s) end manner es stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date end place, and due to the ceuse(s) and manner stated. Medicai 29b. Signeture and title of certifier 29d. Date signed (Month, Day, Year) 29c. License number June 25, 1997 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) ZAPAR MALIK 20311 Cappans 31. Dete filed (Month, Day, Year)
JUN 2 5 1997 32 Registrate Signature
Fulle Davidson-Randelle State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 2 2 0 7 1

						Cert	tificate of	Death			Reg. No.			
П	Dhynis	ion	1. Decedent's Name (First, Mide	lle, Last)						2. Dete of De	eeth Dey	Yeer	3. Time of E	Death
	Physic /Med		JAMES (	lyatt	SORRE	ELLS				July 2		1001	2:30	P.M
	Exami		4e. Fecility Neme (If not instituti	n, give street end numl				4b. City, To	wn, or Lo	cation of Deal		of Death		
			12035 Baugh	er Road					rmont		Free	deric	k	
п	<sub>c</sub> Funeral	_	5. Social Security Number	6. Sex 7	. Age (In yrs. lest bi		If Under 1 Yea Months Days		24 Hrs. Min.	8. Date of Bi	rth ey, Yeer)	9. Birthp	lece (Stete or lity)	Foreign
	Director		234-46-0500 Usual Residence of Decedent	767	67	Yrs.				July 2	6, 1929	Wes	t Virg	inia
	and land		10a. State 10b. Count	,	10c. City, Tow	vn or Loca	ation					1	0d. Inside City	Limits
	the Marylan 28a-f show	to	Maryland Free	lerick	Thwm	ont							1 ☐ Yes 2	2 🛭 No
	r 28a	Directo	10e. Street and Number				10f. Zip Code			1	10g. Citizen of V	Whet Cour	itry?	-
	h wit	o ie	12035 Baughe	r Road			217	88			United S	Stato	,	
	daat daat	Funerai	11. Marital Status	12. Was Deced	ent Ever in U,S.	13. W	as Decedent of Yes, specify Cu		igin? (Spe		o- 14. Rac	a - Americ	an Indien,	
5	or its	F	1 ☐ Never Married 2 ☑ Ma	ried 1 Yes 2	□ No		Yes 🗘 No			nicari, etc.)		ck, White,		
	ural',	d by	3 Widowed 4 Divorce	Year or Date	es: 1948-61		_ ,00 _}(				Specify	. WIL	ite	
2	be filed within 72 hours efter daath with the Maryland ital Hygiane. d other than "natural", or items 23s or 28s-f show event, its Modical Examiner must be notified at	Completed	15. Decede (Specify only high	nt's Education st grede completed)	16e	. Decede (Give ki	nt's Usual Occi ind of work don O NOT use retir	upetion e du <i>ring</i> mos	t of working	ig	16b. Kind of Bu	usiness/inc	dustry	
0200-61212	within ane. than	dmo	Elementary/Secondary (0-12)	College (1-4							1:. 0			
3	Hygir ther sm,		17. Fether's Name (First, Middle	Last)	U	when	and Op			(First Middle	AUT CON		oning	
mai yiaiid	id be ental ked o	To Be	James W. Son	nolla						e Maso		-/		
	of 2 should be filed within 72 hours efter death with the Maryla th end Mental Hygiane. 7 Is marked other than "natural", or items 23a or 28a-f show traumatic event, Ita Medical Exponer must be notified at	-	19a. Informent's Name/Relation		196	. Mailing	Address (Stree				er, City or Town,	Stete, Zip	Code)	
-	C = 0 +		Johanna P.	Sorrells, i	Į.		Baugher				, Marylo			
5	of Healt of Healt itam 2 r other		20a. Method of Disposition		20b. Place 0	f Disposi	tion (Neme of story or other pl			Date	20c. Location -	City or To	wn, Stete	
	Peges ment of h ant: If its ury or or		1 🖾 Buriel 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (:		ete	a Co	motoru		7	15/97	Utica,	Мали	land	
Dalumore,	Department of Hes Important: If Itam Iny Injury or othe		21. Signature of Funeral Service	Littensee)	4	22.	Name end Addi	ress of Fecilit	y Sta	uffer	Funeral	Home	s. P.A.	
4	5.G.5 % &		James /	91/	f-R	10	4 East	Main S	Stree	t Thu	rmont, M	1D 2	1788	
	0 4 .		23a Part1. Enter the disease, of shock, or heart failure. Lis	complications that cau	sed the death. Do	not enter	the mode of dy	ing, such as	cardiac or	r respiretory e	rrest,		Approximete Intervel Between	een
	hysician			1									Onset end De	
	/Medical Examiner		Immediate Ceuse (Final disease or condition resulting in death)	Lus	ny Co	inc	cer					į		
		<u>a</u>	, and an addition	-00	Due to (or as e	consequ	ence of):		1	0			1	11
	nsit	Examiner		b. Me	tastat	LIC	9	ncu	To	, 4	iver		Mo	npp
	g physician and as the buriel-trensit	Exal	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		Due to (or es a	conseque	ence of):					i		
	sicia bur		that initiated events	с	Due to (or as e	00000000	anno off:							
		Medical	resulting in deeth) Last		Due 10 (01 as e 1	conseque	silve oi).							
	attendin for use	an/N		d								<u> </u>		
	og to	sici	Part II. Other algnificant conditi	ons contributing to deat	h but not resulting in	n the und	lerlying ceuse g	iven in Pert I		23b. Did	tobacco uee cor	ntribute to	the cause of	deeth?
	requires that the death een signed by the atter hould be datached for u	Physiclan/	Chroni	obs'	for the	0	au A	0.4		182	Yes 2□ No	3 ☐ Prot	ably 4 🗆 U	nknown
	signed be da	by		CODS	MACHE		Vuenas	revery			-			
	been si	Completed					dis	ear		24e. Wes	en eutopsy ormed?	ava	ere eutopsy fin	
	S S S	npidu									,	of c	npletion of cau deeth?	120
F										1 🗆	Yes 2 No	10	Yes 2□N	lo
or which he conds,	this certificata ral director, pag	Be	25. Was case referred to medical examiner?	Hospital:					of Deeth	(Check only	one)			
	G is	2	1 ☐ Yes 2 ☑ No  27. Manner of Death	1 L Inp			3LI DOA				denca 6 □Oth		′)	
	After	tion	1 ☑ Neturel 5 ☐ Pendi	9		Time of njury	28c. Inju	ork? ⊇Yes 2⊡!		8d. Describe	how injury occurr	ed		
	r death. ctor: After by the fune	fica	3 ☐ Suicide 6 ☐ Could	not be	Injury - At home, fa	rm stree				8f Location (	Street end Numb	er or Rura	Route Numbe	ar.
	after Dire	Certification:	4 ☐ HomicIde determ	building	, etc. (Specify)	,	it, radioty, office			City or To		0, 0, 1,0,0	777000 77011100	,
Loonies		edical C	29a. Certifier 1 Certifyi. (Check only one) 2 Medical	g Physicien: To the be Examiner: On the basis	s of examination en	o, deeth o d/or inve	occurred et the t stigation, in my	ime, dete en opinion, deel	d plece, et th occurre	nd due to the d et the time,	ceuse(s) end me date end place, e	nner as st	eted. the ceuse(s)	
Tothe	Withir To th	Me	29b. Signeture and title of certific		1 -		29c. Licen	se number			29d. Date signed	Month, I	Dey, Yeer)	
				200014	mall, r	D	D	481	84		TIB	1. =	3,190	17
			30. Name end eddress of person	who completed cause of	of deeth (Item 23a)	(Type, Pr	rint)				<u> </u>	10	2711	` '
			Dr. Eskander,	501 West S	eventh St	treet	t, Frede	erick.	MD	21702				
	Sta		31. Dete filed (Month, Day, Year,	32. Reg	istrar's Signature		1 -100							
	Registi		JUL 0 7	1997	in Davidson	Marda	161							
MHC	H 16 Rev 6/9	5		•										



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible State of Maryland / Department of Health and Mental Hygiene Item:19a per FH G-756 2/27/98 dh Item:23a part I per MD G-751 9/10/97 dh Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** BRENT MICHAEL STITELY July 1, 1997 4:00 AM /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 8127 Rocky Ridge Road Thurmont Frederick 5. Sociel Security Number 6. Sex ≱ M 2□ F if Under 1 Year | If Under 24 Hrs. 7. Age (In vrs. lest birthday) 8. Data of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** Months Days Hours Min. Yrs. 215-11-2698 13 **Director** June 6, 1984 Maryland Usual Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Llmlts must be notified at Frederick Maryland Thurmont Director 1 ☐ Yas 2 🗓 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8127 Rocky Ridge Road 21788 U.S.A. items : 12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2X No If Yes, Give Yaar or Dates: Was Dacedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, Whita, etc. the Medical Examiner 1 Never Married 2 Married ŏ 1 Yas 2 No Specify: þ 3 Widowed 4 Divorced Specify: White "natural" Completed 15. Decedent's Education 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Specify only highest grade completed) (Giva kind of work done during most of working life. DO NOT use retired) Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) Student Middle School other t permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked oths any injury or other traumatic avera-17. Fether's Neme (First, Middla, Lest) 18. Mothar's Name (First, Middla, Maidan Surnema) Eugene Gary Stitely Peggy Louise Long 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Routa Number, City or Town, Stete, Zip Code) Eugene & Stitely (Father) 8127 Rocky Ridge Road, Thurmont, Maryland 21788 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removel from State 4 Donetion 5 Other (Specify) Graceham Cemetery 7/3 Graceham, Maryland 21. Signature of Fungral Service Licensee ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 615 EAST MAIN ST., THURMONT, MD 21788 e deeth. Do not enter the moda of dylng, such as cardiac or respiratory errest, Approximate Intervel Between Onset end Death **Physician** EWING SARCOMA WITH PULMONARY METASTASES /Medical Immediate Ceuse (Final Months mes/2 50/20 diseese or condition resulting in death) 30 10 m Examiner Due to (or es e consequence of): Examiner physician end is the burief-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequenca of): Physician/Medical Due to (or es a consequance of): 80 Pa þ Completed page 2 Be Certification: To ector: After this by the funeral d 27 After filled in by efter

or Attending Physician: The law requires that the death certificate be executed P.O. Box 68760. the signed by the Division of Vital Records, should b this

deeth.

within 24 hours a
To the Funeral E
completely filled Hospitai

To the

Medicai

29b. Signetura and title of certifiar

Jones, MD

31. Dete fited (Month, Dey, Year) 1997

nu 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

the Maryland

filed within 72 hours after

Baltimore, Maryland 21215-0020

art II. Other eignificant conditions	contributing to death but not re	sulting in the underlyin	g caus	se givan in Pert I.		23b. Did tobacco use co	ntribute to the cause of death?  3 Probably 4 Unknown
						24a. Was an autopsy performed?	24b. Were eutopsy findings aveileble prior to completion of cause of deeth?  1 □ Yes 2□ No
. Wes case referred to medicat				26. Plece of De	ath (	Check only one)	
examiner? 1 ☐ Yes 2 X No	Hospitel: 1 Inpatient 2	☐ ER/Outpatient 3☐	DOA	Other: 4 Nursing I	Home	5 Aesidenca 6 □Oth	er (Specify)
7. Manner of Death 12 Neturel 5 Pending 2 Accident Investigat	28e. Dete of Injury (Month, Day Year)	28b. Time of Injury	28c.	Injury et Work? 1 Yes 2 No	-	d. Describe how injury occurr	
3 Suicide 6 Could not determine		homa, farm, street, fec	tory, o	ffice	281	f. Location (Street and Numb City or Town, State)	er or Rural Routa Number,
9a. Certifier 1 . Certifying 1 (Check only one) 2 . Medical Ex	Physician: To the best of my kn aminer: On tha basis of examin	owledge, death occurr ation and/or investiget	ed et t	he time, dete end plec my optnton, deeth occ	e, end	d due to the causa(s) end me at the tima, dete end place,	enner as steted. end due to the cause(s)

29c. Licansa number

29d. Dete signed (Month, Day, Yeer)

State Registrar

56 Thomas Johnson Drive, Frederick, Maryland 21701 32 Aggistrat's Signature Reveall

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 2 2 0 7 3

Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Date of Death **Physician** Month SIMONSON Paul Everett 5:30 A.M. June /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 10228 Allview Drive Frederick Frederick | H Under 1 Year | H Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | 9. Birthplace (State (Month, Day, Year) | 1930 | Minnesota 5. Social Security Number 6. Sex 1 № M 2 ☐ F 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 471-30-9813 66 Yrs. Director Usual Residence of Decedent 10a. State 10b County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or Itams 23a or 28a-f shov the Medical Examiner must be notified at Director Frederick 1 ☐ Yes 2 No Maryland Frederick 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? filed within 72 hours efter death with 10228 Allview Drive 21701 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 22 Yes 2 □ No 1f Yes, Giva 1950–1954 Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Ricen, etc.) 14. Race - Americen Indian, Biack, Whita, atc. 1 ☐ Never Married 2 Married 21215-0020 1 ☐ Yes 2 No Spacify: Completed by 3 Widowed 4 Divorced White 15. Decedent's Education (Specify only highest grade completed) Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed within Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than 'any fulury or other traumatic event, tra Mesones. Elementary/Secondery (0-12) College (1-4or 5+) Accountant Automobile Dealership Baltimore, Maryland 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surnama) Be SIMONSON Simon Alexander Lillian ARKKOLA 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Karen K. Simonson, Wife 10228 Allview Drive, Frederick, MD 21701 20b. Place of Disposition (Nama of cemetery, crematory or othar place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 A Cremation 3 ☐ Removal from State Smithsburg Crematory, July 2, 1997 4 ☐ Donation 5 ☐ Other (Specify) Smithsburg, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility Keeney & Basford P.A. Funeral Home Ruby M00703 106 East Church Street, Frederick, MD 21701 23a. Part1. Entar tha disaasa, or complications that or need the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause or a chiline. Physician /Medical Immediate Cause (Final disease or condition resulting In death) LUNG CANCER MONTHS Examiner Examiner or Attending Physician: The law requires that the death certificate be executed effort death.

Director: After this certificate has been signed by the ettending physician and the buriel-transi Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting In deeth) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760. ettending physician for use es the burie Physician/Medical Due to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by Atherosclevelic Heart Disease 1 1 No 2 No 3 Probably 4 ☐ Unknown þ Completed 24b. Wara autopsy findings available prior to completion of ceusa of death? 24a. Was an autopsy performed? 1 Yes 2 Ne 1 ☐ Yes 2 ☐ No 25. Was case referred to medicel Be 26. Place of Death (Check only one) Other: 4 ☐ Nursing Homa 5 ☐ Presidence 6 ☐ Other (Specify) Certification: To 1 Yes 2 Ne 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Investigation 1 DiNatural 1 Yes 2 No 2 Accident filled in by the 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 - Homicide within 24 hours e To the Funeral D 1 Certifying Phyalcian: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the besis of examination end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the ceuse(s) and manner stated. edical 29a. Certifier To the 29b. Signature and title of certifiar, 29c. Licensa number 29d. Date signad (Month, Day, Year) D47556 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) Dr. William H. Johnson, M.D. 187 Thomas Johnson Drive, Frederick, MD 21702 31. Date filed (Month, Day, Year)
JUN 3 0 1997 32. Registrar's Signature State

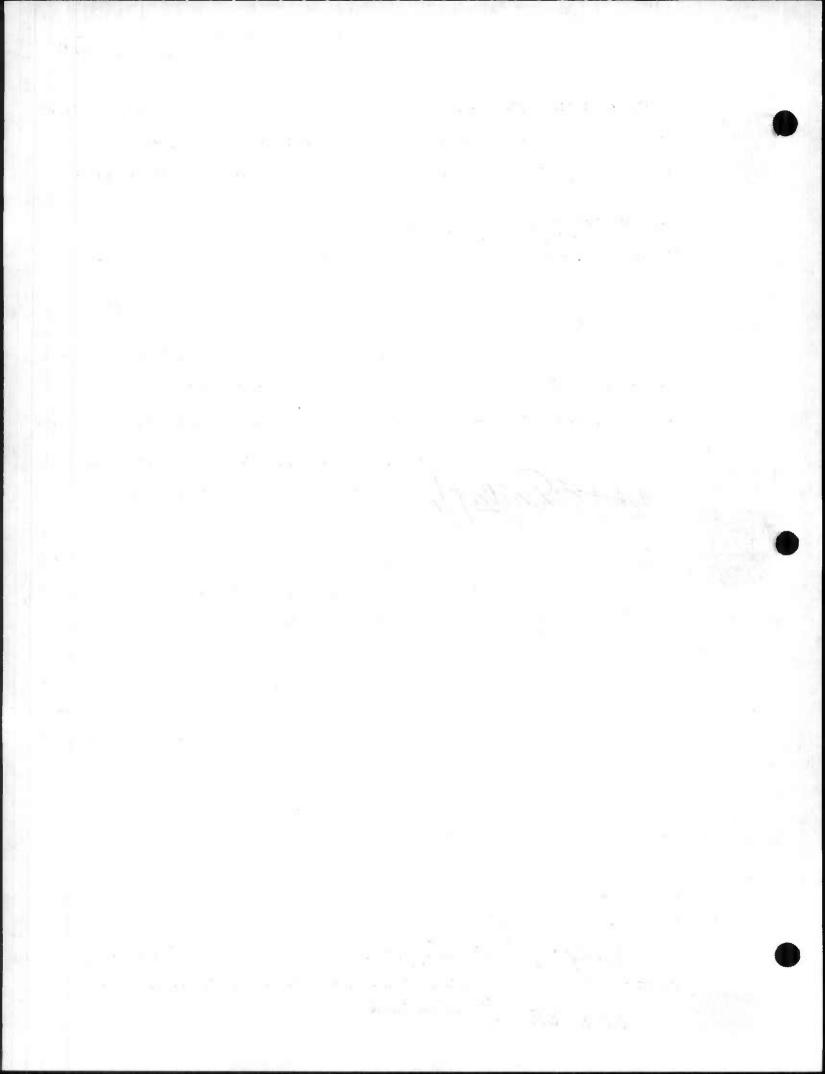
Registrar

in g Nie

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien 2 2 0 7 4

Certificate of Death 1. Dacedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** CLARENCE JOHN SHULL, SR. June 25, 1997 6:14 PM /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Daath Examiner Northampton Manor Nursing Home Frederick Frederick 5. Social Sacurity Number 6. Sex 1 ☑ M 2 ☐ F 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs. Birthplaca (Stata or Foraign Country) **Funeral** 8. Data of Birth (Month, Day, Year) Months Days Hours 216-22-8117 Yrs 97 Director Feb. 17, 1900 Maryland Usual Rasidanca of Dacedani death with the Maryland 10a, Stata r than "natural", or items 23a or 28a-f ehow 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No Director Maryland Frederick Frederick 10e. Street and Number Northampton Manor N.H. 10f. Zip Coda 10g. Citizan of What Country? 200 East 16th Street 21701 U.S.A. 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ XNo If Yas, Giva Yaar or Datas: Was Dacadant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status filed within 72 hours efter 1 Navar Marriad 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: Specify: by 3 X Widowad 4 Divorced White Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacadant's Education 16b. Kind of Business/Industry (Spacify only highest grade completed) permit. Pages 1 and 2 should be filed within Caparitin and of Health and Mental Hygiene. Important: If Item 27 is marked other than any Injury or other transmission. Elamantary/Secondary (0-12) Collaga (1-4or 5+) Owner/Operator Shull's Meat Market 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be William Hanson Shull Florence Hargett 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Clarence J. Shull, Jr./Son 2101-1A Whitehall Road, Frederick, Maryland 21702 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Frederick Memorial Park 6/28 Frederick, Maryland 21. Signature of Fanomi Service I 22. Name and Address of Facility ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 23a. Part1. Enter the disaasa, or complications that cause the shock, or heart failure. List only one cause on each line. Do not enter the mode of dying, soch as Cardia or respiratory arest, ICK, MD 21701 Intarval Batween Onset and Death Physician /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Examiner Dua to (or as a consaquance of): Examiner Vascular digease Meral buriel-transit pue Sequantially list conditions, if any, laading to immadiata causa. Entar Undarfying Cause (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): P.O. Box 68760. 0 Physician/Medical the Dua to (or as a consaquance of): 98 jo Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by to 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, by The law requires certificate has been si rector, page 2 should 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to Completed completion of cause of death? 1 ☐ Yas 2 ☐ No. 1 ☐ Yas 2 ☐ No To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: Affer this certifica completely filled in by the funeral director, I Be 25. Was casa rafarred to medical 26. Placa of Daath (Check only ona) axaminar? Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 Yas 2 No 10 1 Inpatient 2 ER/Outpatlant 3 DOA 27. Mannar of Daath 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred Certification: 28c. Injury at Work? Natural 5 Panding invastigation 1 Yas 2 No 2 Accidant 6 Could not be datarminad 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homleida 29a, Cartifian 🔁 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and placa, and dua to tha causa(s) and mannar as stated. Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29b. Signature and tiple of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Name and address of person who complated causa of death (Itam 20a) (Type, Print) Casper E. Cline III, MD 300 West Ninth Street, Frederick, Maryland 21701 31. Data filed (Month, Day, Yaar) 32. Registrar's Signatura State Registrar JUN 27



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 2 2 0 7 5

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Dev **Physician** Month Raymond Earl Smith, Jr. June 21, 1997 /Medical 4:47 AM 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 8217 Glendale Dr. Frederick Frederick if Under 1 Year if Under 24 Hrs.

Months Deys Hours Min. 5. Sociel Security Number Funeral 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) 110 M 2□ F Yrs Director 214-34-9834 63 Feb. 19, 1934 | Maryland Usual Residence of Decedent 10e. State 10b County 10c. City, Town or Location 7 is merkad other than "natural", or items 23a or 28a-f show traumetic event, it a Madical Evaminat must be notified at 10d. inside City Limits Director 1 Yes 2 No Maryland Frederick Frederick 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 8217 Glendale Dr. 21702 Funeral USA 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiena. Important: if Item 27 is marked other than "natural", or item any injury or other traumetic event, it a Madical Evanment ance. Black, White, etc. 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Specify: White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Signal Maintainer Railroad 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Raymond E. Smith, Sr. Ruth E. Thomas 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Shirley Smith, wife 8217 Glendale Dr., Frederick, MD 21702 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete Burial 2 □ Cremetion 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) Mt. Olivet Cemetery 6/24/97 Frederick, Maryland 21. Signature of Funeral/Service Consee 22. Name end Address of Facility Stauffer Funeral Home Pertit Enter the disease, or complications that ceused the death. Do not enter the mode of dylng, such es cerdiac or respiretory errest, shock, or heelt failure. List only one ceuse on each line. 1621 Opossumtown Pike, Frederick, MD Approximete Intervel Between Onset end Death Physician COLORAFCTAL CANCER Immediete Ceuse (Final disease or condition resulting in death) /Medical Examiner Examiner I or Attanding Physician: The law requires that the death certificate be executed after death.

Director: After this certificate has been signed by the attending physician and physician and the buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or es e consequence of): P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown HYPENTENSION Division of Vital Records, Completed by 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? 24a. Wes en eutopsy DIABETES performed' 2 No 1 Tes 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3□ DOA 27. Manner of Death 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident filled in by the 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 24 hours a Hospital 29a. Certifier E Certifying Physician To be best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated. (Check only one) Examiner: On the esis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) and mariner stated. within 2 To the 29b. Signature 29d. Date signed (Month, Dey, Yeer) 30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) FREDERICH JULIO MENOCAL , nD 3 NIT UNOT MUZZOTO 21702 1564 31. Date filed (Month, Day, Year) 32. Registrer's Signature State

Davidson Rardall

DHMH 16 Rev 6/95

Registrar

JUN 2 4 1997

Water Control

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 7 22076

THE REAL PROPERTY.		Decedent's Name (First, Middla, Las	t)		Oei	tificate	OI D	ealli	2. Date of Dea	teg. No.		3. Time of Death
Physic			" LARKE SOR	2					Month	Day	Year	:00 AM
/Medi Exami		4a. Facility Name (If not institution, give		J			4b.	City, Town, or L	ocation of Death	-		OU AM
LAGIIII	1161	7605 Stewart Hil	1 Road					Adamsto			lerick	
Funeral Director		124-10-0030	ox XIM 2□F	e (In yrs. I	as <i>t birthday)</i> Yrs.	if Under 1 Months		If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day April 5			e (Stata or Foreigr rk
Hygiene. ther than "natural", or Itams 23a or 28a-f ahow ant, the Medical Examiner must be notified at		Usual Residence of Decedent  10a. State 10b. County		10c. City	, Town or Lo	cation						Inside City Limits
or 28a-f show	ctor	Maryland Frederic	k	A	damsto	wn						1 ☐ Yes 2 No
or 28	Ore	10e. Street and Number				10f. Zip C	ode			log. Citizen of	What Country	}
238	la I	7605 Stewart Hil	l Road			217	710			U	S.A.	
r neam and mentel ryglene. Item 27 is marked other than "natural", or items 23s or 28s-f above other traumatic event, the Medical Expanding must be notified at	by Funeral Director	11. Marital Status  1 □ Never Married 2 Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 X Yes 2 1 If Yes, Give Year or Detes:		1	Vas Deceder i Yes, specify □ Yes 2 🖸			pecify Yes or No- Rican, etc.)	14. Rad Bla Specif	ce - American I ck, White, etc.	•
'natural',		15. Decedent's Edu	ucation			ent's Usual (	Occupati	on		16b. Kind of B		
end Mentel Hyglene. Is marked other than "n aumatic event, the Med	Completed	(Spacify only highast grad Elementary/Secondary (0-12)	(a completad) College (1-4or 5		(Giva lifa. L Consul			on ring most of work	king			
it it		17. Fether's Name (First, Middla, Last)			Consul	L/EIILI			e (First, Middla,		of Com	merce
marked other than marked other than umatic event, the N	To Be	Francis J. Sorg						Emily Br			,	
aumet	-	19e. Informant's Name/Relationship (T)	vpe, Print)		19b. Mailin	g Address (S			ral Routa Numbe	r, City or Town	Stata, Zip Co	de)
Health cam 27 la		Bernice R. Sorg/W	ife		7605	Stewar	t H	ill Road	d, Adams	town, M	lary1an	d 21710
		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Spacify)	Removal from State		ace of Dispos			1	Date 5/23	20c. Location		
Important: I any injury o		21. Signeture of Funeral Service Licens	-	SIIIT	thsbur	_						aryland
Department of Important: If any Injury or once.		Notest El	tailee,	4	12	01 NOF	RTH I	MARKET S	SON FUN	DERICK,	MES, P MD 21	.A. 701
ysician	5	23a. Fart1. Enter the disease, or comp shock, or heart failure. List only o	ications that caused ne cause on each lin	death	. Do not ente	er the mode o	of dying,	such as cardiac	or respiratory ar	est,	Ap Into On	proximate erval Between set and Death
Medical aminer		Immediate Cause (Final disease or condition resulting in death)	Stro	ke,	tho	onloot	CI C				b	aus
	<u>-</u>	Tooling in addity		Due to (or	as a consequ	uence of):	1	^				ears
dansit	Examiner		b. Cere	مه ما ما	l Va	Scul	las	0.50	lass		Y	ears
an an riel-tr		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		Due to (or	as a consequ	uence or):						
physician and s the buriel-transit	Aedical	Cause (Disease or injury that initiated events resulting in death) Lest	C	Due to (or	es e consequ	ience of):					-	
D) (6	/Med		d								i 1	
attending for use	Physician/N										I	
deteched	hysi	Part II. Other significant conditions cor	ntributing to death bu	it not resu	lting in the un	derlying caus	se given	in Part I.				cause of deeth?
pe det	by P	Euphypena							1 1	es 2 No	3 Probabl	y 4 ☐ Unknow
s been s	Completed t								24a. Was a perfor		availat	autopsy findings ole prior to etion of cause th?
ate ha page	ГО.								1 □ Y	s 2 No	1 □ Y€	es 2 No
certificate rector, pag	Be (	25. Was case referred to medical examiner?					2	6. Place of Deal	h (Check only or	a)		
9 TO	2	1 ☐ Yes 2 No	lospital: 1  Inpatie		R/Outpatien	3□ DOA	Other:	4 ☐ Nursing Ho	me 5 Resid	ence 8 🗆 Oth	er (Specify)	
After t funera	tion:	27. Manner of Death  12. Naturel 5 Pending 2 Accident investigation	28a. Dete of Injur (Month, Day	Year)	28b. Time of Injury	28c.	Injury a Work?	t s 2 🗆 No	28d. Describe h	ow injury occur	red	
To the Funeral Director: After the completely filled in by the funeral	Certification:	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injubuilding, etc	ry - At hor (Spacify)	me, farm, stre				28f. Location (S. City or Town		per or Rural Ro	outa Number,
within 24 hours effer To the Funeral Dire completely filled in t	edicai (	29a. Certifying Physical Certifying Physical Certifying Physical Exemisis	aiclan: To the best on nar: On the basis of and manner sta	exemination	ledge, death on and/or inve	occurred at t estigation, in	he time, my opin	date and place, ion, deeth occur	and due to the c red at the time, d	euse(s) and ma ate and place,	anner es steted and due to the	d. cause(s)
To the	Me	29b. Signeture and title of certifier				29c. Li	icense n	umber	2	9d. Date signe	d (Month, Day	, Year)
. •		m Tolia	MO				)00	51610		6-20	-97	
		30. Name and address of person who co		eath (Item		Print)	T .	051610 deric	4 1	0	2176	,
				~U ! !	A . 1		A Garage				21/0	

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 0 7 7

						Certifica	ate of	Death		Reg. No.		
	Physic	ian	1. Decedent's Name (First, Middle, I		1				2. Dete of De	ath	Vear	3. Time of Death
	/Medi		Madeline		izabetl	n S	TONE	E	June	19°, 1	L997	11:30 am
7	Exami	ner	4a. Fecility Neme (If not institution, g Frederick Memo:					4b. City, Town, or L Frederic			y of Deeth	
İ	<sub>c</sub> Funeral Director	_			e (In yrs. lest bi	Yrs. If Und Month	ler 1 Year s Days	If Under 24 Hrs.	8. Date of Bir (Month, De Feb 23	th by, Year)	9. Birthi Cou Mar	k plece (Stete or Foreign ntry) Cyland
	and we m	7	Usuel Residence of Decedent  10a. Stete 10b. County		10c. City, Tow	n or Location						10d. Inside City Limits
	death with the Maryland ms 23a or 28a-f show c.must be notified at	Director	Maryland Freder	ick		lerick						1 ☐ Yes 2 No
	23a or i		4309 Reels Mil	l Road		10f. 2	ip Code 2	21701		10g. Citizen of U.	S.A.	ntry?
Maryland 21215-0020	hours after death with the Marylar turst, or Items 23a or 26a-f show at Examiner must be notified at	by Funeral	11. Maritel Status 1 ☐ Never Married 2 ☐ Married 3X Widowed 4 ☐ Divorced	12. Wes Decedent   Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give   Year or Dates:	Ever in U,S. No			Hispanic Origin? (Spoan, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)	14. Ra Ble Specia	ck, White,	can Indian, , etc. White
2	다 물론	Completed	15. Decadent's (Specify only highest g	Education rede completed)	16e	Decedent's Us (Give kind of	uel Occu	petion during most of worked)	sing	16b. Kind of B	usiness/in	idustry
12	within ene. then	dimo	Elementary/Secondary (0-12)	College (1-4or 5	i+)	Homema		9d)			Own	n Home
2	Hygi other	Be Co	17. Fether's Neme (First, Middle, Las	it)				18. Mother's Nam	e (First, Middle	Malden Sumer		T HOME
ylar	Mental Mental urked o	To B	William	С		FI	AIR	Marie		E		BRUCHEY
Van	2 sho and is ma		19e. Informent's Name/Relationship					t end Number or Rui				
	1 and lealth m 27 ther to		Barbara L. Ande	erson/Daugh		1450 We		Road, Mo				
Baltimore,	mit. Pages partment of it portant: if he y injury or of 28.		1 XBuriel 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec		cemete	ry, cremetory o	other ple	y Jun 23,	1997	20c. Location Freder		Maryland
08/00,	Certificate be executed  Medical physician and ding physician and as the bunal-transit are as the bunal-transit are as the punal-transit are as th	ledical Examiner	23a. Pert . Enter the dilease, or conshock, or heart failure. List only immediate Ceuse (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in deeth) Lest	e. Conge	stive H Due to (or es a	eart Fa	<b>ilur</b> (					Approximate Intervel Between Onset end Deeth  Years
DOX		Physician/M	Pert II. Other significant conditions	d	at not resulting in	the underlying	cause oi	ven in Pert I.	23b. Did	tobacco uee co	entribute t	o the cause of death
7.	res that the death signed by the atter be detached for u	, Phy	Hypertension; I									bably 4XUnknow
Division of Vital Records,	aw requi	Completed by	Cerebral Vascul	ar Disease						an autopsy med?	av	ere eutopsy findings alleble prior to empletion of cause death?
	The ate h	Con							1 🕸	Yes 2□No	1[	☐ Yes 2☐ No
V 160	certificate rector, pag	Be	25. Wes case referred to medical exeminer?	Hospital:			04	28. Plece of Deet	h (Check only c	ne)		
5	Phys this ral dir	<u>ا</u> يا	1 ☐ Yes 2 No  27. Menner of Deeth	1 ☐ Inpatie	nt 2 ER/Ou	tpetient 3XI	JOA	her: 4 Nursing Ho		dence 6 Ott		ý)
	To the Hospital or Attending Physician: within 24 hours after death safe death To the Funeral Director. After this certifica completely filled in by the funeral director,	Certification:	1 XXNaturel 5 ☐ Pending 2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not	(Month, Dey	Year) I	njury M		Yes 2 □ No				
2	tal or At is after of al Dirac ed in by	Certif	4 Homicide determined		iry - At home, fa . (Specify)	rm, street, facto	ry, offica		28f. Location (3 City or Tov		er or Aure	al Route Number,
	To the Hospital or At within 24 hours after or To the Funeral Dirac completely filled in by	edical	29a. Certifier (Check only one)	hyelcten: To the best o miner: On the besis of and manner sta	examinetion en	, death occurre d/or Investigation	d et the tir n, in my c	me, dete end place, opinion, death occurr	end due to the red et the time,	ceuse(s) end mo date and place,	end due to	teted. the ceuse(s)
	vithir To th comp	Me	29b. Signeture end title of certified	1		2		se number		29d. Date signe		
ł			30. Neme end eddress of person who	completed cause of de	eeth (Item 23e)	Type, Print)	DI			June 2	, 19	71
			Casper E. Cline				th St	treet, Fre	ederick	, Maryla	and 2	1701
	Sta Registr		31. Date filed (Month, Day, Yeer)	32. Registre	Signature	Radall						
	-		JUN Z 0	301 /		and Adjust !						

and the state of t

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 2 0 7 8

PATRICK GEORGE SCHMIDT

State of Maryland / Department of Health and Mental Hygiene 1

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth JUNE 18, 1997 **Physician** Patrick George Schmidt /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth WASHINGTON COUNTY HOSPITAL I.C.U HAGERSTOWN WASHINGTON If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yeer) 5. Sociel Security Number 6 Sex 7. Age (In yrs. lest birthday) If Under 1 Yeer **Funeral** 1X M 2□ F Months Deys Director 133-42-0601 48 Dec. 14, 1948 New York Usuel Residence of Decedent with the Marylend 10b. County 10c. City. Town or Location permit. Pages 1 end 2 should be filed within 72 hours efter death with the Marylen Department of Health end Mentel Hygiene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at Director Maryland Frederick Frederick 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? A22 Ivy Way IB 21702 Funeral **IISA** 12. Was Decedent Ever in U,S. Armed Forces? 11 Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14 Race - American Indien Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No If Yes, Give Saltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: þ 3 ☐ Widowed 4 ☒ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 5+ Speach Therapist Education 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be George William Schmidt Barbara Ann Tigh 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) George WIlliam Schmidt, father 601 Foxcroft Ave., 1C, Martinsburg, WV 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Date 20c. Location - City or Town, State June 20. 1 ☐ Buriel 2 X Cremation 3 ☐ Removel from Stete 4 ☐ Denation 5 ☐ Other (Specify) Hagerstown Crematory 1997 Hagerstown, Maryland 1. Signature of Juneral Service Licensell 22. Name and Address of Fecility Stauffer Funeral Home 1621 Opossumtwon Pike, Frederick, MD 11 ar yer 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or earl failure. List only one ceuse on each line. **Physician** Immediate Ceuse (Final diseese or condition resulting in deeth) /Medical Sepsis **Examiner** Due to (or es e consequence of): Examiner Celluliti nding physician and use es the buriel-transit Due to (or es e consequence of): P.O. Box 68760, Obesity 90 Morbid

Physician/Medical signed t by Completed Be 2 Certification:

Records,

Division of Vital

this

After t

filled in by the

Medicai

To the Hospital or Attending I within 24 hours efter death.

To the Funeral Director: After

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury thet initieted events resulting in death) Lest

Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ②Unknown

24e. Was en eutopsy performed?

24b. Were eutopsy findings evelleble prior to completion of cause of deeth?

1 ☐ Yes 2 No

3. Time of Death

Birthplece (State or Foreign Country)

White

25401

21702

Approximate Intervel Between Onset end Deeth

10d. Inside City Limits 1 Yes 2 □ No

3:24 AM

Inspection 1 Yes 2 No 25. Wes case referred to medical 26. Piece of Death (Check only one)

exeminer?

Yes 2 No 27. Manner of Death 1 Naturel 5 Pending investigation

6 Could not be determined

JUN 2 0 1997

28e. Date of Injury (Month, Dey Year) 28b. Time of Injury 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

Hospital: 12 Mapetient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 1 ☐ Yes 2 ☐ No

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

28d. Describe how injury occurred

29a. Certifier (Check only one)

2 Accident

3 ☐ Suicide

4 Homicide

1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

\*\*Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner stated.

29b. Signature end title of certifier 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

29c. License number

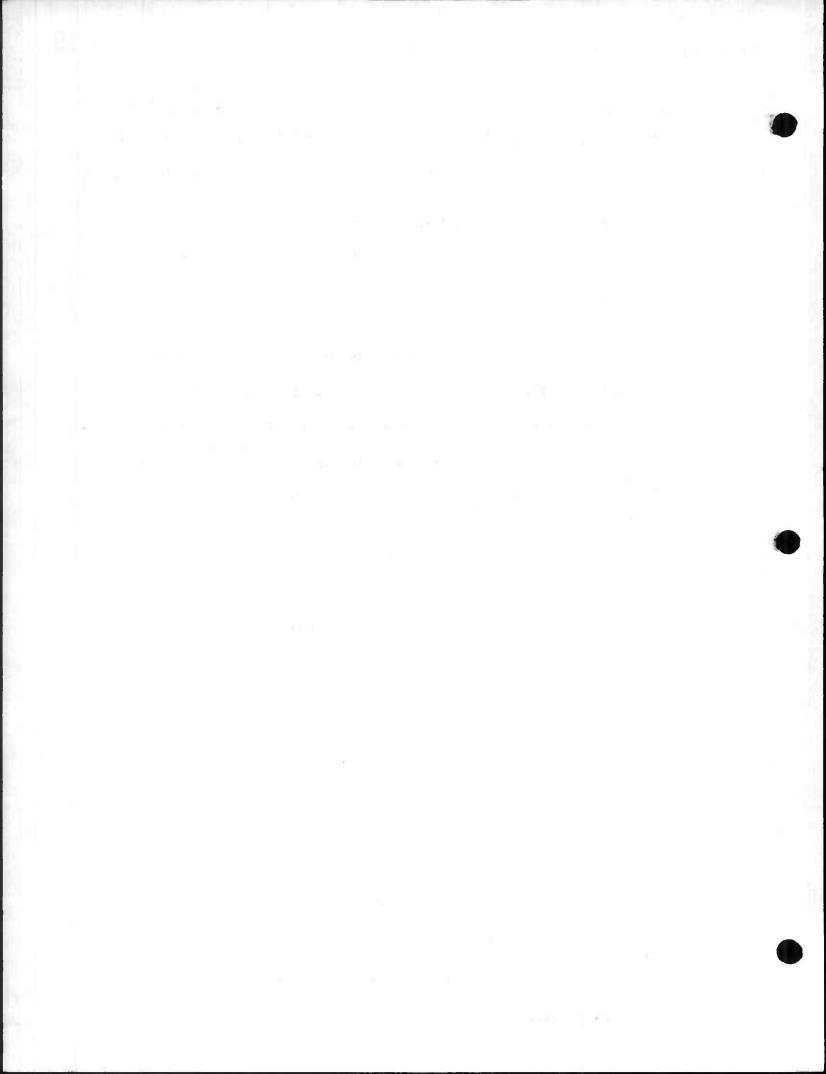
29d. Dete signed (Month, Dey, Year) JUNE 18, 1997

Strphen S. Radentz MO111 Penn Street, Baltimore, Maryland 21201
31. Determined (Month, Day, Year)

JUN 2 0 1997

JUN 2 0 1997

Registrar



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q 7 2207 Q

Dharid		Decedent's Neme (First, Middle, L.	ast)							ete of Deeth		Vee	3. Time of De
Physica /Medic		Richar	d Michae	1 Sc	cott				Ju		7. 199	Yeer	12:50
Examin		4e. Fecility Name (If not institution, gr					4	b. City, Town			4c. County		
		College View Nu	rsing Hom	e				Freder	ick		Fred	leric	k
Funeral Director		215-58-8813	Sex 7 1 ★M 2 F	Age (In yrs 45	: last birthday) Yrs.	If Under Months	1 Year Deys	If Under 24 Hours	Ain. (A	ate of Birth fonth, Dey, y 15,		9. Birthpi Count Virg	ece (Stete or Fo try) inia
<b>*</b>		Usual Residence of Decedent  10a. State 10b. County		10c. C	ity, Town or Loc	cation						11	Od. Inside City L
f sho	5	Maryland Montgo	mery		larksbur								1 Tes 25
289	rec	10e. Street end Number				10f. Zip	Code			10	g. Citizen of V	Vhet Coun	try?
3a o	0	24933 Burnt Hil	1 Road				20	871			Americ		.,.
ms 2	Funeral Director	11. Marital Status	12. Wes Deceder		J,S. 13. W	Vas Deced		spenic Origin n, Mexican, P	(Specify )	es or No-	14. Race	e - America	
al', or items 23a or 28a-f show Examiner ment be notified at	by Fu	1 ☐ Never Merried 2 🙀 Married 3 ☐ Widowed 4 ☐ Divorced	Armed Force  1 Yes 25  If Yes, Give  Year or Date:	No		Yes, spec		n, Mexican, P Specify:	uerto Rican	, etc.)		k, White, e Whi	
jiene. r than "natural", Tre Medicel Exa	P P	15. Decedent's E	Education		16e. Deced	ent's Usue	el Occupa	ation		1	6b. Kind of Bu	siness/Ind	lustry
an r	Completed	(Specify only highest gi Elementary/Secondery (0-12)	College (1-4c	r 5+)				luring most of	working				
Hygiene. other than	8		2		Carp	pente	F				Home R	kemod (	eling
d other	Be	17. Fether's Neme (First, Middle, Las							•	t, Middle, M	eiden Sumem	Θ)	
Mer	2	Richard Marti						Flo		onnema			
Is marrand		19e. Informent's Name/Relationship									City or Town,		
Item 27 I		Jacquelyn C. Sco  20a. Method of Disposition	rr - wile										and 208
or or o		1 Burial 2 ☐ Cremetion 3 [		Θ .	Plece of Dispos cemetery, crem				De		Oc. Location -	,	
tant		4 Donation 5 Other (Speci		C	larksbu				6/1	9/97 (	Clarksb	urg,	Maryla
Uepartment of Important: if It any Injury or conce.		21. Signature of Funanci Service Lice	11/01	im	/ 01	in I	Mo	s of Fecility  leswor	th, P	.A., E	uneral	. Home	
		23a. Part Enter the disease, or conshipping feiture. List only	nellastians that save			24UL	KINO	e_koad	- Dama	ascus,	Mary	and_	20872-
4		snock, or make tellure. List only	one ceuse on each	ed the dee line.	th. Do not ente	er the mod	e of dying	g, such es cer	diec or resp	piretory erres	st,	i	Approximete intervel Between
ysician Iedical		Immediete Ceuse (Final							diec or resp	piretory erres	st,		Approximete intervel Betwee Onset end Dee
		Immediate Cause (Final disease or condition resulting in death)							diec or resp	iretory erres	st,		Approximete intervel Betwee Onset end Deel
ledical aminer	Jer .	Immediete Ceuse (Final disease or condition	e. He	patic Due to (	Ence				diec or resp	piretory erres	st,		Approximate intervel Betwee Onset and Dee
ledical aminer	aminer	Immediete Ceuse (Final disease or condition resulting in deeth)	e. He	patic Due to (	Ence	epha			diec or resp	piretory erres	st,		Approximete intervel Between Onset end Dee
ledical aminer	Examiner	Immediete Ceuse (Final disease or condition resulting in deeth)	e. He	patic Due to (	Ence	epha			diec or resp	piretory erres	st,		Approximate intervel Betwee Onset and Dee
ledical aminer		Immediate Ceuse (Final disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events	e. He	Due to (	Ence	uence of):			diec or resp	piretory erres	st,		Approximate interval Betwee Onset and Dee
dedical and set the prival-transit	edical	Immediate Ceuse (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury	e. He	Due to (	e Ence or es e conseque or es e conseque	uence of):			diec or resp	iretory erres	st, -		Approximate interval Betwee Onset and Dee
dedical and physician and see sthe burial-transit	edical	Immediate Ceuse (Final disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events	e. He	Due to (	e Ence or es e conseque or es e conseque	uence of):			diec or resp	erres	st,		Approximate interval Betwee Onset and Deel
dedical and physician and see sthe burial-transit	edical	Immediate Ceuse (Final disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events	e. He b. A	Due to (c	Ence or es e consequ or es e consequ or es e consequ	uence of):	elop	salhy					Approximate Interval Betwee Onset and Dee I Mon (I
dedical and physician and see sthe burial-transit	clan/Medical	Immediate Ceuse (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last	e. He b. A	Due to (c	Ence or es e consequ or es e consequ or es e consequ	uence of):	elop	salhy		23b. Did tob	acco use con	ntribute to	Approximate Interval Betwee Onset and Deel    Mon
gned by the attending physician and united by the attending physician and period for use as the burial-transit and an articles.	by Physician/Medical	Immediate Ceuse (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last	e. He b. A	Due to (c	Ence or es e consequ or es e consequ or es e consequ	uence of):	elop	salhy		23b. Did tob	acco use con	ntribute to	Approximate intervel Betwee Onset and Dee Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onse
gned by the attending physician and united by the attending physician and period for use as the burial-transit and an articles.	by Physician/Medical	Immediate Ceuse (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last	e. He b. A	Due to (c	Ence or es e consequ or es e consequ or es e consequ	uence of):	elop	salhy	-	23b. Did tob	acco use con s 2□ No eutopsy	ntribute to 3 Prob	Approximete Intervel Betwee Onset end Dee  Mon  Year  the cause of de abiy 4 (Monk  re eutopsy findi ileble prior to
igned by the attending physician and audied by the attending physician and be detached for use as the burial-transit at the principle of the physician and audience of the physician and a	by Physician/Medical	Immediate Ceuse (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last	e. He b. A	Due to (c	Ence or es e consequ or es e consequ or es e consequ	uence of):	elop	salhy	-	23b. Did tob 1 □ Yes	acco use con s 2□ No eutopsy	atribute to 3 Prob	Approximete Intervel Betwee Onset end Dee  Mon  Year  the cause of de abiy 4 (Monk  re eutopsy findi ileble prior to
ste has been signed by the attending physician and page 2 should be detached for use as the bunal-transit of page 2.	Physician/Medical	Immediate Ceuse (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last	e. He b. A	Due to (c	Ence or es e consequ or es e consequ or es e consequ	uence of):	elop	salhy	-	23b. Did tob 1 □ Yes	acco use con s 2□ No eutopsy ed?	24b. We ever con of d	Approximate interval Betwee Onset and Dee Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Onset and Dee Dee Dee Dee Dee Dee Dee Dee Dee De
erificate hes been signed by the attending physician and up to stor, page 2 should be detached for use as the bunal-transit of page 2.	Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last  Pert II. Other significant conditions of the conditions of th	b. A  c. d. Contributing to deeth	Due to (c	or es e consequence es e consequence es e consequence es e consequence es e consequence es e consequence es e consequence es e consequence es e consequence es e consequence es e consequence es e consequence es e conseque	uence of): uence of): uence of):	elop	on In Part I.	2 Deeth (Che	23b. Did tob  1  Yes  4e. Wes en performe  1  Yes  ck only one	ecco use con  2 No eutopsy ed?	24b. We eve con of d	Approximete Intervel Betwee Onset end Deet    Mon (
certificate has been signed by the attending physician and up of irector, page 2 should be detached for use as the bunal-transit of points.	To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last  Pert II. Other significant conditions of the conditions of th	b. A  c. d. Contributing to deeth	Due to (c)  Due to (c)  Due to (c)  Due to (c)	or es e consequence es e consequence es e consequence es e consequence es e consequence es e consequence es e consequence es e consequence es e consequence es e consequence es e consequence es e consequence es e conseque	uence of):  uence of):  derlying co	euse give	on In Part I.  26. Plece of	2 Deeth (Che	23b. Did tob  1  Yes  4e. Wes en performe  1  Yes  ck only one, 5  Residen	eutopsy ed?	24b. We eve con of d	Approximate interval Between Onset and Dee Interval Between Onset and Dee Interval Between Onset and Dee Interval Interval Between Interval Be
certificate has been signed by the attending physician and be detached for use as the bunal-transit of polymers.	To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last  Pert II. Other significant conditions of the conditions of th	b. A  c. d. Contributing to deeth  Hospitel: 1 □ Inpa  28e. Dete of in (Month, D.)	Due to (c	or es e consequence es e consequence es e consequence es e consequence es e consequence es e consequence es e consequence es e consequence es e consequence es e consequence es e consequence es e consequence es e conseque	uence of):  uence of):  deriving co	euse give	26. Place of Mursin et?	2 Deeth (Che	23b. Did tob  1  Yes  4e. Wes en performe  1  Yes  ck only one, 5  Residen	ecco use con  2 No eutopsy ed?	24b. We eve con of d	Approximate interval Between Onset and Dee Dee Onset and Dee Dee Onset and Dee Dee Dee Dee Dee Dee Dee Dee Dee De
certificate has been signed by the attending physician and up of irector, page 2 should be detached for use as the bunal-transit of points.	To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last  Pert II. Other significant conditions of the conditions of th	b. A  c. d. Contributing to deeth  Hospitel: 1 Inpa  28e. Dete of In (Month, D)	Due to (c  Due to (c  Due to (c  but not res  tient 2  jury  ay Year)	or es e consequence es	uence of):  uence of):  uence of):  uence of):  deriying c	euse give	on In Part I.  26. Plece of	Deeth (Che g Home & 28d. D	23b. Did tob  1  Yes  4e. Wes en performe  1  Yes  ck only one, 5  Resident  lescribe how	ecco use consecutive services and services services and services s	24b. We ever con of d	Approximate Intervel Between Onset and Deet I Mon (I Year I I
Director: After this certificate has been signed by the attending physician and in by the funeral director, page 2 should be detached for use as the bunal-transit in by the funeral director, page 2 should be detached for use as the bunal-transit in by the funeral director, page 2 should be detached for use as the bunal-transit in by the funeral director, page 2 should be detached for use as the bunal-transit in by the funeral director, page 2 should be detached for use as the bunal-transit in by the funeral director, page 2 should be detached for use as the bunal-transit in by the funeral director, page 2 should be detached for use as the bunal-transit in by the funeral director, page 2 should be detached for use as the bunal-transit in by the funeral director, page 2 should be detached for use as the bunal-transit in by the funeral director, page 2 should be detached for use as the bunal-transit in by the funeral director, page 2 should be detached for use as the bunal-transit in by the funeral director b	To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last  Pert II. Other significant conditions of the cause in the cause of the	b. A  c. d. Contributing to deeth  Hospitel: 1   Inpa  28e. Dete of Inpa  (Month, D)  28e. Place of I	Due to (c  Due to (c  Due to (c  but not res  tient 2  jury  ay Year)	or es e consequence es	uence of):  uence of):  uence of):  uence of):  deriying c	euse give	26. Place of Mursin et?	2 Deeth (Che g Home & 28d. C	23b. Did tob  1  Yes  4e. Wes en performe  1  Yes  ck only one, 5  Resident  lescribe how	eutopsy ed?  2 No  eutopsy ed?  2 No  cee 6 Other injury occurre	24b. We ever con of d	Approximete Intervel Between Onset end Deet    Mon (    Year       Year       the cause of deably 4 [Drunk   re eutopsy findin ileble prior to inpletion of ceuse eeth?
Director: After this certificate has been signed by the attending physician and in by the funeral director, page 2 should be detached for use as the bunal-transit in by the funeral director, page 2 should be detached for use as the bunal-transit in by the funeral director, page 2 should be detached for use as the bunal-transit in by the funeral director, page 2 should be detached for use as the bunal-transit in by the funeral director, page 2 should be detached for use as the bunal-transit in by the funeral director, page 2 should be detached for use as the bunal-transit in by the funeral director, page 2 should be detached for use as the bunal-transit in by the funeral director, page 2 should be detached for use as the bunal-transit in by the funeral director, page 2 should be detached for use as the bunal-transit in by the funeral director, page 2 should be detached for use as the bunal-transit in by the funeral director, page 2 should be detached for use as the bunal-transit in by the funeral director b	Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last  Pert II. Other significant conditions of the conditions of th	b. — A  c. — d. — Contributing to deeth  Hospitel: 1 ☐ Inpa  28e. Dete of In (Month, D)  28e. Place of I building, 6	Due to (c)  Due to (c)  Due to (c)  Due to (c)  but not resident 2 [ jury year)  njury - At hotc. (Special to fmy knot.)	or es e consequence es	uence of):  uence of):  uence of):  deriving coderiving	euse give	26. Plece of Process 2 \( Normal Norma	Deeth (Che g Home ! 28d. D	23b. Did tob  1 Yes  4e. Wes en performe  1 Yes  ck only one,  G Residen  bescribe how  ccation (Stre	ecco use consecutive set on the Number of Stefe)	24b. We eve con of d	Approximate Intervel Betwee Onset and Deet Intervel Betwee Onset and Deet Intervel Betwee Onset and Intervel Betwee Onset and Intervel Betwee Onset and Intervel Betwee Onset Intervel Betwee
and recent.  Director: After this certificate has been signed by the attending physician and bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director by the funeral di	edical Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last  Pert II. Other significant conditions of the conditions of th	b. A  c. d. Contributing to deeth  Hospitel: 1 Inpa  28e. Dete of in (Month, Deep 1986)  28e. Place of Inbuilding, on the pull of the pull	Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  but not res  tient 2  jury lay Year)  njury - At hatc. (Specific tof my knoof examine	or es e consequence es	uence of):  uence of):  uence of):  deriving coderiving	euse give	26. Plece of Process 2 \( Normal Norma	Deeth (Che g Home ! 28d. D	23b. Did tob  1 Yes  4e. Wes en performe  1 Yes  ck only one,  G Residen  bescribe how  ccation (Stre	ecco use consecutive set on the Number of Stefe)	24b. We eve con of d	Approximete Intervel Between Onset end Deet Intervel Between Onset end Deet Intervel Between Onset end Deet Intervel Between Onset end Deet Intervel Intervel Intervel Intervel Intervel Intervel Intervel Intervel Intervel
performs and recognitive this certificate has been signed by the attending physician and be principle fulled in by the funeral director, page 2 should be detached for use as the bunal-transit in the funeral director.	ledical Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last  Pert II. Other significant conditions of the conditions of th	b. — A  c. — d. — contributing to deeth  Hospitel: 1 ☐ Inpa  28e. Dete of In (Month, D)  28e. Place of I building, on pyelclan: To the besimmer: On the basis	Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  but not res  tient 2  jury lay Year)  njury - At hatc. (Specific tof my knoof examine	or es e consequence es	uence of):  uence of):  deriving c  3 DC  M  uent factory  occurred c estigetion,	euse give	26. Plece of Nursin et ? (es 2 \square No number	Deeth (Che g Home ! 28d. D	23b. Did tob  1 Yes  4e. Wes en performe  1 Yes  ck only one, 5 Resident  bescribe how  ccation (Streity or Town,  te to the ceuthe time, dat	ecco use consecutive set on the Number of Stefe)	24b. We ever con of d	Approximete Intervel Betwee Onset end Deet    Mon
and recent.  Director: After this certificate has been signed by the attending physician and bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director by the funeral di	ledical Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last  Pert II. Other significant conditions of the conditions of th	b. — A  c. — d. — contributing to deeth  Hospitel: 1 ☐ Inpa  28e. Dete of In (Month, D)  28e. Place of I building, on pyelclan: To the besimmer: On the basis	Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  but not res  tient 2  jury lay Year)  njury - At hatc. (Specific tof my knoof examine	or es e consequence es	uence of):  uence of):  deriving c  3 DC  M  uent factory  occurred c estigetion,	euse give	26. Plece of Nursin et et et date end pl	Deeth (Che g Home ! 28d. D	23b. Did tob  1  Yes  4e. Wes en performe  1  Yes  ck only one 6  Residen  bescribe how  ccation (Strein)  the time, dat  296	ecco use con  a 2 No  eutopsy ed?  2 No  coe 6 Other vinjury occurre set end Number Stete)	24b. We ever con of d	Approximete Intervel Betwee Onset end Deet    Mon
and recent.  Director: After this certificate has been signed by the attending physician and bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director, page 2 should be detached for use as the bunal-transit bin by the funeral director by the funeral di	Medical Certification: To Be Completed by Physician/Medical	Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last  Pert II. Other significant conditions of the conditions of th	b. — — — — — — — — — — — — — — — — — — —	Due to (c)  Due to	or es e consequence es	uence of):  uence of):  deriving coderiving	euse give	26. Plece of Nursin et ? (es 2 \square No number	Deeth (Che g Home ! 28d. D	23b. Did tob  1  Yes  4e. Wes en performe  1  Yes  ck only one 6  Residen  bescribe how  ccation (Strein)  the time, dat  296	ecco use con  2 No eutopsy ed?  2 No  2 No occ 6 Other vinjury occurre set end Number Stete)  se(s) end mer e end place, e	24b. We ever con of d	Approximate intervel Between Onset and Dee Dee Onset and Dee Dee Dee Dee Dee Dee Dee Dee Dee De

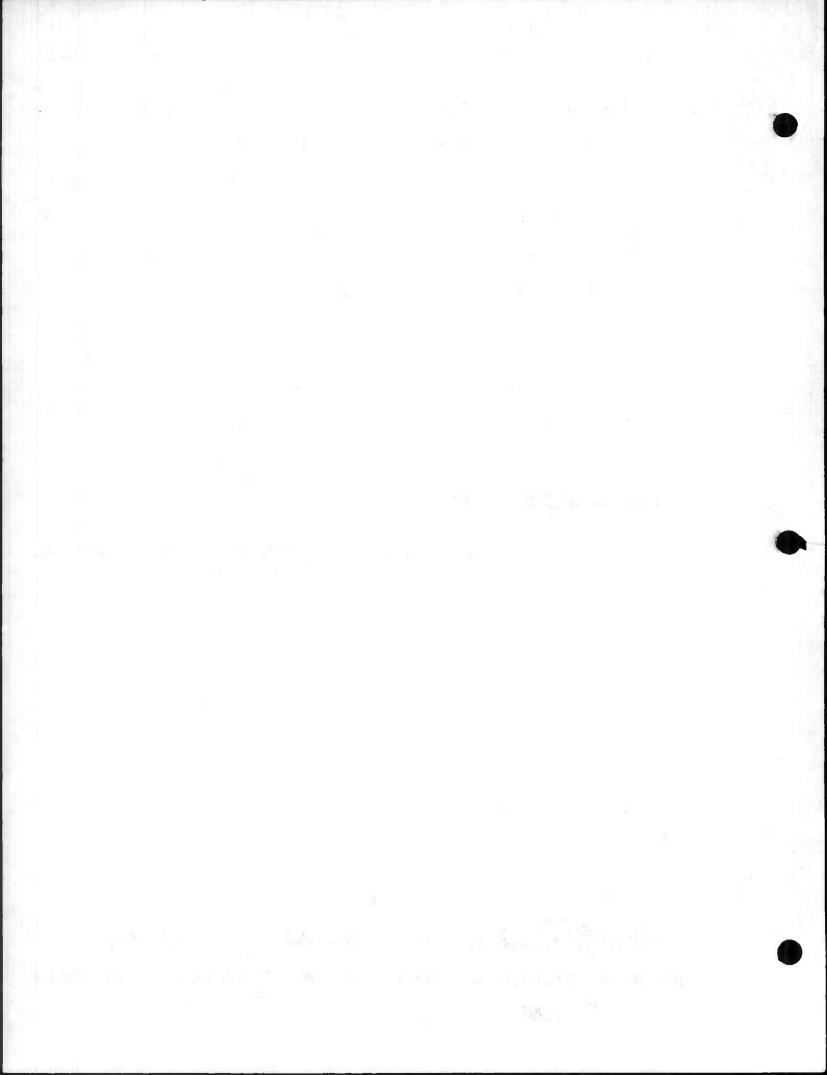
DHMH 16 Rev 6/95

eg om av Sar gr. 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 22080

						Cei	rtificate	e of	Death		Reg. No.			
	Discoult :		1. Decedant's Nama (First, Middla, La:	st)						2. Data of De	eth	1,5	3. Time of D	Daath
u	Physic /Medi		Calvin McC	llean St	taub					June 1	6. 199	97	5:25	P.M.
	Exami		4a. Fecility Name (If not institution, give	e streat and number)					4b. City, Town, or	Location of Deeth		inty of Death		
11			Frederi	ck Memorial	l Hos	pital			Freder	ick	1	Freder	ick	
П	Funeral	Г	5. Social Sacurity Number 6. S	ax 7. Aga	(In yrs. last		If Under	1 Yaar Deys	If Under 24 Hrs Hours Min		h		place (Stata or	Foraign
30.	Director		217-28-5789 Usual Rasidanca of Dacedant	□ M 2□ F	65	Yrs.	WOTERS	Deys	Hours Will			32 Mar	yland	
	land M		10a. State 10b. County	1	IOc. City, T	own or Lo	cation						10d. Insida City	Limits
	Man	Ş	Maryland Fred	erick	Fr	ederi	ck						1 ☐ Yes 2	20 No
	r 28	Director	10e. Street and Numbar		* * * *	cucii	10f. Zip (	Coda			10g. Citizan	of What Cou	ntry?	
	h wit		8556 Indian	Springs Rd.			21	702			Unit	ed St	atoc	
	deat	Funeral	11. Marital Status	12. Wes Dacedant Ev	er in U,S.	13. \	Vas Decede	ant of H	lispanic Origin? (S	Specify Yes or No- to Ricen, atc.)	14. 1	Race - Amari	cen Indian,	
Maryland 21215-0020	be filed within 72 hours efter death with the Maryland ntal Hygiens. Id other than "natural", or items 23s or 28s-f show event, the Medical Examinat must be nothered.	by	1 Navar Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1¹☑ Yas 2 ☐ No If Yas, Giva Year or Data5 2 —	-55		r Yas, speci 1 □ Yas 2		Specify:	to Hicen, atc.)		Black, Whita ecify: Whi		
9-0	2 ho	Completed	15. Decedent's Ed		1	6a. Deced	lant's Usual	Occup	ation		16b. Kind o	f Businass/Ir		
21	a. an "r	pie	(Specify only highest gra	da complatad) Collage (1-4or 5+)		(Giva lifa. l	Kind of work DO NOT use	k done e ratired	during most of wo	orking				
2	od wil	NO.	12			R	ealto	r			Own Re	al Es	tate Co	
nd	2 should be filed end Mental Hygi is marked other raumatic event, to	Be (	17. Fether's Nama (First, Middla, Last)						18. Mothar's Na	ma (First, Middla,				
yla	should be nd Mental marked o	70	Ernest W	. Staub					Vida	L	•	Davis	5	
lar	2 sho end is me		19a. Informant's Name/Ralationship (7	Typa, Print)	1	19b. Mailin	g Addrass	(Street	and Number or R	u <i>rai Routa N</i> um <i>b</i> e	or, City or To	wn, Stata, Zij	Code)	
2,	as 1 and 2 should of Health and Mer I item 27 is merks r other traumatic		Kitty Staub / Wi	fe		8556	Ind	ian	Springs	Rd./ Fr	ederic	k Md	21702	
ore	of H of H fitter		20a. Mathod of Disposition 1	Damoval from State	20b. Place came	e of Dispo atary, cren	sition (Nam: natory or oth	a of har plac	ca)	Data	20c. Location	on - City or T	own, Stata	
E	Pagas ment of H ant: If Ite ury or of		4 Donation 5 Othar (Specify		Mount	Tab	or Cer	mete	ery	6-20-97	Rocky	Ridge.	Marv1:	and
Baltimore,	permit. Pagas Department of Important: If it any injury or o		21. Signatura of Funeral Sarvice Licen						A 1 (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	tauffer				
ш	80 1 2 8		Bara - 01	O feet	<b>≂</b> ⊃	10	4 E. 1	Maiı		hurmont,			21788	
			23a. Part1. Enter the disease, or comp shock, or heart failure. List only	olicetions thet caused th	e death. D	Do not ente	er the moda	of dyin	g, such es cardia	c or raspiratory er	rast,	and	Approximate	200
a	Physiclan	- 1	Shooty of fibalt failura. List offly t	ona causa on aach iina.								1	Interval Batwe Onsat and De	
21	/Medical		Immadiata Ceusa (Final disaasa or condition	METASTA	TIC	Pools	LY DI	FFE	SNTIATE	D NON-	SM ALL	1	8 WEE	KS
П	Examiner		rasulting in daath)	a. METHSTA	ua to (or es	a consag	uanca of):	Ct	SLL LUI	VE CANO	EP		0	
	₽ #	iner	_	L										
	rtificate be axecuted ng physiclan end s as the burial-transit	Examiner	Sequentially list conditions,	Du Du	a to (or es	a consaq	uance of):							
g,	se axe		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury									- 1		
68760,	ate b	edicai	that initiated avants rasulting in daath) Last	Du	a to (or as	e consequ	uance of):					1		
9 ×	D'a	Σ		d								1		
Bo	eath ce ettendi for use	Physician/		u.										
o	that the death ed by the ette detached for	ysic	Part II. Other algnificant conditions co	ontributing to death but r	not rasulting	g in the ur	ndarlying ce	usa giv	en in Pert I.	23b. Dld t	obacco uae	contribute t	o the cause of	death?
0	hat the									1)	/es 2□ N	o 3 Pro	bably 4 U	nknown
Ŝ	signed d be del	ρ										T		
Record	The law requiras that the death ce ste has been signed by the ettendi page 2 should be detached for use	Completed								24a. Was perfor	en autopsy mad?	91	ere eutopsy fine railabla prior to emplation of cau	
Sec	e law has b	npi											daath?	129
		S								1 🗆 Y	as ZANO	11	Yes N	0
Viita	ysician: The list certificete hadirector, page	Be	25. Was casa refarred to medical axaminar?							ath (Check only o	na)			
	Attending Physician: ir death. ector: After this certific by the funeral director,	2	1 ☐ Yas 2 No	Hospital: 1 Inpatiant		Outpatien		-	4 Li Nursing r	loma 5 ☐ Resid	ence 6 🗆	Othar (Special	fy)	
ב	ng P	:uo	27. Mennar of Death  1 ■ Natural 5 □ Pending	28a. Date of Injury (Month, Day Y	'ear) 28t	b. Time of Injury	28	c. Injury Worl	y et k?	28d. Describe h	ow injury oc	curred		
Sio	death. death. ctor: A y the fi	cati	2 Accidant invastigation 3 Suicida 6 Could not be				M	1 🗆	Yas 2□No					
Division of	l or Attending I after death. Director: After d in by the fune	Certification:	4 Homicida detarminad	28e. Place of Injury building, atc. (	- At homa, Specify)	, farm, stra	at, factory,	office		28f. Location (S City or Tow	itreet and Nu n, Steta)	imber or Run	al Routa Numbe	<i>₹</i> 7,
	urs a rail D													
	To the Hospital or Attending is within 24 hours after death.  To the Funeral Director: After completely filled in by the funer	edicai	29a. Cartifiar Certifying Phy	rsician: To the best of minar: On the basis of ax	amination	iga, daath end/or inv	occurred et astigation, l	t tha tim In my op	ne, date end place pinion, deeth occu	a, and due to the durred at the time, d	eusa(s) and data end plac	mannar es s	tetad. the ceusa(s)	
	the thin the mple	Mec	29b. Signature and title of contine	and manner stated	d.									
	T × 5	-	May Oll 29	must us	0		290.	D 3	1761	1	esa. Date sig	ned (Month,	<i>∪</i> ay, Yea <i>r)</i>	
			My condition	,,,,,,							7.	-///		
			30. Nema and addrass of person who c		h (Item 23	e) (Typa, F	Print)	1EM	74 00	CO CO	20 101	MAA	217	61
				NNOR MO			" 700	المهمان ا	111 31	FREDE	1400	1-100	~ /	57
	Sta Registr		31. Dete filad (Month, Dey, Year)	32. Registrar's	Signatura	. 0								



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** Month Carrol1 June 13. 1997 Ernest Springer 3:42 P.M. /Medical 4a. Fecility Neme (If not institution, give street and number, 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Frederick Memorial Hospital Frederick Frederick 5. Social Security Number If Under 1 Year If Under 24 Hrs. Hours Min. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral**  Birthplace (State or Foreign Country) 1**½**21√10 2∏ F Days Yrs. Director 220-16-2927 April 17, 1924 Maryland Usual Residence of Decedent the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, it a Medical Examiner must be notiled at 1 ☐ Yes 2 No Director Maryland Frederick Thurmont 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8213 Rocky Ridge Road death Funeral 21788 United States 12. Was Decadent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 ☒ No
If Yes, Give
Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Race - American Indien, Black, White, etc. 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 1 No þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) permit. Pages 1 and 2 should be filed within.
Department of Health and Mantal Hygiena.
Important: If Item 27 Is marked other than any Injury or other traumation. Elementary/Secondary (0-12) College (1-4or 5+) 6 Labor Farming 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be William Springer Minerva Wilhide 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Raymond G. Springer, brother 8213 Rocky Ridge Road Thurmont, Maryland 21788 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, State XXBuriel 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Weller United Methodist 6/17/97 Thurmont, Maryland 22. Name and Address of Facility Stauffer Funeral Homes, P.A. 21. Signature of Funeral Service Licensee 104 East Main Street Thurmont, Maryland 21788 disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, 23a Part1. Enter the di shock, or heart fei **Physician** /Medical Immediate Cause (Finel ADDIOMO disease or condition resulting in death) Examiner Examiner bunal-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in deeth) Lest Division of Vital Records, P.O. Box 68760. attanding physician for use as the buna Physician/Medical Due to (or es e consequence of): Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detac 1- Yes 2 No 3 Probably 4 Unknown þ Be Completed 24b. Were eutopsy findings eveilable prior to completion of cause of death? 24e. Wes en eutopsy performed? ata has b certificata 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certificant of the funeral director. 25. Wes case referred to medical 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Yes 2 ☐ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28h. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 - Homicide To the Hospital or A within 24 hours after To the Funeral Direcomplataly filled in b 1 Certifying Phyelclen: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end placa, end due to the ceuse(s) end manner stated. 29a. Certifier edicai 29b. Signature and Mile of 6 29d. Dete signed (Month, Dey, Year) 30. Name end eddress of person who completed ceuse of death (Item 23e) (Type, Print) Dr. Edward Riuli, M.D. 310 West Ninth Street Frederick, Maryland 21701 31. Date filed (Month, Day, Year) 32 Registrant Signature Royall State

**DHMH 16 Rev 6/95** 

Registrar

Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 7 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Deta of Death 3. Time of Death Month 1997 Mary Ellen Schreiber July 8:07 AM 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Easton Talbot Genesis ElderCare -The Pines 7. Age (In yrs. last birthday) 8. Deta of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) 1□ M 2₩ F Days Hours 212-30-1030 88 Yrs MARYLAND Usuel Residence of Decadent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 ☐ No MARYLAND TALBOT COUNTY EASTON 10e. Street and Number 10f. Zip Code 10g, Citizan of What Country? 610 DUTCHMANS LANE U.S.A.

14. Rece - American Indien,
Bleck, White, etc. 21601 12. Was Decedent Ever In U.S. Armed Forces? Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 11 Meritei Stetus 1 ☐ Yes 2 ☐ No If Yes, Give X Yaer or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: WHITE 3 ☑ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) N/A CLERICAL OFFICE 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) **GEORGE** LITZ EDITH BRUFF 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) ANNE MARIE ENGLEHART (DAUGHTER) 64 PARK LANE, EASTON, MD. 21601 20b. Place of Disposition (Nama of cemetery, cramatory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Buriel 2 ☐ Cramation 3 ☐ Pamoval from Stete 4 Donetion 5 Othar (Specify) GLEN HAVEN MEMORIAL PARK 7/7/97 GLEN BURNIE, MD. 22. Name end Address of Facility SINGLETON FUNERAL HOME, 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 23a. Pert 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fallure. List only one cause on each line. Approximate Interval Between Onset end Deeth Immediate Ceuse (Finel disease or condition resulting in deeth) RESPIAATORY FAILURE, ONGESTINE REART FAILURE,
Dua to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Honknown 24e. Wes en eutopsy 24b. Were autopsy findings evellable prior to completion of cause of deeth? 200 No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 25. Was case referred to finedical axeminer? 26. Plece of Beeth (Check only one)

**Physician IMedical** Examiner physician end the buriel-trensit The lew requires that the death certificate be executed

68 ettending p

signed by the e

should I

certificate hes b lirector, pege 2 s

this

efter deetl Director:

124 hours efter dec • Funeral Director pletely filled in by th

To the Hosp within 24 hor To the Fune completely fi

Hospital or Attending Physician:

Division of Vital Records, P.O. Box 68760,

Examiner

Physician/Medical

þ

Completed

Be

Certification: To

**Physician** 

/Medical

Examiner

10a State

Director

Funerai

þ

Completed

2

**Funeral** 

**Director** 

7 is marked other than "naturel", or items 23a or 28a-f ehow traumatic event, the Medical Examiner man be notified at

filed within 72 hours efter deeth Hygiene.

permit. Peges 1 end 2 should be f Department of Health end Mental I Important: If Item 27 Is marked of any Injury or other traumatic ever

the Maryland

Sequentially list conditions, if any, leading to Immadiete cause. Enter Underlying Cause (Diseese or Injury that initiated events rasulting In deeth) Lest

Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) 1 ☐ Yes 200 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth

28e. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending Investigation 1 Yas 2 No 2 Accident

6 Could not ba 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homicide

112 Certifying Physician: To the best of myknowledge, death occurred et the time, dete end piece, end due to the cause(s) end menner es steted.
2 Medical Examiner On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the tima, date end place, end due to the cause(s) 29a. Certifier 2 ☐ Medical E

ner On the basis of expend manner states (Check only one) 29b. Signeture and title of confifier 29d. Data signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

F MARAS 508 FALKWILD AUE. EASTON, MD DAVIEL

State Registrar 31. Date filed (Month, Day, Year) £ € 199

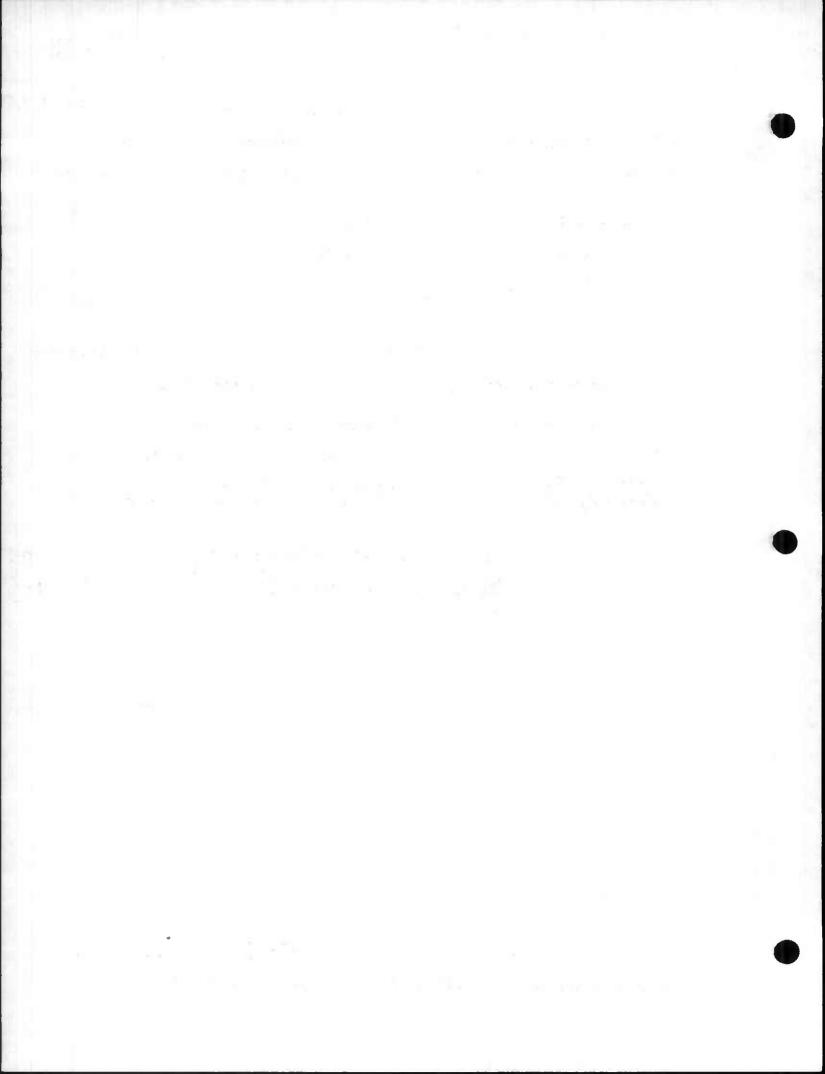
**DHMH 16 Rev 6/95** 

What is the B 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 22083

					C	Certifica	ate of	Death		F	leg. No.			
П			1. Decedent's Name (First, Middle, La	ist)						2. Dete of Dea	th		3. Time of Death	
ш	Physic		John	٨		Sto	nsbur			Month T. J. O	Dey 1997	Yeer	4:00 P.N	1.
4	/Medi		4e. Fecility Name (If not institution, giv	re street and number)		Sta			vn. or Lo	July 8 cation of Death	4c. County	of Deeth		_
4	Exami	ier		A STATE OF THE STA									1 1	
			1108 Central Ave		la el bietha	four If Unc	der 1 Year	Edge		8. Date of Birth	Anne			
	Funeral		1 - 1 - 1	IDM 2□ F	Yr:	Month		Hours	Min	(Month Day	Year)	9. Birthp	lace (Stete or Foreig	n
	Director		578-22-3224 Usuel Residence of Decedent	73			<u> </u>			Nov. 7,	1923	Wash	nington, DO	
	pu s		10a, State 10b, County	10c Cit	v Town o	r Location							0d. inside City Limits	
	sho	2			•							1.	1 XYes 2 No	
	N P	ğ	Maryland Anne Ar	undel	F	Edgewa							122165 213140	_
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Director	10e. Street end Number			10f. 2	Zip Code			1	log. Citizen of	What Coun	itry?	
	th w 23a		1108 Central Ave	. East			21037	,			J	JSA		
	within 72 hours effer deeth with the Meryland ene. than "natural", or Items 23a or 28a-f show the Medical Evarring must be notified at	Funeral	11. Maritel Stetus	12. Wes Decedent Ever in U Armed Forces?	S.	13. Was Dec	cedent of F	lispenic Orig an, Mexican	pin? (Spe	cify Yes or No-		e - Americ		
0	offe Pr		1 ☐ Never Married 2 ☐ Married	1 ☑ Yes 2 ☐ No			2 X No		, i doito i	noan, etc.)		ck, White,	etc.	
21215-0020	al.	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates: W.W	.II	1 L Yes	ZLANO	Specify:			Specif	Wh:	ite	
9	2 ho	Completed	15. Decedent's Ed		16e. D	ecedent's Us	sual Occup	ation			16b. Kind of B	usiness/Inc	dustry	
2	hin 7	D e	(Specify only highest gra Elementary/Secondery (0-12)	College (1-4or 5+)	- (G	give kind of vie. DO NOT	work done use retire	dunng most d)	of workir	ng				
7	the state	E	10th	Oollege (1-401 54)	Se1	Lf-Emp	1oved				Plumbi	ng Co	ontractor	
D	ent,	Bec	17. Father's Name (First, Middle, Last,	)			-		r's Name	(First, Middle,				
an	d be sentel	8	Ducilmer	A. Stansbury					В	lanche	Smith			
7	nd M	ည	19e. Informent's Name/Relationship (		19h M	lailina Addra	see /Stract	and Numba		l Route Numbe		State Zin	Codel	_
N	d 2 s th ar 7 is			***										
e,	Heal Heal Heal ther		Erma E. Stansbury 20e. Method of Disposition		lace of D	)8 Cen isposition (A	tral	Ave.	East	Edgewa				_
Ö	ges If its or o		1 M Burial 2 ☐ Cremation 3 ☐	Removel from State	emetery,	cremetory o	r other pla				20c. Location			
Ē	Pe men ant: ury		4 ☐ Donation 5 ☐ Other (Specif	y) Ce	dar b	Hill C	emete	ery	/ -1	1-97	Suitlar	id, Ma	aryland	
Baltimore, Maryland	permit. Peges 1 end 2 should be filed within 72 hours efter deeth with the Merylen Department of Health and Mentel thygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumstic event, the Medical Evantinet must be notified at once.		21. Signature of Funeral Service Liber	1588		22. Name	end Addre	ss of Fecility	12	eral Ho				
Ш	89789		VINONT VIAN	2_		2973	er. Solom	raias	run clan	a Ra F	me daewate	m M	1. 21037	
П			23a. Pert1. Enter the disease, or com shock, or heart failure. List only	plicetions thet ceused the deat	h. Do not							1, 110		
	Physician		shock, or heart failure. List only	one cause on each line.								1	Approximate Interval Between Onset and Deeth	
	/Medical		Immediate Cause (Finel	0 - 1 -		. ~	11.	.Di	A1 .	4.4	,	ļ	2 2 4	u
1	Examiner		disease or condition resulting in deeth)	a. CACHE	MC	2 0	IW	cour	gui	MANGE			& mus	n
ш		-		a. Cache Due to (c	r as e cor	nsequence o	f):	)	1				2 must	
	pet is	edical Examiner						side	M				Ce huy	4
	certificate be executed ding physician end ise es the buriel-transit	xar	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury	Due to (o	r es e cor	sequence o	f):					į		
8	be e lclan burie	alE	ceuse. Enter Underlying Ceuse (Disease or injury	С.								į		
68760,	phys the	dic	thet initiated events resulting in deeth) Lest	Due to (o	r es e con	sequence of	f):					i		
ox o	ding Se es	M		d								i		
8		lan												
o.	The lew requires that the deeth ate best been signed by the etter bage 2 should be deteched for to	Physician	Part II. Other significant conditions of	ontributing to death but not res	ulting in th	e underlying	g cause giv	en in Part I.		23b. Did to	obacco use co	ntribute to	the cause of death	?
P.0	d by	P.								1 □ Y	08 2 NO	3□ Prot	bably 4 Unknow	vn
Ś	gnex be d	by												
Records,	v require been si should I	8								24a. Wes e		24b. We	ere eutopsy findings eileble prior to	
ပ္ပ	s be	pie								penoi	11100 1	COI	mpletion of cause death?	
ž	The lew ate hes page 2	Completed								4 D V	of office			
g			25. Was cese referred to medical							1 U Y		1	]Yes 2□No	
Division of Vital	sician: certifica rector,	o Be	exeminer?	Hospital:			Oth	or		(Check only or V				
o	Physical direction	-	27. Manner of Deeth	1 L Inpatient 2 L	ER/Outpe 28b. Tim		DOA	4LI NUI	-	ne 5 🖾 Reside 28d. Describe h			y)	
Z	ding F h. After funer	5	1 Netural 5 ☐ Pending	28e. Date of Injury (Month, Day Yeer)	Inju	ry	28c. Injur Wor			ou. Describe n	ow injury occur	red		Н
S	Attendi deeth. ctor: A y the f	cat	2 ☐ Accident Investigation 3 ☐ Suicide 6 ☐ Could not be	9		М		Yes 2□N						
≥	or Attend efter deeth Director: A d in by the f	Certification:	4 ☐ Homicide determined	28e. Place of Injury - At he building, etc. (Specification)	me, farm	, street, facto	ory, office		2	28f. Location (S City or Town		er or Rura	l Route Number,	
	ital or is elled i													
	Hospital or Attending Physician: Lah hours effer deeth. Funeral Director: After this certific tiely filled in by the funeral director,	edicai	29a. Certifier 1 Certifying Ph	yeiclan: To the best of my knowner: On the basis of exeminal	wiedge, d	eath occurre	d at the tin	ne, dete end	place, e	nd due to the c	euse(s) end me	anner as st	eted.	
	To the Hospital o within 24 hours of To the Funeral Di completely filled in	Pe	one)	and manner stated.					. occurre	or trio finite, O	ola ella piece,	ONG GUE IO	(a) conse(s)	
	Vit To	Σ	29b. Signature and title of certifier	)		2	9c. Licens	. 0.0	. 1 -	2	9d. Date signe	d (Month,	Dey, Yeer)	
			MW CX	amoun		.	1) (	586	14		71	919	7	
			30. Name and address of person who	completed cause of death (Item	23a) (Ty	pe, Print)			-					
			George Samaras, N				e Ann	apoli	s, M	aryland	21401			
	Sta	te	31. Date filed (Month, Day, Year)					•						
	Registr		.1111 1 0	32. Registre's Signa	avidson	- Hande	All o							J



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 1 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Sum. Anthony 1820 -03 4a. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth PENINSULA REGIONAL MEDICAL CENTER If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
Months Deys Hours Min. Month, Psy. Year 925 SALISBURY WICOMICO 6. Sex 1 M M 2□ F 5. Social Security Number 9. Birthpleca (State or Foreign 7. Age (In yrs. last birthday) 194-16-9936 Yrs. Usuel Residence of Decedent 10b. County 10c. City. Town or Location 10d. tnside City Limits Accomack Wallops Island 10f. Zip Code 10g. Citizen of Whet Country? 23337 U. S. A. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc.

permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heelith end Mentel Hygiene. Important: If them 27 is marked other than "naturat", or items 23a or 28a-f show any injury or other traumatic event, the Medical Exercise must be notified at space.

25# 194-16-9936

**Physician** 

/Medical

Examiner

10e State

**Funeral** 

Director

**Physician** /Medical Examiner

Division of Vital Records, P.O. Box 68760 certificate has 쿭 Athar after death Director: To the Hospital or within 24 hours at To the Funeral Di

1 ☐ Yes 2 No Director Virginia 10e. Street end Number 8110 Mifflin Road 12. Wes Decedent Ever In U,S. Armed Forces? 1 Dayes 2 D No If Yes, Give Yeer or Dates! 11 Maritel Status 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: þ Specify: White 3 Widowed 4 □ Divorcad 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Deisel Mechanics Hall Motor Transport 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Anthony Swan 19a. Informant's Neme/Reletionship (Type, Print) 19b Mailing Address (Street and Number or Rural Rayre Nymbar, City or Town, State, Zip Code), 329 C. (Ornwall Street, Philadelphia, 7a. 19134 20b. Plece of Disposition (Neme of cemetery, cremetery or other plece)
Green Bount (emetery) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) 7-9-97 Philadelphia, 21. Signeture of Funeral Service Licenses 23 Nathard Affine Exactly Home 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heert failure. List only one cause on each line. (hincoteague, Virginia 23336 Approximate Intervel Between Onset end Deeth Immediete Ceuse (Final · arterios clerotic Cardiovas war Visease diseese or condition resulting In death) Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of): Pert II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown Obstructive Lung 1 ☐ Yes 2 ☐ No ð 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? 1 Yes 2 N 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Plece of Deeth (Check only one) examiner 1 DYes 2 DN6 Other: 4 Nursing Home 5 Aesidenca 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 28a. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end menner steted. 29a. Certifier Medical 29b. Signeture end title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) 035 D.M.E 30. Neme end eddress of person who completed cause of death (Item 23a) (Type, Print).

Sahut Bulkeley, M.D., 108 Rive Bluff Rd., Salis burry, Md.

31. Dete filed (Month, Day, Year)

JUL 07 1997

State Registrar The state of the s grand a convictable complete, the same of

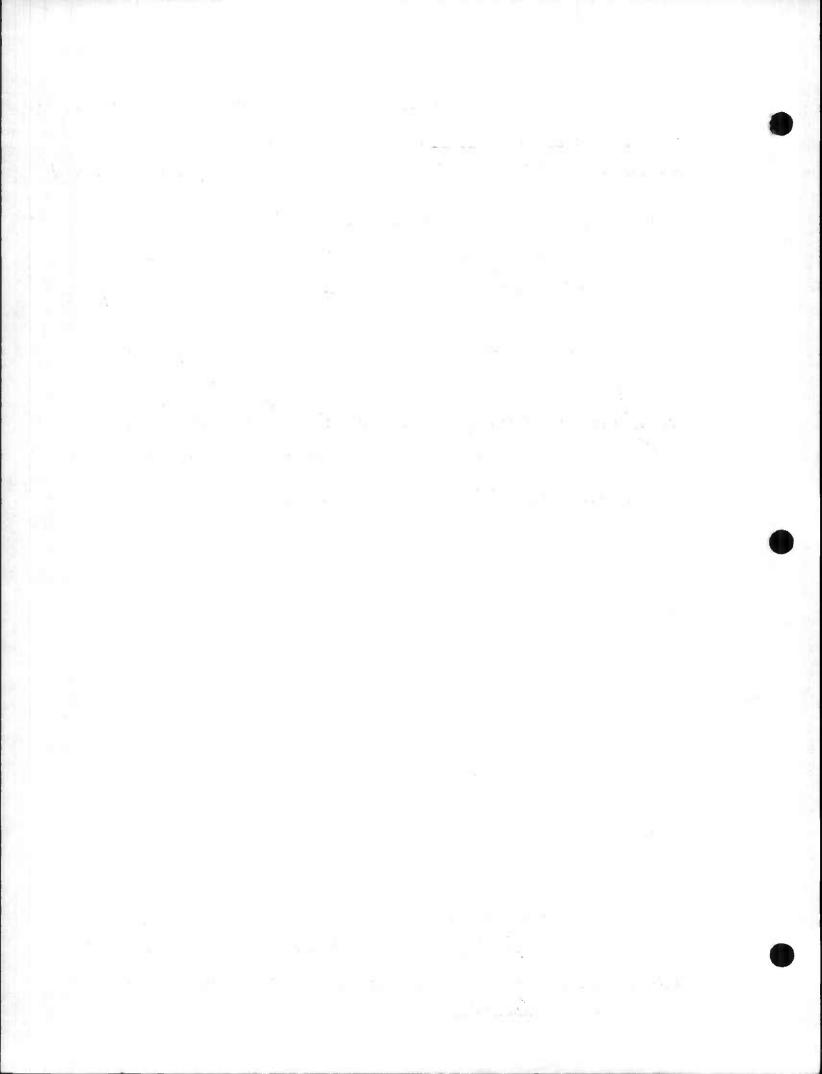
# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 1 2 2 0 8 5

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death June Physician 24<sup>ey</sup> 1997 Edward Gi Stanlev 10:55 PM /Medical 4e. Fecllity Nama (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Genesis ElderCare -The Pines Easton Talbot If Undar 24 Hrs. 8. Dete of Birth Hours Min. (Month, Day, Year) If Undar 1 Yaer 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthpleca (Stata or Foreign Country) **Funeral** 10M 20 F Months Days Director 217-00-2098 MARY Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 10d. Insida City Limits Director 1 ☐ Yas 2 ☐ No Wicomico MARGELA SPRINGS md. 10e. Street and Number 10f. Zlp Coda 10g. Citizen of Whet Country? 25728 LOB DERMILL 21837 454 Funeral 12. Was Decedent Ever in U.S. Armed Egrees or items 13. Was Decedant of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. Maritel Status 14. Race - Amarican Indien, 1 Never Married 2 Married 1 DY66 2 No If Yes, Give Yeer or Detes: altimore, Maryland 21215-0020 1 Yes 2 4No Specify: à 3 ☐ Widowed 4 ☐ Divorced Black Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Hygiane. Elementery/Secondery (0-12) College (1-4or 5+) MANFAINCE permit. Pages 1 and 2 should be filed wi Department of Health and Mental Hygian-important: If Item 27 is marked other that any injury or other traumatic event Jupent 17. Father's Neme (First, Middla, Last) 18. Mother's Neme (First, Middla, Maiden Surneme) Be 2 HALLRY -SmilE Elisa SmilE. 19b. Mailing Address (Street end Number of Rural Route Number, City of Town, State, Zip Code) 19e. Informent's Name/Reletionship (Type, Franci SOPERMILL 25728 STANGEL Fd 21837 HORTENSE 20b. Pleca of Disposition (Nama of cemetery, cramatory or other plece) 20a. Mathod of Disposition Dete 20c. Location - City or Town, Steta 1 1 Burial 2 ☐ Cremetion 3 ☐ Removal from Stet AMARGELA mde MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) VA 21. Signeture of Funerel Service Licenal 22. Neme and Address of Facility SAKBREY NE Williamson - Flor HARty 917 W ISAbella St 121 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or espiretory errest, shock, or heert fellure. List only one cause on eegh line. Approximete Interval Between Onset and Deeth **Physician** Immediate Cause (Final disaesa or condition resulting in deeth) /Medical SEPSIS WEEK Examiner Due to (or es e consequence of): Examiner VASCULAR ACCIDENT The lew requires that the death certificete be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in daeth) Last Dua to (or as a consequence of) P.O. Box 68760, Physician/Medical the Dua lo (or as a consequenca of): Pert fl. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detac 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown SEIZURE DISORDER Records, ģ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Wes an autopsy performed? MULTI INFARCT DEMENTIA. page 2 s. DO TH VAOIDISU 1 Yes 2 DINO this certificate 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; t Be 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Norsing Homa 5 Rasidence 6 Other (Specify) 1 Yas 2 No Certification: To 27. Menner of Death 28a. Deta of Injury (Month, Day Year) 28c. Injury et Work? 28b. Time of 28d. Dascribe how Injury occurred 1 Neturel 5 Panding investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 D Homicide Medical 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, and due to the cause(s) and manner es steted.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and pleca, and due to the cause(s) and manner stated. 29a. Certifier 2 ☐ Medical Ex 29d. Date signed (Month) Dey, Year) 29b. Signeture end title of coefficient 29c. License number 5 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) DANIEL E. MAKAS, DO 508 IPLEUNIS AUE EASTON, MD 2160)

State Registrar 31. Dete filed (Month, Dev. Year) 03 1997

32. Registrar's Signature



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien 27

			State of Mar		ertificate of			leg. No.	22086
	Physic /Medi	cal	1. Decedant's Nama (First, Middle, Last)  Sarah Elizabeth 10  4a. Facility Nama (If not institution, give street and number)	21/		th Oh Taur and a	2. Data of Daa	th Day	3. Tima of Death 9971159am.
	Examir Funeral Director	ner	Dorchester General H 5. Social Socurity Number 214-30-8775  6. Sax 10 M XX F 83	OSDI A		4b. City, Town, or Le	8. Data of Birth (Month, Day May 12	Do r C	1 1
	iryland show		Usual Rasidance of Decedant  10a. Stata 10b. County 1  Maryland Dorchester	Oc. City, Town or Lo					10d. Insida City Limits
	with the Ma a or 28a-f	Funeral Director	10e. Street and Number 1511 Crocheron Road	Croche	10f. Zip Coda	1672	,	Og. Citizen of V	1 ☐ Yas ŽŽNo Vhat Country?
020	be filed within 72 hours after death with the Maryland nai Hygiene.  Identifygiene than "nature!", or items 23a or 28a-f show event, the Medical Exacination number notified at	by	11. Marital Stalus  1 Navar Married 2 Married  3 Was Decedant Ev. Armed Forces?  1 Yas 2 No If Yas, Giva Yas To Dalas:			lispanic Origin? (Spe an, Maxican, Puarto Specify:	ecify Yas or No- Rican, atc.)	14. Rac	e-American Indian, kk, Whita, atc. :: White
21215-0020	within 72 ho ene. than "natur he Wed call	Completed	15. Decedant's Education (Specify only highast grada complated)  Elementary/Secondary (0-12)  Collega (1-4or 5+)		edant's Usual Occup a kind of work dona DO NOT use retired	eation during most of working ther	ing		od Plant
	d a b	To Be Co	17. Fathar's Nama (First, Middla, Last) Robert W. Bloodsworth		arood wor	18. Mothar's Nama	(First, Middla,	Maidan Sumam	
Maryland	2 sh and ls m	_	19a. Informant's Name/Raiationship (Type, Print) Beverly J. Todd Daught			and Number or Rurs			Stata, Zip Coda) aryland 21672
Baltimore,	permit. Pages 1 and Department of Health Important: If Item 27 any injury or other tr once.		20a. Mathod of Disposition  MXBurial 2 □ Cramation 3 □ Ramoval from Stata 4 □ Donation 5 □ Othar (Specify)	20b. Place of Dispo cematary, cra	osition (Nama of matory or othar plac	(ce)	Data	20c. Location -	City or Town, Stata
Balti	permit. Pages Department of Important: If it any injury or o		21. Signature of Funarai Sarvice Licensaa	Th	2. Nama and Addra 10mas Fune	ss of Facility eral Home,	P.A.		lge, Maryland
9	Physician		23a. Pan Entar tha disaasa, or complications that caused th shoot, or heart failure. List only ona cause on each lina.	a daath. Do not en	O Locust	Street Cang, such as cardiac of	ambridge or raspiratory are	e, Maryl	Approximate Interval Between Onset and Death
	/Medical Examiner		Immediata Causa (Final disease or condition rasulting in death)	The Az	quence of):	MIA			4 min
	and I-transit	Examiner	Sequentially list conditions, if any leading to immediate	ua to (or as a consec	quance of):				
x 68760,	ertificate be executed ling physician and e as the bunal-transit	edical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events rasulting in death) Last	a to (or as a consec	quance of):				
Box	death certified attending ped for use as	Physician/N	Part II. Other significant conditions contributing to death but r	not resulting in the u	undarlying causa giv	an In Part i.	23b. Did to	obacco use cor	ntribute to the cause of death?
s, P.O	es that the de igned by the a be detached t	by Phy	Hypertension				1 🗆 Y	es 2 No	3 □ Probably 4 □ Unknown
Vital Records,	s been s 2 should	Completed					24a. Was a perfor	in autopsy med?	24b. Wara autopsy findings available prior to completion of cause of death?
tal R			25. Was casa rafarred to medical				1 🗆 Y		1 Yas 2 No
>		o Be	axaminer?  1 Yas  No  Hospital: 1 Inpatiant	2 ER/Outpatier	nt 3 DOA Oth	26. Place of Death er: 4□ Nursing Hor			ar (Specific)
o	Physer this	T :u	27. Mannar of Death 28a. Data of Injury	28b. Tima o			28d. Dascribe h		
Division	al or Attending Pl s after death. Il Director: After the ed in by the funera	Certification:	1 Matural 5 Panding (Month, Day You are a color of the co		M 1 🗆	Yas 2□No	28f Location (S	traat and Numb	er or Rural Routa Number,
Ö	To the Hospital or A within 24 hours after To the Funeral Directompletely filled in b		4 Homicida building, atc. (	Spacify)			City or Tow	n, Stata)	
	he Hosp in 24 ho he Fune pletely f	edical	29a. Certifiar (Check only one)  Certifying Phyaician: To tha best of m 2 Medical Examiner: On tha basis of ax and mannar stated	ramination and/or in	h occurred at tha tin wastigation, in my o	na, data and piace, a pinion, daath occurra	and dua to tha c ad at tha tima, d	ause(s) and ma ata and place, a	nnar as stated. and dua to tha causa(s)
	To t com	×	29b. Signatura and titla of cadifier  My fortellur une		29c. Licans	15001	_	07-11	(Month, Day, Year)
_			30. Name and address of person who complated cause of death Michael Factor M.D.	h (Item 23a) (Type, 408 B	Print) St.	Camb	ridge	MD	21613
	Sta	te	31. Date filad (Month, Day, Year) 32. Registrar's	Signatura	11				

Registrar

DHMH 16 Rev 6/95

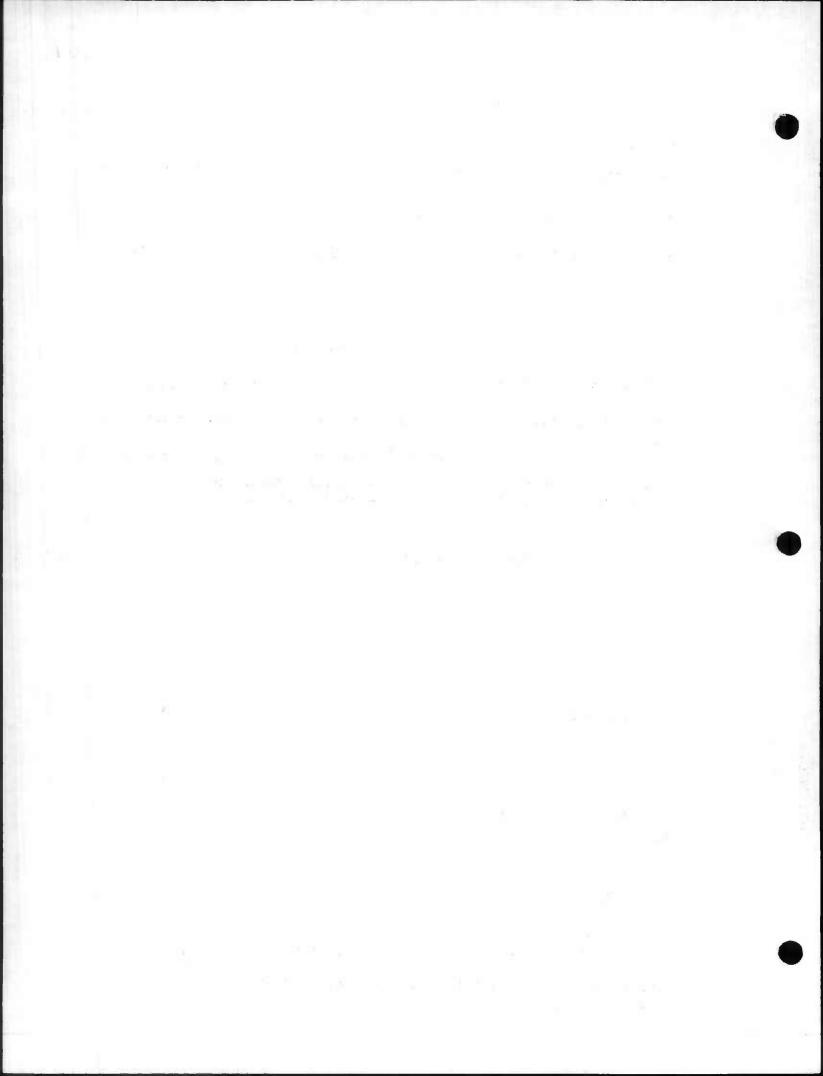
See also are the second 20 21 2 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 2 2 0 8 7

Physician /Medica		1. Decedent's Name (First, Middle, L				-		2. Dete of De Month	Reg. No. eeth Day	3. Tim	ne of Death
			MARY		Μ.	TW	IGG	JULY			43 A.M
Examine	-	4e. Fecility Name (If not institution, g	ive street and number,	)			4b. City, Town, or I	ocation of Deet	h 4c. County	of Death	
	_	MEMORIAL HOSPITA	L				CUMBERLA		ALLE		
Funeral Director		5. Social Security Number 6.  212-24-1145  Usual Residence of Decedent	Sex 1□ M 2 F 7. Ag	ge (In yrs. I 89	ast birthday) Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, De	29 <sup>y</sup> ear/1907	9. Birthplace (Sta	ate or Foreig
A ==		10e. State 10b. County		10c. City	, Town or Lo	cation				10d. insid	le City Limit
28a-f show	ğ	MD Allega	ny		Cumber	rland					Yes 2 N
ō 8 2	Funeral Director	10e. Street and Number 115 East Mary S	Street			10f. Zip Code 2150	)2		10g. Citizen of V		
9 5	by Funer	11. Marital Status  1 ☐ Never Merrled 2 ☐ Married  3 ☑ Widowed 4 ☐ Divorced	If Yes, Give	?		Was Decedent of H f Yes, specify Cub	tispanic Orlgin? (S an, Mexican, Puert Specify:	pecify Yes or No o Rican, etc.)	5 14. Rac Bla Specifi	ce - American India ck, White, etc.	
natural',	<u>p</u>		Year or Dates:				action			WILL C	
	Be Completed	15. Decedent's I (Specify only highest g  Elementary/Secondery (0-12)	cation rade completed) College (1-4or	5+)	(Give life. L	kind of work done OO NOT use retire ical Home	pation during most of word d) e Nurse	king	Nursi	ng	
	o Re Co	17. Father's Name (First, Middle, Las Charles Willia	,				18. Mother's Nam Kather	ne (First, Middle ine M.		ne)	
		19a. Informant's Name/Relationship Matt Cline-gran					end Number or Ru 1 Avenue				
Important: If Item 27 is any Injury or other tra		20a. Method of Disposition  1 Buriat 2 Cremation 3  4 Donation 5 Other (Spec		20b. PI	lace of Dispo- em <i>etery, cre</i> n nset M	sition (Name of natory or other pla	Park	Date 07/08		City or Town, Staterland MD	е
Importan any Injur once.		21. Signeture of Funeral Service Lice		$\infty$	22	Name and Addr	11 Funer and MD 2	al Home			
ysician Medicai aminer		Immediate Cause (Final disease or condition resulting in death)	a. Acute M	-	dial as a conseq		on				Week
physician and set the buriel-trensit	Examine	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events	b	Due to (or	es a conseq	uence of):					
	Medical	Cause (Disease or injury that initiated events resulting in death) Last	C	Due to (or	as a consequ	uence of):					
been signed by the attending should be deteched for use a factor of the standard by Dhueician M. Dhueician M.	ysician	Part II. Other eignificent conditions	contributing to death t	out not resu	Iting In the ur	nderlying cause giv	en in Part I.	23b. Did	tobacco use co	ntribute to the cau	use of death
dete		Hyponatremia						10	Yes 2 No	3 Probably	4 Unkno
should should								24a. Was	s an autopsy ormed?	24b. Were autor evailable procompletion of death?	rior to
irector, page 2 s	5							1□	Yes 2 No	1 ☐ Yes	2 No
ertifica actor, j		25. Was cese referred to medical examiner?					26. Place of Dea	th (Check only			
this ce	2	1 Yes 2 No	Hospital: 1 Inpati	ent 2 🗆 i	ER/Outpetien	t 3 DOA Ott	ner: 4□ Nursing H	ome 5 Resi	idence 6 Doth	ner (Specify)	
al Director: After the led in by the funera	Callon.	27. Manner of Death  1 Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not		iry Year)	28b. Time of Injury	28c. Inju Wo M 1	yat rk? Yes 2∐No		how Injury occur		
al Direction by		4 Homicide determine	d 28e. Place of In building, et	c. (Specify	)	eet, factory, office		City or To	wn, State)	ber or Aural Route	Number,
5 E = 1	2	29a. Certifier 1 Certifying P (Check only one) 2 Medical Exa	hysician: To the best iminer: On the basis o and manner st	f examinati	vledge, death ion and/or inv	occurred et the ti- restigetion, in my o	me, date and place pinion, death occu	, and due to the rred et the time,	cause(s) and modate and place,	enner as steted. and due to the cau	ise(s)
e Funer pletely fill	2										
within 24 hours effect deeth.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page  Medical Certification: To Re Com		29b. Signature and title of	A			29c. Licens	33280		29d. Date signe	d (Month, Day, Yea	ar)

Registrar



Amended Line 18 FCIAD Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

					Olate (	JI IVIC	iiyiaiiu		rtificate		lealth and I <i>Death</i>	VIETILATTI	Reg. No.	- Common of the	2088
	Dhusia	ion	1. Decedent's Name (First, Midd	le, Last	)				-1			2. Dete of D Month	eeth Dey	Yeer	3. Time of Deeth
	Physic /Medi		Norman	E1	1wood		Toms	s, J	r.			June		97	3:25 PM
	Exami		4e. Fecility Neme (If not Institution	n, give	street end nu	m <i>ber)</i>					4b. City, Town, or I	ocation of Dee	th 4c. Coun	ty of Deeth	
			12907 Brice	Ro							Thurmont		Fred	ericl	ζ
	Funeral		5. Sociel Security Number	6. Se	x X[M 2□F	7. Age	(In yrs. les		If Under 1 Months	Year Deys	if Under 24 Hrs. Hours Min.	8. Date of B	ev. Year)	9. Birth	plece (Stete or Foreign
_	Director		216-22-7538 Usuel Residence of Decedent		A.W. 201		70	Yrs.				April	20,1927		yland
Maryland	a-f show	tor	10e. Stete 10b. County  Maryland Frede		k		10c. City, 1		cation		7 -				10d. Inside City Limits 1 ☐ Yes 2 No
th the	28	Director	10e. Street end Number		-				10f. Zip C	ode			10g. Citizen of	Whet Cou	ntry?
h wit	23a c		12907 Brice 1	Road	l				2	178	8		United	1 St	ates
72 hours efter death with the Maryland	f Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f ehov other traumatic event, the Medical Examiner must be notified at	by Funeral	11. Marital Stetus  1 □ Never Married 2 □ Mar  3 □ Widowed 4 □ Divorced	ried	12. Wes Dec Armed Fo 1 Tyyes If Yes, Gi Yeer or D	orces? 2 D No	ver in U,S. 1945 – 1947	13.	Was Decede If Yes, specif		dispenic Orlgln? (Spen, Mexicen, Puerto Specify:	pecify Yes or No Rican, etc.)	o- 14. Re Bl	eck, White	can Indien, etc. hite
72 hc	afcal.	eted	15. Deceder (Specify only highe	nt's Edu	cetion		1	8e. Dece	ient's Usuel	Occup	ation	kina	16b. Kind of I	Business/Ir	ndustry
filed within	nen Mer	Completed	Elementery/Secondery (0-12)	9.00	College (						during most of word	9			
w pe	Hygiene. ther than	CO	12		-			Press	For	ema					ess Forms
	d out	Be	17. Fether's Neme (First, Middle,								18. Mother's Nam		1.1		0 1
should be	and Mental s marked o sumatic eve	1º	Norman Ellwood			•					Mary Cat		-	eler	
12 sh	Is T		19e. informent's Neme/Reletions					19b. Meilir	ng Address (	Street	end Number or Ru	rel Route Num.	ber, City or Town	n, Stete, Zi	p Code)
9	Department of Haalth Important: If Item 27 I any Injury or other tro		Pamela Wivell  20e. Method of Disposition  1 Buriel 2 Cremetion  4 Donetion 5 Other (S	3 □ R	temovei from		20b. Plec	e of Dispo etery, crer	sition (Neme netory or oth	of er plac	oad, Thur (%) 1 Garden	Dete	20c. Location	- City or T	own, Stete
mit.	Departr Importu any Inji		21 Signature of Funeral Service	License	00	/	1/	22	. Neme and	Addre	ss of Fecility				
8	2 E & 8		MELT	R	M	3/	Ka_				Funeral H in Street		ant MD	217	100
Pł	ıysiclan		23e. Pert1. Enter the disease, o shock, or heert feilure. List	compli only or	icetions thet one ceuse on e	caused to	he death. [	Do not ent	er the mode	of dyln	ng, such es cardiac	or respiretory	errest,	217	Approximete Intervel Between Onset end Death
	Medicai kaminer		Immediate Ceuse (Final disease or condition resulting In deeth)	•	METT	•	977 c			RC	INOMA	of pr	OSTATE		SYGARS
P	±	ine													
ficete be executed	physician end s the buriel-transit	I Examiner	Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury	<b>5</b>		D	ue to (or es	e conseq	uence of):	•				1	
	ding physise as the l	Medical	thet Initieted events resulting in deeth) Lest		1	D	ue to (or as	e conseq	uence of):					-	
death cert	ettending for use as	clan	Don't Other classificant accidit				111								
that the	igned by the e	by Physician/M	Pert II. Other significant condition	ona con	itributing to de	eath but	not resultin	ig in the ui	nderlying ceu	ise giv	en in Pert I.		Yes 2 No		o the cause of death? bably 4 Unknown
law requires	been s should	Completed b			l <sub>i</sub>							24e. We	s en eutopsy ormed?	an Co	Vere eutopsy findings veileble prior to completion of cause deeth?
The la	ata hes page 2	mo										1 🗆	Yes 20 No		□Yes 20KNo
en:	certificata rector, pa	Be	25. Wes cese referred to medice								26. Place of Dee	th (Check only	one)		
Q	@ 'D	To	exeminer? 1 ☐ Yes 2 ZNo	Н	lospitel:	Inpatien	t 2□ER	/Outpatlen	t 3 DOA	Oth				her (Speci	fy)
Attanding Physi	death. ctor: After thi y the funeral	ertification: 1	27. Manner of Deeth  12 Naturel 5 Pendir 2 Accident investi		28e. Dete		28	b. Time of injury		. Injur			how injury occu		
or Atta	after dea Director I in by the	ertific	3 ☐ Suicide 6 ☐ Could 4 ☐ Homlcide determ	not be ined	28e. Plece buildi	of injur	y - At home (Specify)	, farm, str	eet, factory,	office			(Street end Num own, Stete)	ber or Rur	el Route Number,

To the Hospital or Attanding Physician: The law req within 24 hours after death.

To the Funeral Director: After this certificate has been complately filed in by the funeral director, page 2 shou

Be Medicai Certification: To

29e. Certifier (Check only one)

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

Cartifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, dete end place, end due to the ceuse(s) end menner steted.

FREDERICK MD 2170/

29c. License number

Ø 31 76/

29d. Dete signed (Month, Dey, Yeer)

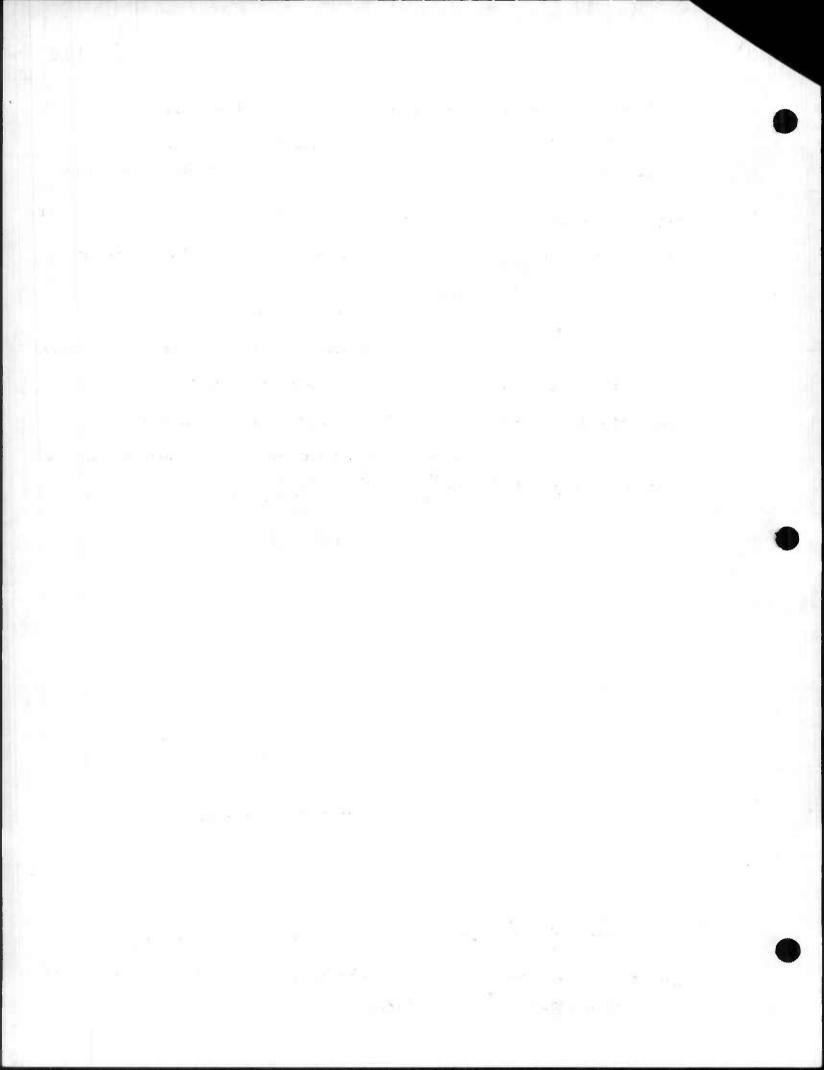
30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

BRIAN M\_ O'CONNOR MD 501 W. SEVENTH BRIAN M. O'CONNOR MD

32. Registrer's Signature Signature Redell

State

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 0 8 9

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Ralph TIPLING 21, Milton III June 1997 2400 hrs /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Frederick Memorial Hospital Frederick Frederick Hours Min. 8. Dete of Birth (Month, Day, Year)
May 19, 19 If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** Months Deys 1 M 2 □ F 526-06-2445 45 Director Wisconsin Usuel Residence of Decedent with the Marylend 10e Stete 10b. County 10c. City, Town or Locetion 10d. Inside City Limits r than "natural", or itema 23a or 28a-f ahow the Medical Examiner must be notified at Maryland Frederick Frederick 1 X Yes 2 □ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 123 East 8th Street 21701 U.S.A. Funeral 14. Race - American Indien, Bleck, White, etc. 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? hours efter 1 Never Married 2 Married 1 Yes 2 No altimore, Maryland 21215-0020 1 Yes 2 No Specify: White Specify: by 3 ☐ Widowed 4 ☐ Divorced Yeer or Dates: Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry of filed with the fil Elementery/Secondary (0-12) College (1-4or 5+) 5+ Welder permit. Pages 1 and 2 should be filed will Department of Health and Mantel Hygien Important: if Item 27 is marked other than any Injury or other traumatic event. The Production/Repair 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be Ralph Milton TIPLING II Lois MILLER Jean ٩ 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Relationship (Type, Print) Vickie Lynn Tipling/Wife 123 East 8th Street, Frederick, Maryland 21701 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 X Cremetion 3 ☐ Removal from State Smithsburg Crematory Jun 26,1997 Smithsburg, Maryland 4 ☐ Donetlon 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Keeney & Basford P.A. Funeral Home 23a. Pert Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory errest,

Approximate

Approximate Approximete Interval Between Onset end Deeth **Physician** Immediate Ceuse (Finel disease or condition resulting in deeth) /Medical Amyotrophic Lateral Sclerosis 1 year Examiner Due to (or es e consequence of): Examiner The lew requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest ettending physician end for use es the bunal-tran Due to (or es e consequence of): Records, P.O. Box 68760, Physician/Medical the Due to (or es e consequence of) Pert tl. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2X No 3 Probably 4 Unknown þ 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? Completed 24a. Wes en eutopsy performed? pege 2 s 1 ☐ Yes 2 TNO 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 XDOA To the Hospital or Attending ruyaave within 24 hours effer deeth.

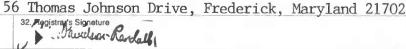
To the Funeral Director; After this c 2 1 Yes 2 No 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending investigation 1 Neturel Injury 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 XCertifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end placa, end due to the ceuse(s) end menner steted. 29a. Certifler Medical (Check only 29b. Signature and little of certifles 29c. License number 29d. Date signed (Month, Dey, Year) D42641 June 22, 1997 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

State Registrar 31. Dete filed (Month, Dey, Year)

JUN 2 4 1997

Stephen Lee, M.D.,



hier form token

Sole

X 68760, BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

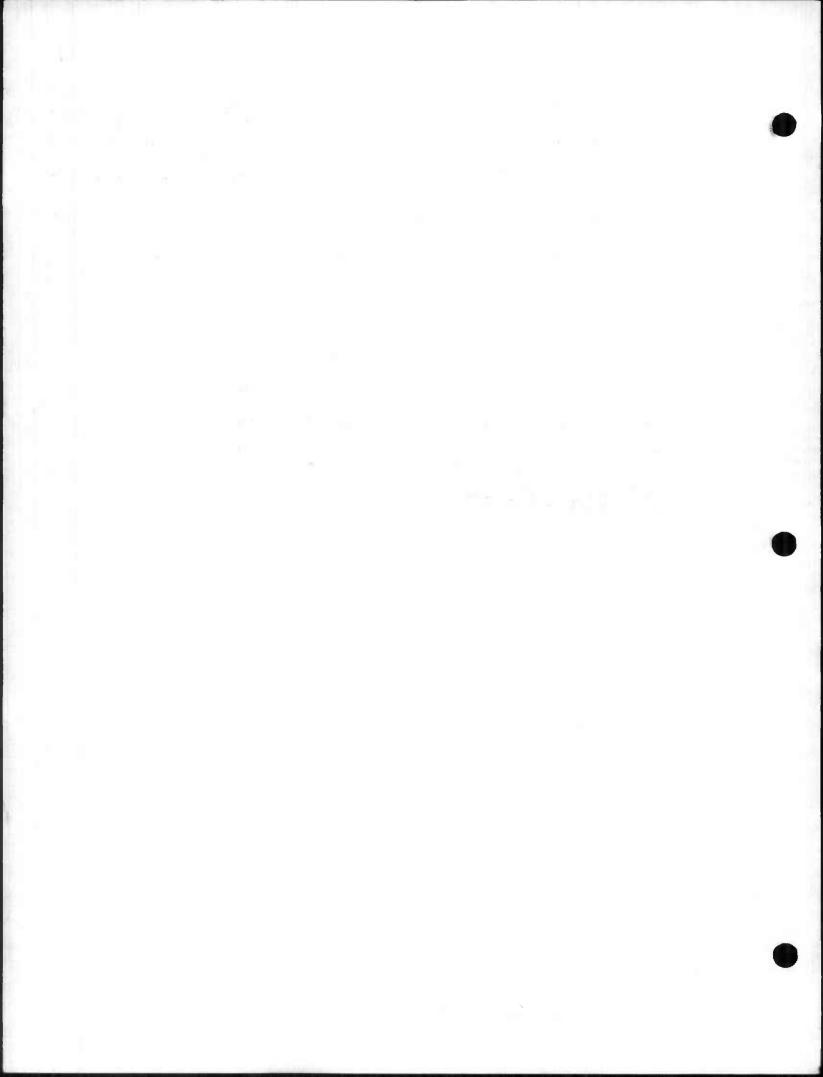
1. OECEOENT'S NAME (First, Mi	iddle, Last)								E OF DEATH	AM	MEAD	3. TIME OF DEATH
ROC	SEVE	LT THOM.	AS					JUL	6 199	97	YEAR	5:20 am
4. SOCIAL SECURITY NUMBER		5. SEX		s. last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATI	E OF BIRTH		8. BIRTH	PLACE (State or Foreign
262-28-7275		1 🙀 M 2 🗌 F	72	YRS.				1	18 1	924	FLO	ŘDIA
90. FACILITY NAME (If not institute ANNAPOLIS NUE			CENT	FR		NAPO	OR LOCATION OF D	EATH		9c. COUN		EATH UNDEL
RESIDENCE OF DECE		u REIIIIE	· OHNI									
100	b. COUNTY				Y, TOWN O		TON					10d. INSIDE CITY
MARYLAND A	ANNE A	ARUNDEL		ANN	APOL1		. ZIP CODE			1		1 AYES 2 NO
1813 COPELAN	ID STI	REET				"0"	21401			10g. Cr112	U	WHAT COUNTRY?
11. MARITAL STATUS	10 011	12. WAS DECEDEN			13. V	MAS DEC	ENDENT OF HISPA	NIC ORIG	IN? (Specify Ye	s or No—	14. RACI	E — American Indian.
1 Never Married 2 X Ma		FORCES? 1	YES 2				ecify Cuban, Maxic 2 ☑ NO Speci		Rican, etc.)		Spec	k, White, etc. Hy:
3 Widowed 4 Divorce							**					BLACK
(Specify only hi	-	completed)	1 2 11	(Give kind of life. Do NOT u	work done d			10	Ib. KIND OF BL	ISINESS/IND	USTRY	
Elementary/Secondary (0-12 10th	'	College (1-4 or 5	+)	CUSTO					CAPITA	AL TH	HEAT	ER
17. FATHER'S NAME (First, Middle	le, Last)						18. MOTHER'S N	AME (First,	, Middle, Malder	Surname)		
LAWRENCE	E THO	MAS							UNKNOW	N- Vi	ola	Wilson
19a. INFORMANT'S NAME (Type							and Number or Rural				,	
SYLVIA THOMAS							STREET					
20a. METHOD OF DISPOSITION 1. Buriel 2 Cremation	3 🗆 Remo	oval from State		ACE ANO OAT			(Name CEMETER			CROWNS		LE, MD.
4 Donation 5 Other (Sp. 21. SIGNATURE OF FUNERAL S		ENSEE	LIAN	LLAND			ADDRESS OF E		10/15/	CITOMITE	) V T.I.	EL, HD.
. 1					22.1	NAME AL		ACILIT				
Lanny	H	Real	9		WM.	. RE	ESE & S	ONS I				1
	pases, or contractions. I	Season the complications the List only one care	et caused the	e daeth. Do line.	WM . 821	RE WE	ESE & SO	ONS I	POLIS,	MD. 2	2140	Approximate Interval Betw
23. PART I. Enter the disease or condition resulting in death)  Sequentially list condition if sny, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	nt fallure. I	a. Oue To	FOR AS A CO	NSEQUENCE (	WM 821 not enter	RE WE	ESE & SO	ONS I	POLIS,	MD. 2	2140	Approximate Interval Betw
ahock, or heat IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list condition if sny, laeding to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  Ln Su	condition	oue to	JOH AS A COL	NSEQUENCE O	WM 821 not enter  OF):  OF):	RE WE the mo	GESE & SC	ONS I	POLIS, rdisc or rasp  24a. WAS A PERFO 1 — YES	MD. 2 Diratory arre	2140	Approximate Interval Betwonget and D
ahock, or heat IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list condition if sny, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  LNSC  25. WAS CASE REFERRED TO BEXAMINER?	condition	DUE TO  OUE TO  A CONTRIBUTING TO  HOSPITAL:	JOH AS A COL	NSEQUENCE CONSEQUENCE CONSEQUE	WM 827 not enter  OF):  OF):  OTHER	RE1 WE the mo	GESE & SO GST ST. And a of dying, su	ONS I	POLIS, rdisc or rasp  24a. WAS A PERFC 1  YES	MD. 2 Diratory arre	2140	Approximate Interval Betw Onset and D. Main
ahock, or heat IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list condition If sny, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  Tensor	condition	DUE TO  DUE TO	OR AS A COL	NSEQUENCE CONSEQUENCE CONSEQUE	WM 827 not enter  OF):  OF):  OTHER 4 Num	RE1 WE the mo	GESE & SC	ONS I ANNA:	24e. WAS A PERFO	MD. 2 Diratory arre	2140	Approximate Interval Betw Onset and D. Main
ahock, or heat IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list condition if sny, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  L n Su  25. WAS CASE REFERRED TO B EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pe	condition	DUE TO  OUE TO  A. OUE TO  OUE TO  A. OUE TO  OUE TO  A. OUE TO  A. OUE TO  OUE TO  A. OUE TO  OUE TO	OR AS A COL	NSEQUENCE CONSEQUENCE CONSEQUE	WM 827 not enter  OF):  OF):  OTHER 4 Num	REL WE the mo	GESE & SO	ONS I ANNA:	POLIS, rdisc or rasp  24a. WAS A PERFC 1  YES	MD. 2 Diratory arre	2140	Approximate Interval Betwonset and Donat and D
ahock, or heat  IMMEDIATE CAUSE (Finet disease or condition resulting in death)  Sequentielly list condition If sny, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant  Tunsul  25. WAS CASE REFERRED TO BEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pe 2 Accident 3 Suicide 6 Co	condition  MEDICAL  M	DUE TO  DUE TO  COLUMN TO  A CONTRIBUTING TO  A CON	OR AS A COL	NSEQUENCE CONSEQUENCE CONSEQUE	WM 827 not enter  OF):  OF):  OTHER 4 Num MC OF JUSTY M	REL WE the moder lying 26. Piggs 13: Belong House 11   1   1	GESE & SC ST ST.  Ida of dying, su  g cause gives in  LACE OF OEATH (C)  TO B G Residence  JURY AT  YES 2 NO	n Part I.	24e. WAS A PERFO	MD. 2 Diratory arre	2140 eat,	Approximate Interval Betw Onset and D Onse
ahock, or heat IMMEDIATE CAUSE (Finet disease or condition resulting in death)  Sequentielly list condition if sny, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  TIPES 25. WAS CASE REFERRED TO R EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pe 2 Accident 3 Suicide 6 Co 4 Homicide 6 Co 4 MEDICA  29s. CERTIFIER (Check only 0ne) 2 MEDICA  MEDICA  MEDICA  MEDICA  CERTIFICA  CERTIFICA  MEDICA  MEDICA  MEDICA  MEDICA  MEDICA  CERTIFICA  MEDICA  MEDICA  MEDICA  MEDICA  CERTIFICA  MEDICA  MEDICA  MEDICA  MEDICA  CERTIFICA  MEDICA  MED	condition  MEDICAL  Inding restigation and not be termined  VING PHYSIA	DUE TO  DUE TO	JOH AS A COLOR AS A CO	NSEQUENCE CONSEQUENCE CONSEQUE	WM 827 not enter  OF):  OF):  OTHER 4 Num  ME OF JURY M  street, fectored et the til	REI WE the mo	GESE & SC ST ST	n Part I.	24e. WAS A PERFO 1 YES  One)  her (Specify)  ESCRIBE HOW  OCATION (Street)  or Town, Steh	NAUTOPSY PRIMED? 2 75 NO INJURY OCC.	2140 eat,  24b  or Rural ed. e cause(	Approximate Interval Betwonset and D  Mount  Were autopsy Finol AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO  Route Number,
ahock, or heat IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list condition If sny, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant  T	condition  MEDICAL  Inding restigation and not be termined  VING PHYSIA	DUE TO  DUE TO	JOH AS A COLOR AS A CO	NSEQUENCE CONSEQUENCE CONSEQUE	WM 827 not enter  OF):  OF):  OTHER 4 Num  ME OF JURY M  street, fectored et the til	REI WE the mo	GESE & SO ST ST.  India of dying, su  g cause given is  LACE OF OEATH (C)  LACE OF OEATH (C)  TORK?  YES 2 NO  TORK?	n Part I.	24e. WAS A PERFO 1 YES  One)  her (Specify)  ESCRIBE HOW  OCATION (Street)  or Town, Steh	NAUTOPSY PRIMED? 2 75 NO INJURY OCC.	2140 eat,  24b  or Rural ed. e cause(	Approximate Interval Betw Onset and D  Main and D  Were Autopsy Fino Available Prior to Completion of Cau of Dearly  1 Yes 2 No
ahock, or heat IMMEDIATE CAUSE (Finet disease or condition resulting in death)  Sequentielly list condition if sny, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  TIPES 25. WAS CASE REFERRED TO R EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pe 2 Accident 3 Suicide 6 Co 4 Homicide 6 Co 4 MEDICA  29s. CERTIFIER (Check only 0ne) 2 MEDICA  MEDICA  MEDICA  MEDICA  CERTIFICA  CERTIFICA  MEDICA  MEDICA  MEDICA  MEDICA  MEDICA  CERTIFICA  MEDICA  MEDICA  MEDICA  MEDICA  CERTIFICA  MEDICA  MEDICA  MEDICA  MEDICA  CERTIFICA  MEDICA  MED	condition  MEDICAL  Inding settletton build not be larmined  VING PHYSICAL EXAMINE  CENTRE IN CONTROL OF THE INCIDENT OF THE I	HOSPITAL: 1 28a. DATE Of (Month, I. 28a. PLACE of building)	OR AS A COM OR AS	Ine.  INSEQUENCE CONSEQUENCE C	MM 821 not enter  OF):  OTHER  A Num  ME OF JURY  M street, fact	REI WE the mo	GESE & SC ST ST	n Part I.	24e. WAS A PERFO 1 YES  One)  her (Specify)  ESCRIBE HOW  OCATION (Street)  or Town, Steh	NAUTOPSY PRIMED? 2 75 NO INJURY OCC.	2140 eat,  24b  or Rural ed. e cause(	Approximate Interval Betwonset and D  Mount  Were autopsy Fino AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 No  Route Number,

Richard I. Hochman, W.
301 08 1887

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygier 7 22 19

December   West   Prince   March   M				Certificate of Death		eg. No.	
FEATURE TO THE PROPERTY OF THE	100	Physic	ian			Day Yea	
PROTECTION    The Control   Control					Julie	15 9	12:45 AM
Sound Security Number   1 Security Number		Exami	ner		ocation of Deeth	4c. County of De	ath
DOUGH TO THE PROPERTY OF THE P				25945 QUINTERS Kd MARdela	SPRINGS	Wicon	nico
Description of the property of the control of the c		Funeral		Months Days Hours Min	8. Date of Birth	Year) 9. B	irthplece (Stete or Foreign
Top   Development   Developm	ш	Director		219-07-7037 1 M 211 76 Yrs. 1000		1921 0	ELRWARK
The specify Cuben Market School   The	2				/		
The specify Cuben Market School   The	S.	P P	-				
The specify Cuben Market School   The	M	릨	ct o	Md. J. LOMILO MARGELA SPRINGE			1. Yes 2 No
The specify Cuben Market School   The	£	22	Fe	10e. Street end Number 10f. Zip Coda	1	0g. Citizen of What (	Country?
The specify Cuben Market School   The	3	85 d	a C	25945 Quinter RA. 21837		US. A	
Physician Micclical Examinor  The state of t	9	= 5	ner	11. Marital Stetus 12. Wes Decedent Evar in U,S. 13. Was Decedent of Hispanic Origin? (Sp.	ecify Yes or No-	14. Race - An	
Physician Micclical Examinor  The state of t	20	P F	y Fu	1 Nevar Merried 2 Married 1 Yas 2 No 1 Yes 2 No Specify:	Hican, atc.)		nite, atc.
Physician Micclical Examinor  The state of t	00	e 4	d D	1,000		7	
Physician Micclical Examinor  The state of t	5	nat	ete	15. Decedent's Education (Specify only highest greda completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of work	ing	16b. Kind of Businas	s/Industry
Physician Micclical Examinor  The state of t	12	Par Par	d E	Elementery/Secondery (U-12)   College (1-40f 5+)	,	1	
Physician Micclical Examinor  The state of t	CA A	ygie rt. Er			9		3
Physician Micclical Examinor  The state of t	E E	d out	Be	3-10	The Particular of the Particul		
Physician Micclical Examinor  The state of t	N Spid	Marke	2				
Physician Micclical Examinor  The state of t	lar	end E m			71	1	, Zip Code) 24 837
Physician Micclical Examinor  The state of t	6 6	n 27		NIRMAN Thomas Huxband 25945 Quinten *	al mai	ediela Sq	RINGS Md1
Physician Micclical Examinor  The state of t	ore es 1	T te		anguatur, aramatar, arathar alasa)	Oute	20c. Location - City of	or Town, Stete
Physician Micclical Examinor  The state of t	E Se	iny o			12/57	HELDEN	md,
Physician Micclical Examinor  The state of t	alti	partin porta		21. Signeture of Funeral Sarvice Licensae	MAMSEN	- FlaHAst	4 7/5 PA
Priysician Middland  Examiner  Priysician Middland  Examiner  Transcript Description  Transcription  Transcript	m 8	9 5 8		1 1 10 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	~L 5	12600	22)
Physician Modifical Examiner    Part II. Other elignificant conditions contributing to death but not resulting in the underlying causa given in Part I.					0/ 0		
Immediate Course (Final Fxaminer)   Part II   Course (Final Fxaminer)   Part II   Course (Final Fxaminer)   Part II   Course (Final Fxaminer)   Part II				shock, or heart failure. List only one ceuse of each line.	or respiratory arr	est,	Intervel Between
State		•		Immediate Cauca / Final	1		Onout and Doos!
Sequentiely list conditions, leavy, leading to immediate cause of contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part III. Other alignificant conditions contributing to death of the cause of death (Inchest only cause given in Part I.   Part III. Other alignificant conditions contributing				disease or condition	and 1	antealo	Cance
Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa gi	100					^	
Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa gi	9	Sit.	를	delighating ad well	he	loss-	and the same of th
Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in deeth) Lest  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa given in Part I.  Course (Disease or filips) The Initiated events resulting in the underlying causa gi	ecni	and -tran	xan	Sequentially list conditions, If any leading to immediate		,	
The part of the pa	60,	clan	E	cause. Enter Underlying Cause (Disease or Injury	xia	du to	
The part of the pa	87 ete	the I	dlog	ther initiated events	7	Ų	1
The state of the s	K 6	D) 0		Cinculator faile			
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    1	30 th	tend or us	an				
24a. Was an autopsy performed?  24b. Were autopsy findings evaliable prior to completion of cause of death?  1	J. E	ed fo	SIC	Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I.	23b. Did to	bacco use contribu	te to the causa of death?
24a. Was an autopsy performed?  24b. Were autopsy findings evaliable prior to completion of cause of death?  1	0. 2	to the	Å.	Vary Dea A. in	1 10 V	8 2 No 3	Probably 4 Unknown
The second of th	S the	pa ed		Topic Wall waster			
25. Wes case referred to medical examiner?  26. Place of Deeth (Check only one)  27. Menner of Deeth 1	rd guire	on sig	8	000000000000000000000000000000000000000			. Were autopsy findings
25. Wes case referred to medical examiner?  26. Place of Deeth (Check only one)  27. Menner of Deeth 1	0 5	and of s	let	megala below bles	periori	ned?	completion of cause
25. Wes case referred to medical examiner?  26. Place of Deeth (Check only one)  27. Menner of Deeth 1	Re la	oge 2	Ĕ	0	4 T W	2006	
27. Menner of Deeth 1 Neturei   28b. Dete of Injury   28b. Time of				OF Management of the second			1 LI Yes 2LM/No
27. Menner of Deeth 1 Neturei   28b. Dete of Injury   28b. Time of		recto		examiner? Hospital: Other:			
1 Neturei 2 Accident 3 Sulcide 4 Homicide 5 Pending Investigation 3 Sulcide 4 Homicide 5 Pending Investigation 3 Sulcide 4 Homicide 5 Pending Investigation 3 Sulcide 4 Homicide 5 Pending Investigation 5 Pending Investigation 5 Pending Investigation 6 Could not be determined 5 Pending Investigation 6 Could not be determined 5 Pending Investigation 6 Could not be determined 5 Pending Investigation 6 Pending Investigation 7 Pending Investigation 8 Pending Investigation 9 Pending Inves	of Ships	this is		1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Ho			ecify)
Duilding, etc. (Specify)  29e. Certifier (Check only and the or certifier (Check only and the or certifier (Check only and the or certifier (Check only and the or certifier (Check only and the or certifier (Check only and the or certifier (Check only and manner stated).  29e. Certifier (Check only and the or certifier (Check only and manner stated).  29e. Licansa number (29d. Data signed (Month, Dey, Year))  30. Name end address of person who completed seuse of death (Item 23a) (Type, Print)  4	E 8	After fune	lo		Zod. Describe no	w injury occurred	
Duilding, etc. (Specify)  29e. Certifier (Check only and the order of the basis of examination end/or investigetion, in my opinion, deeth occurred et the time, dete end piece, and due to the ceuse(s) end menner es steted. (Check only and menner stated.  29b. Signature and trile of certifier  29c. Licansa number  29d. Data signed (Month, Dey, Year)  30. Name end address of person who completed seuse of death (Item 23a) (Type, Print)  4	Sic	tor: the	cat	3 Sulaide 6 Could not be	001 1 10		
5 30, Name end address of person who completed seuse of death (Item 23a) (Type, Print)  HALI'L GORGUI, 8 E. GROVE ST. DELNAR, DE 19940  State 31. Dele filed (Month, Dey, Year) 32. Registrar's Signeture	<u>&gt; × × × × × × × × × × × × × × × × × × ×</u>	fler (	ŧ	determined 200. Fleeb of fillury - At flottle, fath, street, factory, office			Hurai Houte Number,
5 30, Name end address of person who completed seuse of death (Item 23a) (Type, Print)  HALI'L GORGUI, 8 E. GROVE ST. DELNAR, DE 19940  State 31. Dele filed (Month, Dey, Year) 32. Registrar's Signeture	C je	rei E					
5 30, Name end address of person who completed seuse of death (Item 23a) (Type, Print)  HALI'L GORGUI, 8 E. GROVE ST. DELNAR, DE 19940  State 31. Dele filed (Month, Dey, Year) 32. Registrar's Signeture	Hose	Fund Fund taly f	lica	(Check only 2 Medical Examinar: On the basis of examination end/or investigetion, in my opinion, deeth occurr	end due to the co red et the time, de	euse(s) end menner ete end piece, and d	es steted. ue to the ceuse(s)
5 30, Name end address of person who completed seuse of death (Item 23a) (Type, Print)  HALI'L GORGUI, 8 E. GROVE ST. DELNAR, DE 19940  State 31. Dele filed (Month, Dey, Year) 32. Registrar's Signeture	\$	the mple	Nec	and mannar stated.			
30. Name end address of person who completed seuse of death (Item 23a) (Type, Print)  HALIL GORGUI, 8 E. GROVE ST. DELNAR, DE 19940  State 31. Dele filed (Month, Dey, Year) 32. Registrar's Signeture	2	N N	-		/ _	Su. Data signed (Mo	nın, Dey, Year)
State 31. Dele filed (Month, Dey, Year) 32. Registrar's Signeture				M.D (1.000 45	64 0	6 25/9	+ -
State 31. Dele filed (Month, Day, Year) 32. Registrar's Signeture			0	30. Name end address of person who completed seuse of daath (Item 23a) (Type, Print)	5 /	1 1	40
State 31. Dele filed (Month, Day, Year) 32. Registrar's Signeture		5	7	KHALIL GORGUI, 8 E. GROVE ST.	DELMA	AR, UE	19940
		Sta	ite	31. Dete filed (Month, Dey, Year) 32. Registrar's Signeture			



O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201

releted cause of deeth (item 23e) (Type, Print)

whia Davidson

gandale

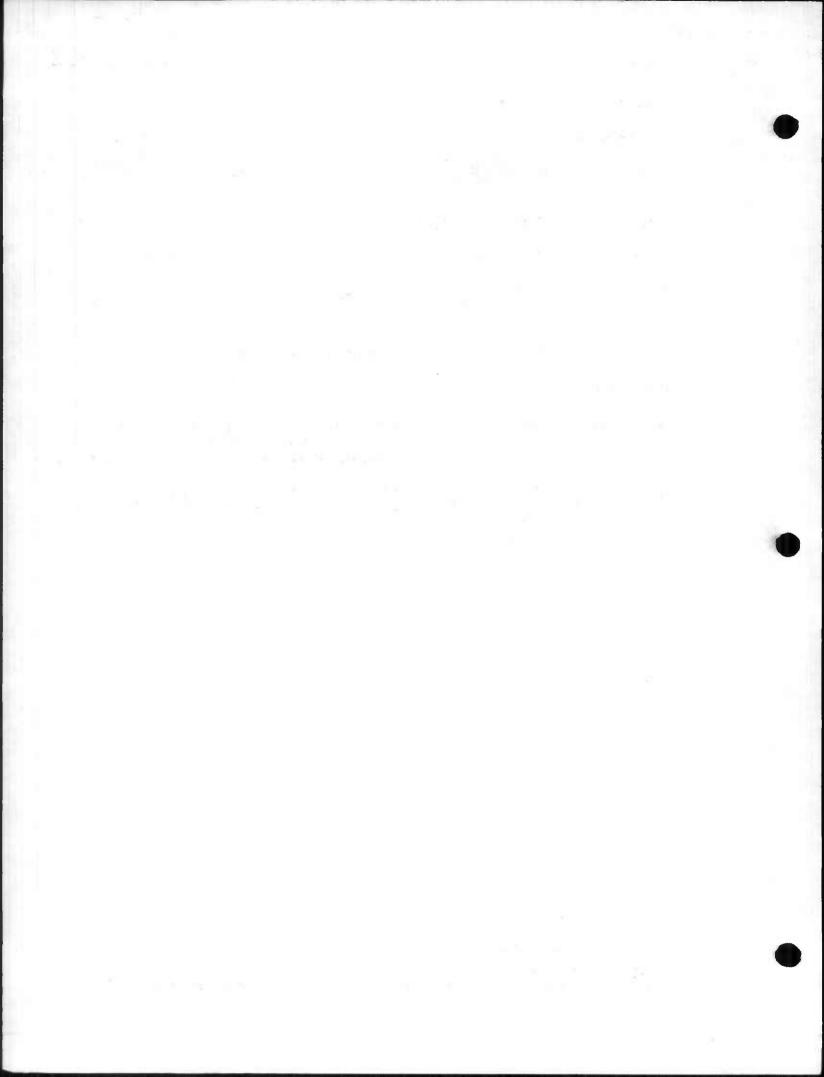
32. Registrer's Signeture

JULY 05,1997

State Registrar 30. Name an

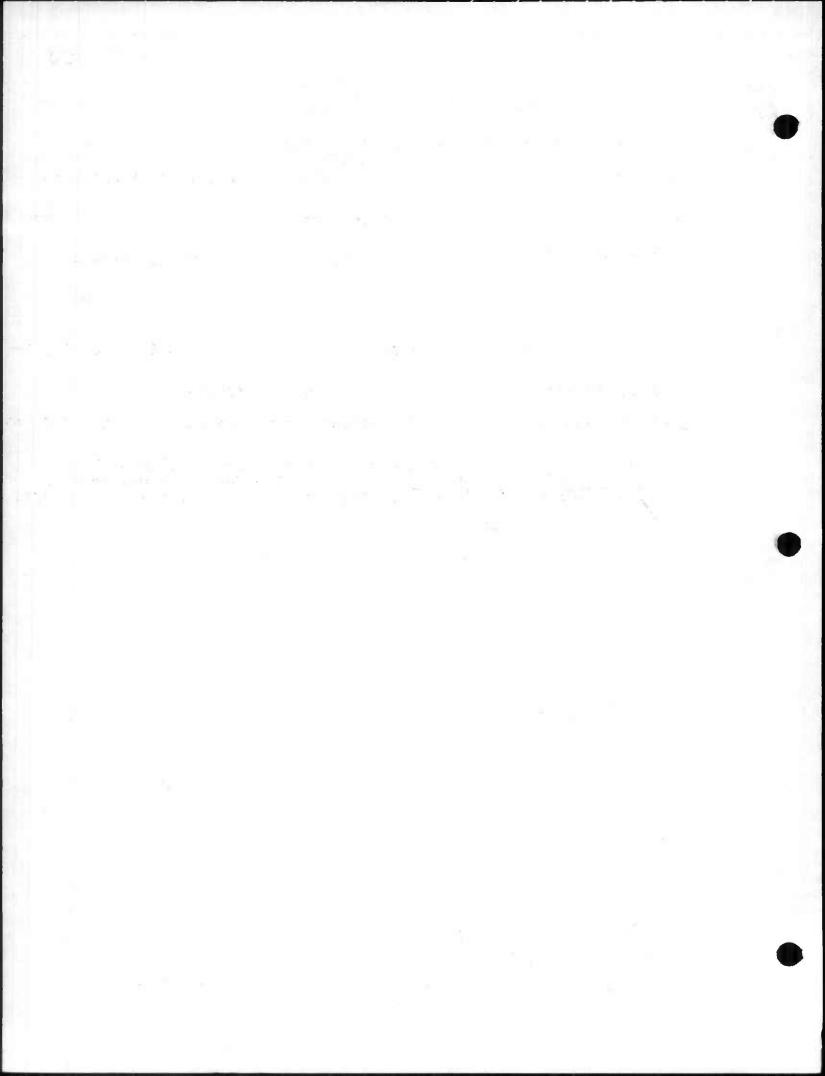
31. Dete filed (Month, Day, Year)

2 2 1997



State of Maryland / Department of Health and Mental Hygiene 9 7 22093

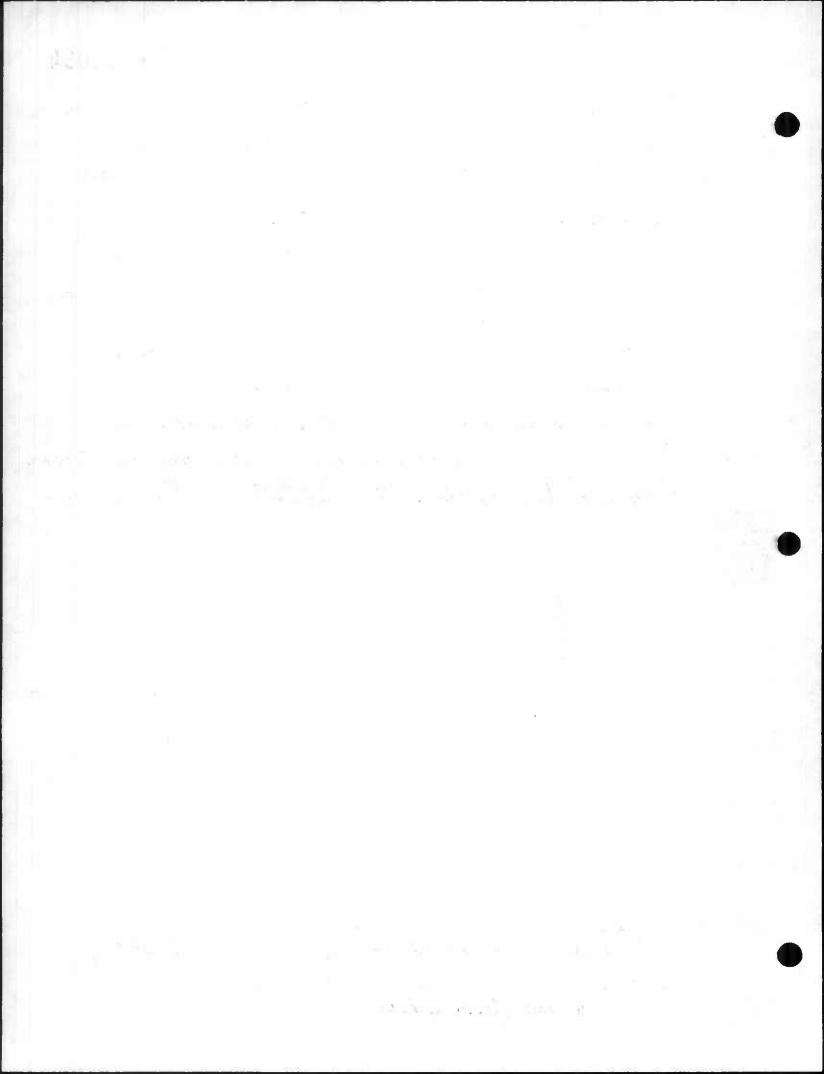
						Certifica	te of	Death		Reg. No.	-		
ı	Physic	ian	1. Decedent's Neme (First, Middle, Li		16HT				2. Dete of D Month	eeth Dey_	1997	3. Time of 00:5	Death AAM
W	/Medi	cal	1		1041			th City Tours or	JULY	05			
	Examil Funeral Director	ner	Social Security Number     6.	conces Hos	PITAL (In yrs. lest b	irthday) If Und		4b. City, Town, or CHEVER If Under 24 Hrs Hours Min.	8. Date of Bi	PL irth ey, Year)		piece (State or	
Ш			306 14 8118 Usuel Residence of Decedent						Sept	15,1	916 Ok	lahom	na
	Marylen a-f ehow	tor	MD 10b. County P.G.			wn or Location	eigh	ıts			1	10d. Inside Cit	
	23a or 28	Funeral Director	10e. Street end Number 6409 Wilburn D	rive			ip Code 0743	1			en of Whet Cour		
21215-0020	filed within 72 hours efter death with the Maryland Hygiane. ther than "natural", or frems 23a or 28a-f show inth, the Madical Examiner must be notified at	by	11. Maritel Status  1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ev Armed Forces? 1 XYes 2 No If Yes, Give Yeer or Dates: 4		1	edent of Hecify Cubo	dispenic Orlgin? (S an, Mexicen, Puer Specify:	specify Yes or N to Rican, etc.)		Raca - Americ Bleck, White, pecify: Wh		
5-0	n 72 hours "natural", ed cal Exe	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)	166	e. Decedent's Us	uel Occup	etion during most of wo	rkina	16b. Kind	d of Business/In	dustry	
121	within ene. then	Ig m	Elementery/Secondary (0-12)	College (1-4or 5+	) Δ	nalyst	use retire	during most of wo	9	Soc	ial Se	curi+	- 37 A
	e filed v al Hygie other t vent, th		17. Fether's Name (First, Middle, Last	7	A	maryst		18. Mother's Na	mo /First Middle			CULIC	-y A
Maryland	e d is b	Be C	The second second								umeme)		
Z	d 2 should be the end Mental F is marked traumatic end	P	Charles Wrigh  19e. Informent's Neme/Reletionship		19	h Meiling Addre	ss (Street	end Number or R	Jackson Number		Town State 7in	Code	
	d P		Lydia A. Wrigh					n Drive					207
Baltimore,	of Hei		20e. Method of Disposition 1 ☐ Burial 2 X Cremetion 3 ☐	Removei from State		of Disposition (N ery, cremetory or			Date		ation - City or To		
ij	permit. Pag Depertment Important: If any Injury o		4 Donetion 5 Other (Special	1997		inton,							
Ba	Deperiment in portion of the portion		21. Signature of Funeral Servica Ues	2a.A	St			ss of Facilit <b>L</b> ed andria I					
	Physician /Medical		23a. Per . Enter the diseese, or com shock, or heert failure. List only									Approximete Intervel Betw Onset end D	veen Jeath
	Examiner	10	diseese or condition resulting in death)	e ARTERIOS		consequence of		ASCULLIN	C VISE	ASE			
90,	ertificate be executed ling physicien end e es the bunel-transit	ai Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underfying Cause (Disease or Injury	b	ue to (or es e	consequence of	i):						
Box 68760,	certif nding use es	an/Medical	thet initiated events resulting in death) Lesf	d	ue to (or es e	consequence of	):						
	the deeth y the etter sched for o	Physician/	Pert II. Other eignificant conditions of	contributing to death but	not resulting	in the underlying	cause giv	en in Pert I.	23b. Dld	tobecco u	ee contribute to	the Ceuse O	of death?
s, P.O	ss thet gned b	by Phy	DIABETES	MELLITUS					1 🗆	Yes 2□	No 3□ Proi	bably 4	Unknown
Records,	N S S	Completed			_					s en eutops omed?	ev co	ere eutopsy fir eileble prior to impletion of ce death?	0
E		ပိ							1 🗆	Yes 2	No 1[	☐Yes 2☐ N	No
Vita V	ysician: The	Be	25. Was case referred to medical examiner?	Hospitel:			Oth	26. Place of De	eth (Check only	one)			
o	hys this aldi	- T	1 Yes 2 No 27. Manner of Deeth	1 ☐ Inpatient		utpetient 3 C		4 Li Nursing F	lome 5 Res			у)	
	ling After fune	ti D	1 Naturel 5 ☐ Pending	(Month, Day	Year)	Injury	28c. Injur Wor	k? Yes 2 □ No	28d. Describe	now injury	occurred		
Division	of or Attending selfer death. I Director: After d in by the fune	Certification:	2 Accident Investigatio 3 Suicide 6 Could not be determined	e One Diese of leium	/ - At home, for (Specify)			100 2 110		(Street end wn, State)	Number or Rure	Il Route Numb	ber,
	To the Hospital or within 24 hours efter To the Funeral Director completely filled in	edical C	29a. Certifier (Check only one)	nyelclen: To the best of ender: On the besis of end menner stete	xamination er	e, deeth occurre nd/or Investigatio	d at the tir	ne, dete end piece pinion, death occu	, end due fo the irred et the time,	cause(s) e	nd menner es s lace, end due to	teted. the ceuse(s)	)
	To the within 2 To the complet	₩ W	29b. Signature and title of certifier	4000	1	2	9c. Licens	e number	- T	29d. Dafe	signed (Month,	Dey, Year)	
	F 5 F 0		Hellin	July.	PM	E	0-	33954		JULY	07,19	197	
				eted cause of dee				0111 - 01	HEVERLY	1.1	0.01		
			31. Dete filed (Month, Day, Year)			1 HOSPITA	W VI	MINE , CI	イタリダノレン	- /VLD	-> COND	2018	15
	Sta	ite	JULY 0 9 10	197 32. Registrar	O GUELLANT	Revolatt		,					



State of Maryland / Department of Health and Mental Hygiene 9 7 2209

			A Constant Nove (Exception)			Certificate of	Death	R	eg. No.	۵.	
ı	Physic /Medi		Decedent's Neme (First, Middle, Le     Nance Williams					2. Date of Deel Month June	Dey 29, 19	Year 997	3. Time of Death 10:40A.M.
	Exami	ner	4e. Fecility Name (If not institution, give				4b. City, Town, or L	ocation of Death	4c. County	of Deeth	
Ш			Deer's Head Cent			M. Hadard Van	Salisbu			omico	
	Funeral Director		217 31 1034	Mar all a	e (In yrs. last b	Yrs. If Under 1 Year Months Deys		8. Date of Birth (Month, Day,	Year)	9. Birthp Coun MARY	lace (State or Foreign try) LAND
	and *		Usuei Residence of Decadent  10e. Stete 10b. County		10c City Toy	vn or Location			•	4	Od Incide Oile timite
	Aaryle F aho	5	MARYLAND WICOMICO							1	0d. Inside City Limits 1 ☐ Yes 2 No
	the h	Director	10e. Street and Number	,	SA	LISBURY			Og. Citizen of V	What Cour	
	3a or	ā	351 DEER'S HEAD H	OSPITAL D	RIVE	101. Elp 0000	21802		og. Citizen of v	USA	uyr
	me 2	Funeral	11. Merital Status	12. Wes Decedent		13. Was Decedent of		ecify Yes or No-	14. Rac	a - America	an Indien.
020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examples must be notified at	by	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces?  1 Yes 2 4  If Yes, Give Yeer or Dates:	No	13. Was Decedent of If Yes, specify Cub		Rican, etc.)		k, White,	
Baltimore, Maryland 21215-0020	thin 72 ho e. an "natu	Completed	15. Decedent's E (Specify only highest gra Elementary/Secondery (0-12)	ducation ade completed) College (1-4or 5		Decedent's Usual Occu (Give kind of work done life. DO NOT use ratire	pation during most of worked)	ing	16b. Kind of Bu	isiness/Ind	ustry
2	filed wi Hygien other th	Col	0			LABORER			AGRIC		RE
and	be fill d off	Be	17. Father's Neme (First, Middle, Last)	1			18. Mother's Nam		Aaiden Sumam	e)	
ž	2 should be f and Mental I is marked of aumatic eve	P	MOSELEY WILLIAMS				UNKNO				
Ma	d2 sl th and 7 Is n		19a. Informent's Name/Relationship (	, · · · ·		b. Mailing Address (Street					
e,	Health em 27		DIANE P. HUGHES/S  20a. Method of Disposition	OCIAL WOR		P. O. BOX 20 of Disposition (Name of			ARYLAND 20c. Location -		
0	Pages nent of int: If the iry or o		1 Burial 2 ☐ Cremation 3 ☐			of Disposition (Name of ory, crematory or other pla	1				
Ē	C 56 97	10	4 □ Donation 3 □ Other (Specif) 21. Signature of Futural Service Licent		JERUS.	ALEM CEMETER					MARYLAND
Ba	Desmit Depart Import any inj 20cs		Tonard &	1936	les.	ZELLER FUN 1110 OLD (	CEAN CITY	ROAD,	SALISBU	71, RY, M	D 21802
	Physician	_	Port1. Enter the disease, or corp nock, or heart feilure. List only	plications thet daused one ceuse on eech lir	I the deeth. Do ne.	not enter the mode of dyl	ng, such as cardiac	or respiretory erro	est,		Approximete Intervel Between Onset end Death
	/Medical Examiner	_	Immediate Cause (Final disease or condition resulting in death)			lar Accident	With Sei	zures			16 days
	R R	ine		Recurre	nt Cere	bral Vascula	ar Accider	it			32 years
	ficate be execute physician and is the buria trans	Examiner	Sequentially list conditions,	J	Due to (or as a	consequence of):					
68760,	be el iclan buris		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	Oranic I	Brain S	yndrome				1	965 death
587	phys s the	Medical	thet initiated events resulting in death) Lest		Due to (or es a	consequence of):					years
Box	eath certifice attending ph ifor use as t			d. Alcholis	sm					b	efore 1965
ğ	death certificate be ene e attending physician od for use as the burial-	clar	Dod ii Other elections and distance					1			
о. О	res that the de signed by the a be detached f	by Physician/	Pert II. Other significant conditions of	antinbuting to death be	ut not resulting i	n the underlying cause gi	ven in Part i.		17		the cause of death? ably 4 Unknown
Records,	requi	Completed b				1		24e. Wes an		ave	re eutopsy findings illable prior to appletion of cause death?
r	The la	E						1□ Ye	s 2 No		Yes 2□ No
VItal	sician: The law certificate has b irector, page 2 s	0	25. Wes case referred to medical				26. Piece of Deat				103 2010
>	ysici is cer direc	ToB	examiner? 1 ☐ Yes 2 💢 No	Hospital: 1 1 Inpatie	nt 2 ER/O	utpatient 3 DOA Ott	1211	me 5 Reside		er (Specify	)
ם כו	neral		27. Manner of Death 1 ☐ Naturel 5 ☐ Pending	28a. Date of injur (Month, Day		Time of 28c. Inju-		28d. Describe ho			
0	endir eath. or: Al	catle	2 ☐ Accident investigation				Yes 2 □ No				
DIVISION	To the Hospital or Attending Physician: within 24 hours after death To the Funeral Director: After this certification completely filled in by the funeral director,	Certification:	3 Suicide 6 Could not be 4 Homlcide determined	28e. Plece of Inju building, etc	ury - At home, fa c. (Specify)	arm, street, fectory, office		28f. Location (Sti City or Town	raet and Number, State)	er or Rural	Route Number,
	he Hospi in 24 hou he Funer pletely fil	edical	29a. Certifying Phy (Check only one) 2 Medical Exem	ysicien: To the best on hiner: On the basis of end menner ste	exeminetion an	e, death occurred et the til d/or investigetion, in my d	me, dete end place, ppinion, death occurr	end due to the ca ed et the time, da	use(s) and me ite end pteca, e	nner es sta and due to	ited. the cause(s)
	To t To tl	Σ	29b. Signature and title of certifier	A Dula	ing M	29c. Licens	se number	29	6/2	(Month, E	ay, Year)
		1	30. Name end eddress of person who d	completed cause of de	eeth (Item 23a)		200		-/-	. / /	/
			V.A. Dulany, M.D	., CMD; F	.O. Box	x 2018; Sali	sbury, Md	. 21802			
	Sta	te	31. Date filed (Month, Day, Year)		or's Signature	Pin					

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Deta of Deeth 3 Time of Death **Physician** July RAY GILBERT WEAVER 6:30a.m. /Medical 4e. Facility Name (If not institution, give straat and number) 4b. City, Town, or Location of Death 4c. County of Daeth Examiner 8813 Jordan Road Fairplay Washington If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. May 1923 5. Sociel Sacurity Number 6. Sex 1 M 2 □ F 7. Age (In yrs. lest birthdey) 9. Birthplace (State or Foreign County) Maryland **Funeral** 219-14-7854 74 Director Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City. Town or Location or 28a-f show 10d. Inside City Limits Examiner must be notified at Director Washington Fairplay 1 ☐ Yes ਐONo 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with 8785 Jordan Road Items 23s 21733 USA Pages 1 and 2 should be filed within 72 hours after death when of Health end Mental Hygiene.
ant: If item 27 is marked other than "natural", or items 23 ary or other traumatic event, the Mexical Examinar manal. Funeral 12. Was Decedant Ever in U,S. Agned Forces?

149 Yas 2 No 1943 Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Rece - American Indien. Bleck, White, etc. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: py Specify: 3 ₩idowed 4 Divorced 1945 White Year or Dates: Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Cattle Breeder Cattle Producing Co. 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be George Edward Weaver Mary Edith Cline 2 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Neme/Relationship (Type, Print) Douglas E. Weaver, Son 8813 Jordan Road, Fairplay, Maryland 20e. Method of Disposition 20b. Plece of Disposition (Neme of Date 20c. Location - City or Town, State cemetery, cremetory or other place) permit. Pages Depertment of Important: If its any injury or o 1 ☐ Burlal 2 Cremation 3 ☐ Ramovel from State Smithsburg Crematory July 3 Smithsburg, Maryland 4 Donetion 5 Other (Specify) 21. Signature of Funeral Service Vicanses Douglas A. Fiery Funeral Home 1331 Eastern Blvd. N., Hagerstown, Maryland 21742 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intervel Between Onset end Deeth **Physician** Immediate Ceusa (Final disease or condition resulting in death) /Medicai ears **Examiner** Due to (or es e consequenca of): Completed by Physiclan/Medical Examiner The law requires that the death certificate be executed es the buriel-trensit Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Diseese or injury Due to (or es e consequance of) Division of Vital Records, P.O. Box 68760, that initieted events resulting in deeth) Lest Dua to (or es e consequence of) for use Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. ihe i detached 23b. Dfd tobecco use contribute to the cause of deeth? bronie Obstrutino 1 Yes 2 No Im 3 Probably 4 Unknown esfrictive 24b. Were eutopsy findings eveileble prior to completion of causa of deeth? 24e. Wes an eutopsy parformed? page 2 certificate hes 1 Yas 2 No 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physicien: within 24 hours efter deeth.

To the Funeral Director: After this certifica completely filled in by the funeral director, 25. Wes casa referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menne of Deeth 28e. Dete of Injury (Month, Dey Yeer) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide 1 Cortifying Physicien: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.

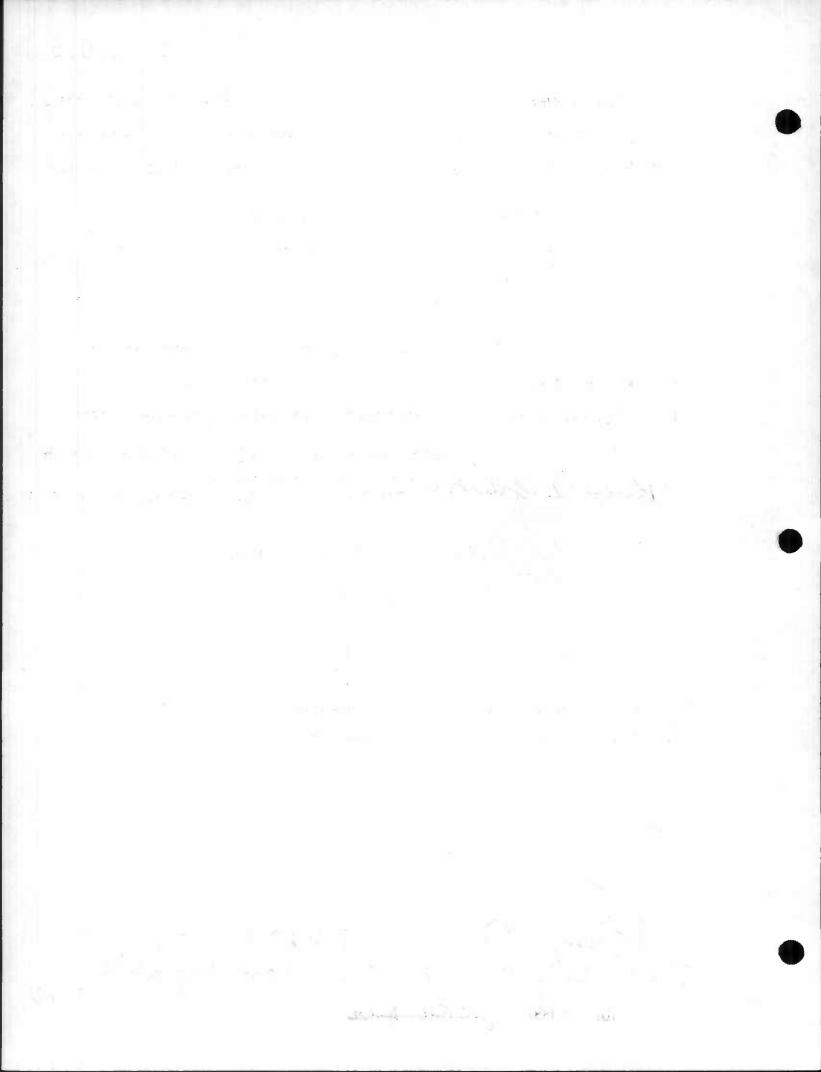
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end placa, end due to the ceuse(s) end manner steted. 29a. Certifier Medical (Check only one) 29d. Date signed (Month, Dey, Year) 29b. Signature and title 29c. License number completed gause of deeth (Item 23a) (Type en cher

Registrar

31. Date filed (Month, Day, Yeer)

32. Registrer's Signature

wha Davids



State of Maryland / Department of Health and Mental Hygiene Amed # 108 Wash Co. 1/3 July 3, 199 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Month Dey **Physician** Floyd William Weiser 1997 July 8:12 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 251 E. Antietam 4b. City, Town, or Location of Deeth Examiner 4c. County of Deeth Washington County Hospital St. Hagerstown Washington If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Manths Devs Hours Min. (Month, Dey, Year, 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** ₩ M 2□ F Months Yrs. 53 Director Sept.17-43 213-42-2071 Maryland Usual Residence of Decedent the Maryland 10a. State "natural", or items 23a or 28a-f show occal Examiner must be notified at 10b. County 10c. City. Town or Location 10d. Inside City Limits MD Director 1√2 Yes 2 No Washington Hagerstown 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? death with Washington USA 7 E. Washington St. Funerai 21740 12. Wes Decedent Ever in U,S. Armed Forces? 1 Byes 2 □ No If Yes, Give Year or Dates: 1962–65 11. Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indien, Bleck, White, etc. filed within 72 hours efter 1 Never Married 2 Married 21215-0020 1 Yes 2 X No Specify: þ Specify: 3 Widowed 4 Divorced white Completed The Medical Decedent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within nent of Health and Mental Hygiene. nnt: if item 27 is marked other than ' ury or other traumatic event, it a Ma Elementery/Secondary (0-12) College (1-4or 5+) 12 0 Tool Crib Army Depot Baltimore, Maryland 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Surname) Be 2 Woodrow W. Younker Nellie B. Dishong 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) Allen M. Weiser /Brother P.O. Box 424 State Line, Pa. 17263 20b. Place of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 X Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete Depertment of Important: if any injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) Rose Hill Cemetery 7/5/97 Hagerstown, Maryland 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility Minnich Funeral Home 415 E. Wilson Blvd. Hagerstown, Md. 21740 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximate Intervel Between Onset end Death **Physician** /Medical Immediate Ceuse (Final diseese or condition resulting in death) Multiple trauma Examiner 5UDDSK Due to (or es e consequence of): Examiner The law requires that the death certificate be executed buriel-transi Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last and Due to (or es e consequence of) Box 68760, physician Physician/Medicai the Due to (or es e consequence of): 98 for use P.O. ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown 12 X12 7910N Division of Vital Records, þ 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy peen page 2 hes certificate 1 Yes 21 No 1 Tyes 2 No Physician: funeral director, Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☑ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1X Yes 2 No this 28e. Date of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury et Work? After Attending 1 Neturel 5 Pending Investigation I or Attending efter death.

I Director: Afford in by the fu July 1, 1997 7:43 AM 1 Yes 2 No jumped out 4th floor window 2 Accident 6 Could not be determined 3 XSuicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) filled in by 4 Homicide To the Hospital of within 24 hours of To the Funeral Completely filled in the Funeral Completely fi home 7 E. Washington St. Hag, MD 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) end menner es steted.

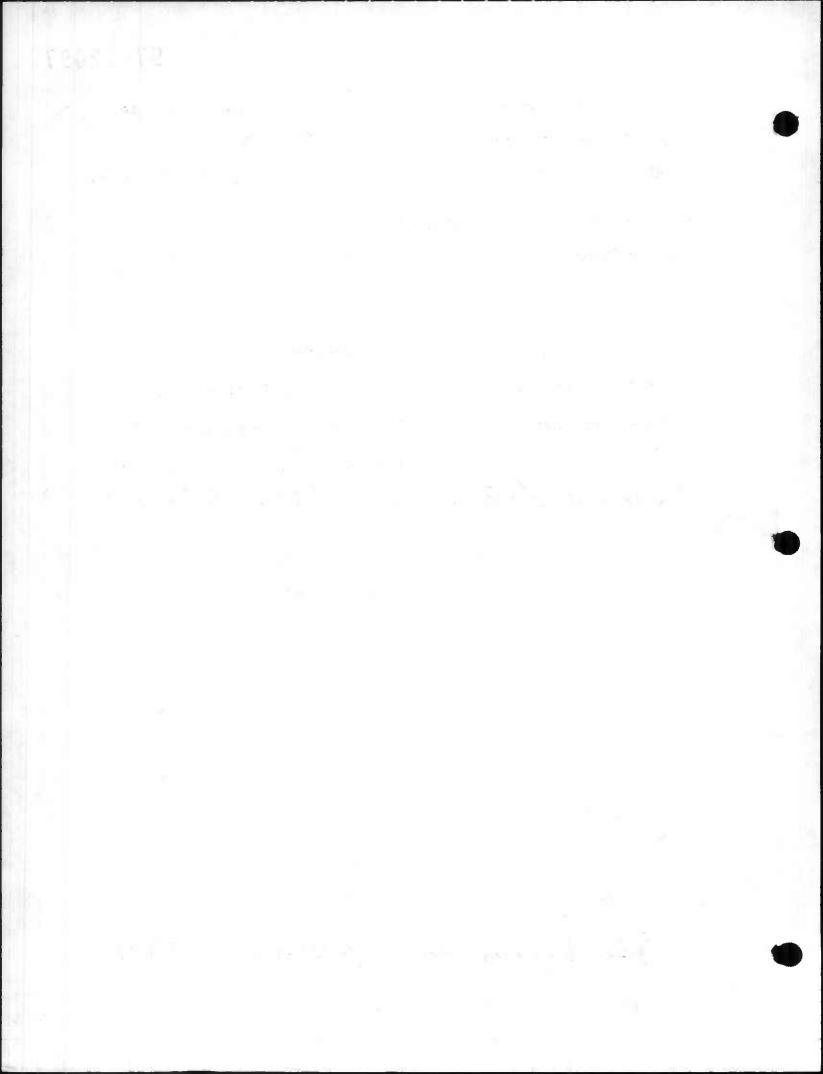
2 Medicat Exeminer: On the bests of examination end/or investigation, in my opinion, death occurred et the time, dete end plece, end due to the cause(s) end manner steted. 29a. Certifie edicai (Check only 29b. Signature and title of serth 29c. License number 29d. Dete signed (Month, Dey, Year) D11266 July 1, 1997 30. Name and eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) 580 Northern Ave. Hagerstown, MD 21742 Howard N. Weeks, M.D. 31. Dete filed (Month, Dey, Yeer) 32. Registrer's Signeture State Julia Davidson Rondesse Registrar

**DHMH 16 Rev 6/95** 

Tan : Jil

State of Maryland / Department of Health and Mental Hygiene 97 22097

					Certifica	ate of	Death		Reg. No.	1 4	2091
Physicia	'n	1. Decedent's Name (First, Middle, Las	t)					2. Dete of De Month	eth Dev	Yeer	3. Time of Deet
/Medica		Richard F	Welton, II	I				June	29	1997	1635
Examine		4e. Fecility Neme (If not institution, give						Location of Death	4c. Count	y of Deeth	
		Kent & Queen Ann	e's Hospita	1			Chester		K	ent	
Funeral Director		DOT OT 7047	7. Age (III	n yrs. last birt	Yrs. If Un Month	der 1 Year ns Deys				9. Birthp Cour	elece (State or Fore
2 2		Usual Residence of Decedent  10a. State 10b. County	4.0	Oh. T					1717		
sho	_		10	G. City, Town	n or Location					1	0d. Inside City Lin
Sa-f	Director	Maryland Kent		Cheste							1   Yes 2
6 8	ă	10e. Street end Number				Zip Code			10g. Citizen of	Whet Cour	ntry?
23a	ral	Byford Court				620			USA		
	by Funeral	11. Maritel Status  1 □ Never Merried 2 Married  3 □ Widowed 4 □ Divorced	12. Wes Decadent Eve Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates:	r in U,S.		cedent of lipecify Cub		Specify Yes or No- to Rican, etc.)		ce - Americ eck, White, <sup>fy:</sup> Whit	etc.
"natural", edical Exa	Completed	15. Decedent's Ed		16e.	Decedent's U	sue! Occup	etion		16b. Kind of E	Business/Inc	dustry
- 69	ple	(Specify only highest gred Elementary/Secondary (0-12)	College (1-4or 5+)		life. DO NOT	work done Tuse retire	during most of wo d)	orking			
Mental Hygiene. arked other than atic event, the Me	PO	12		R	etail	Execu	tive		Retail		
工艺艺	Be (	17. Fether's Neme (First, Middle, Lest)	7				18. Mother's Ne	me (First, Middle,	Maiden Surna	me)	
marked o	2	Richard F. Welton	Jr.				Alice B	oardman			
end l		19e. Informent's Name/Reletionship (7	ype, Print)	19b.	Mailing Addre	ess (Street	end Number or R	urel Route Numbe	mber, City or Town, Stete, 2		Code)
Health lem 27 i		Elizabeth Beck Wel	ton	5	Byfor	d Cou	rt Chost	ortorm	MJ 216	20	
Dentific Tages I and Department of Health Important: If Item 27 any Injury or other transfer.		20a. Method of Disposition	2	Ob. Plece of	Disposition (/	Verne of	cel OHES	ertown,	20c. Location	- City or To	wn, Stete
		1 ☐Burial 2 ☐ Cremetion 3 ☐ I 4 ☐ Donation 5 ☐ Other (Specify									
		21. Signature of Plineral Service Licens	- L	ot. Pau	22. Name	and Addre	emetery iss of Fecility	7/2/97	Chester	town,	MD
		1. A B	111/22					, Newnam	Funera	1 Hom	e 130 St
	-	The Dark Entered of the	I leuw-	death De-	Road (	Chest	ertown,	, Newnam	0 410-7	78-00	55
		23a Part I. Enterth disease, or comp shock, or heart failure. List only of	ne ceuse on eech line.	deetn. Do n	iot enter the m	loae or ayır	ng, such es cardia	c or respiretory er	rest,	1	Approximete Intervel Between Onset end Deat
nysician Medical		Immediate Cause (Final									Onset end Deat
xaminer	-1	disease or condition resulting in deeth)	· CUMGES	THE	HZVM	- EV	neme				172
	<u>.</u>	,	Due	to (or es e c	onsequenca	of);				1	
isit.	Examiner		b. Isciton	c cu	MNICO	nix	ハイナフィン				67MS
as been signed by the attending physician and 2 should be detached for use as the burial-transit	xar	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	Due to (or es e consequence of):								14
		Cause. Enter Underlying Ceuse (Diseese or Injury	C								
the the	Medical	thet initiated events resulting in death) Lest	Due	to (or es e c	onsequence o	f):				i	
ding pt			d								
attendii for use	<u>a</u>										
by the a	Physician/	Pert II. Other significant conditions co	ntributing to death but no	t resulting In	the underlying	g cause giv	en in Pert I.	23b. Dld t	obacco use co	ontribute to	the cause of de
d by	£							10	res 2 No	3 Prot	bably 4 Unki
signed to	2										
should should	Completed								en eutopsy med?	eve	ere autopsy findin
has be										of e	npletion of cause deeth?
ate ha	6							1 D Y	es 2 No	10	Yes 2□ No
certifical rector, p		25. Was case referred to medical					26. Plece of De	eth (Check only o			
00		examiner? 1 ☐ Yes 2 ☑ No	lospitel:	2□ ER/Out	petient 3	DOA Oth	OF.	lome 5 ☐ Resid		her (Specifi	()
		27. Menner of Deeth	28a. Dete of injury (Month, Dey Yea	28b. T	ime of	28c. Injur Wor		28d. Describe h			,
death. stor: After y the fune	919	1 Natural 5 ☐ Pending 2 Accident Investigation	(Month, Day 1 a	27)	jury M		Yes 2 □ No				
al Director: After ted in by the funers	2	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injury -		m, street, fect	ory, office		28f. Location (S		ber or Rure	Route Number,
d in b	e l	4 🗆 Homicide	building, etc. (S	pecify)				City or Tow	n, Stete)		
Funer tely fill		29a. Certifler (Check only one)  1 Certifying Physical Examination (Check only one)	sicien: To the best of my ner: On the basis of exa end menner steted.	knowledge, minetion end	deeth occurre Vor Investigetie	ed et the tir on, in my o	ne, dete end plece pinion, deeth occu	e, end due to the curred et the time, c	euse(s) end m dete end plece,	enner es st and due to	eted. the cause(s)
To the comple		29b. Signeture end title of certifier	orromon otolog.		2	9c. Licens	e number		29d. Date signe	ed (Month I	Day Year)
¥ ⊢ 8											oy, rour)
		Jec. Sey	nely	Mn		11-1	3224		7-9.	1/	
		30. Neme end eddress of person who									
1		T.1 C 14	D 122 C	7	- 1	~ 1		1/ 1	1 07/		
7		John Seymour, M 31. Dete filed (Manth, Dey, Year)	32. Registrer's S			Ches	tertown,	Marylan	d 216	20	



97-3682-035 CMK LOUIS WILSON

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

of Maryland / Department of Health and Mental Hygiene 97	2	2	0	9	8
Cartificate of Dooth					

Physicia /Medic Examir **Funeral** Director Baltimore, Maryland 21215-0020

permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Haalth and Mantal Hygiane. Important: If term 27 is marked other than "netural", or items 23a or 28a-f show any Injury or other traumetic event, the Modical Exercitor must be notified at once.

**Physician** /Medical Examiner

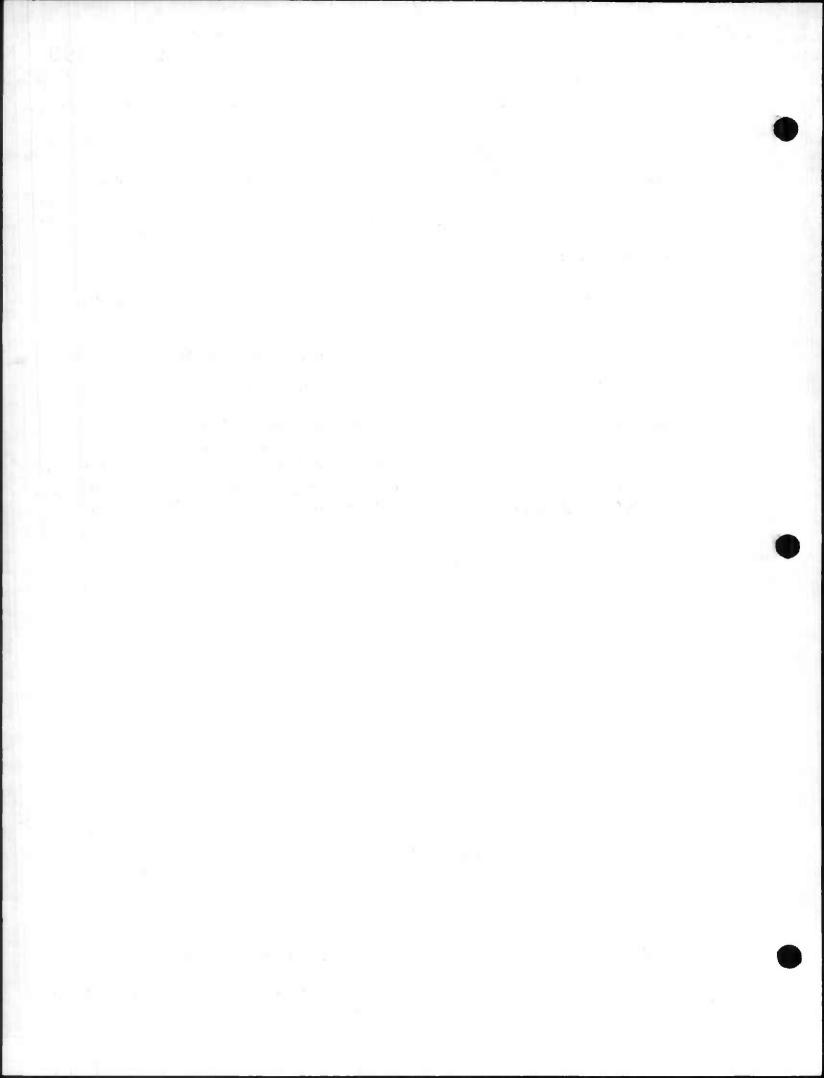
To the Hospital or Attending Physician: The law requiras that the death certificate be asscuted within 24 hours effer death.

To the Funeral Director: After this certificate has been signed by the attending physician and completally filled in by the funeral director, page 2 should be detached for use as the bunal-trensit Division of Vital Records, P.O. Box 68760,

		Certificate of	Death	R	eg. No.	
1. Decedent's Nama (First, Middla, Last)		0.830 =		2. Dete of Deel		3. Time of Daath
LEWIS GARFIELD	WILSON			JULY	Dey 199	76er 27 2230PM
4a. Facility Nama (If not Institution, giva sa			4b. City, Town, o	or Localion of Death	4c. County of	
ROUTE 300 AND	ROUTE 290		SIIDIFI	RSVILLE	OUEEN	ANNES
5. Social Security Number 6. Sex	7. Aga (In yrs. last birti	thday) If Under 1 Yaa	r If Undar 24 H			9. Birthplace (State or Foreign
213-24-4978 望	M 00 5	Yrs. Months Dey	s Hours Mi			Country)
Usuai Rasidanca of Decedant	/ -			September	29, 19	22 Maryland
10a. Slala 10b. County	10c. City, Town	or Location				10d. Inside City Limits
Maryland Kent	Milli:	noton				1 □ Yas 2√ No
10e. Street end Number		10f. Zip Coda		1	0g. Citizen of Wh	net Country?
30840 River Road		216	51		U.S.A.	ot Country i
	2. Wes Dacedant Evar in U,S. Armed Forces?	13. Was Decedant of If Yas, specify Cu	ban, Maxican, Pu	arto Rican, etc.)		- American Indian, Whita, atc.
1 Navar Marriad 2 Married	1  Ves 2  No If Yes, Giva	1□ Yas 2√ N	Specify:		Specify:	Black
3 Widowed 4 Divorced	Yaar or Dates: WWII	43				DIGCK
15. Decedant's Educa (Spacify only highest greda	ition 16a.	Decedent's Usual Occ (Giva kind of work don lifa. DO NOT usa ratio	upation a <i>during</i> most of и	vorkina	16b. Kind of Busi	nass/Industry
Elementary/Secondery (0-12)	College (1-4or 5+)		-			
4	Tru	ck Driver/	Heavy Eq	uipment Op	perator	Escavating
17. Fether's Name (First, Middia, Last)			18. Mothar's N	lama (First, Middla, I	Aalden Sumama)	
Warren Taylor			Emma Wi	1son		
19a. Informani's Nama/Ralationship (Typ	a, <i>Print</i> ) 19b.	Mailing Addrass (Stra	at and Number or	Rural Route Number	City or Town, St	tata, Zip Code)
Elizabeth A. Wilson	/Wife 30	840 River	Road. Mi	llington.	Marvlane	d 21651
20a. Mathod of Disposition	20h Place of	Disposition (Name of	· · · · · · · · · · · · · · · · · · ·	T Data T		ity or Town, Stata
120 Burial 2 ☐ Cramation 3 ☐ Ra	noval from Stata	y, cramatory or other p	ace) July	12, 1997		
4 Donation 5 Other (Specify)						ngton, Maryland
21. Signatura of Furiaral Servica Licensas	1	Fellows H	rass of Fecility	n & Normar	Finera	1 Home, P.A.
Mary B. 7	Mouls	130 Speer	Poad Ch	ostortorm	Marula	nd 21620
23a Part Loter III Alseesa, or complice shock, or has a failure. List only one	ations that caused the death. Do n	not antar the mode of d	ring, such as card	liac or raspiratory err	est,	Approximete
snock, or nash failure. List only one	causa on each lina,					Intarval Batween Onset end Death
Immediata Cause (Final	M are					
disaesa or condition resulting in deeth) a.	Multiple in					
	Dua to (or as a c	corsequence of):				
<b>b</b> .						
Sequentially list conditions, if eny, laading to immediate	Dua to (or as a c	consequance of):				
Cause (Diseesa or Injury						
that initiated avents rasulting in daath) Last	Due to (or es a co	onsaquence of):				
						1
- 0						
Part II. Other eignificent conditions conju	buting to death bul not rasulting in	tha underlying causa	ivan in Part I.	23b. Did to	bacco usa contr	ribute to the cause of death?
				1 🗆 Y	s 2 No 3	B □ Probably 4 □ Unknown
				24a. Was a		24b. Wara autopsy findings
				perform	ned?	available prior to completion of causa of deeth?
				1 kd Y8	s 2 No	1 ☑ Yas 2 ☐ No
25. Was case referred to medical axeminar?	opital:			eeth (Check only on		
123 105 2 100	spital: 1 Inpatient 2 ER/Out	thattant 3L DOX	ther: 4 Nursing	Homa 5 ☐ Reside	nca 6 Othar	(Specify) AT SCENE
27. Mannar of Deeth 1 □ Naturel 5 □ Panding	28a. Date of injury (Month, Dey Yaar) 28b. Ti	ima of 28c. Inj	ury at ork?			DRIVER, AUTO
24 Accident invastigation	7-3-97 21		Yas 2⊠No	STRUCK		
3 ☐ Suicida 6 ☐ Could not ba 4 ☐ Homicida detarmined	28e. Plece of Injury - At home, famulating, atc. (Specify)	m, straat, factory, office	1	28f. Location (St	raet end Number	or Rural Routa Number, occard Rt 290
713.113.113	STRI	EET		Queen	ne's Cou	bu and Rt 290
29a. Certifier 1☐ CertifyIng Physic	lan: To the best of my knowledga,	death occurred at tha	time, date end pla			
(Check only one) 2 Medical Examine	<ul> <li>On the basis of examination and and manner stated.</li> </ul>	l/or Invastigation, in my	opinion, daath oc	curred at tha tima, d	ata and placa, an	d dua to tha causa(s)
29b. Signatura and title of certifier		29c. Licer	nse numbar	2	nd Date signed /	(Month, Day, Year)
. ()	.l. ILMD	200. 2.001		-	(	
Monald & C	Unight MD		O.C.M.E		ULY 04	, 1997
30. Name end addrass of person who com	pleted causa of death (Item 23e) (7	Type, Print)				
DONALD G. WI	RIGHT MD 11	11 Penn S	treet.	Baltimor	e. Mar	yland 21201
31. Data filed (Month, Day, Year)	32. Registrar's Signature	Rando DO				2
JUM IO 3/	June Duo 14501					

Stat

Registrar



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 2 2 0 9 9 State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3 Time of Death 3, **Physician** Basil Brook WHETZEL, SR. 3:45 A.M. July /Medical 4a. Facility Name (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Daath Examiner Frederick Health Care Center Frederick Frederick | If Undar 1 Year | If Undar 24 Hrs. | 8. Data of Birth | 9. Birthplaca (Stata or Foraign Months | Days | Hours | Min. | Sept. 15, 1916 | West Virginia 5. Social Sacurity Number 6. Sax 1X M 2□ F 7. Aga (In yrs. last birthday) Funeral Months 80 225-09-9273 Yrs. Director Usual Rasidanca of Decadant with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show Examiner must be notified at 1 ☐ Yas 2 No Director Maryland Frederick Knoxville 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 6 21758 2606 Kaetzel Road U.S.A. items 23a death Funeral Raca - Amarlcan Indian, Biack, Whita, atc. Was Dacadant of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 12. Was Dacedant Evar in U.S. Was Dacedant Evar in U.S.

Armed Forcas?

1 ☐ Yas 2 ☐ No
If Yas, Giva 1942—1945

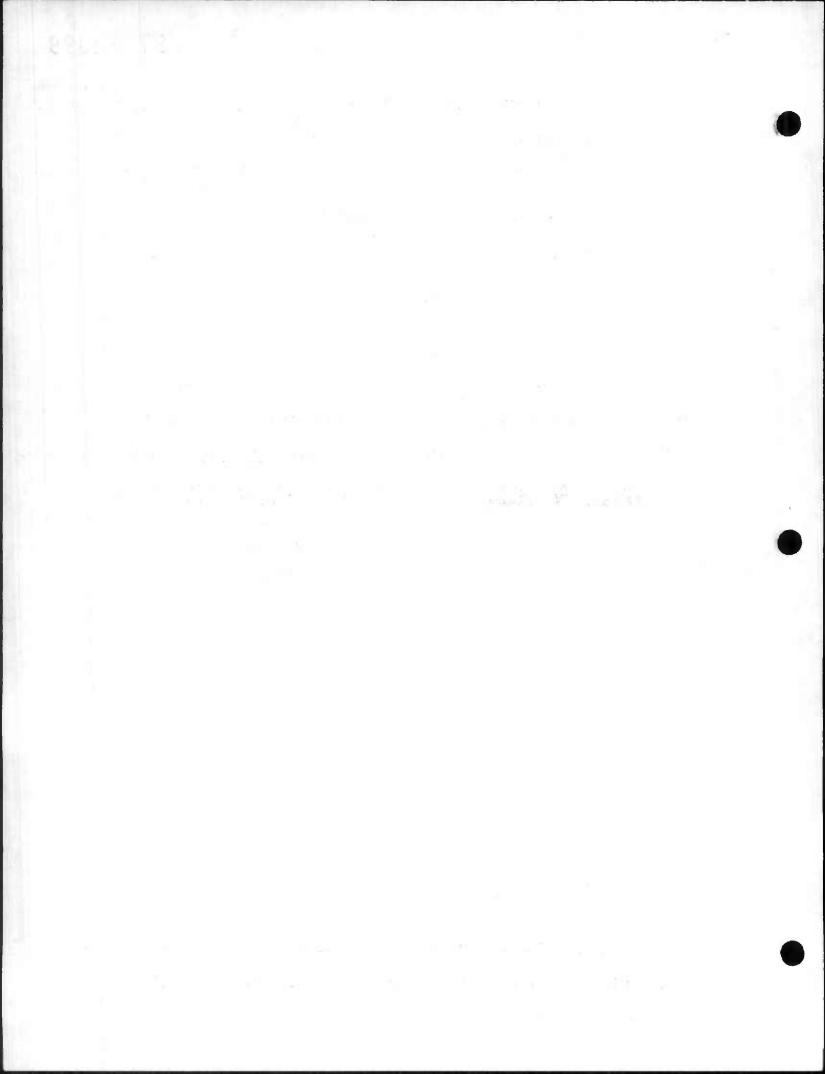
Yaar or Datas: permit. Pages 1 and 2 should be filed within 72 hours efter to Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "naturel", or fret any july or other traumetic event, the Medical Examina 1 Navar Married 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Completed by White 3 Widowad 4 Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry Elementery/Sacondery (0-12) Coilege (1-4or 5+) Shoe Factory Maintenance Worker 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maiden Surnama) Be WHETZEL Lulu May DOVE Harvey Rufus 2 19e. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) 6207 Quinn Road, Frederick, MD 21701 Thelma V. Cutsail, Daughter 20b. Placa of Disposition (Nama of comatary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramovai from State Resthaven Mem. Gardens, July 6, 1997 Frederick, Maryland 4 ☐ Donation 5 ☐ Othar (Spacify) 21. Signatura of Funaral Sarvica Licansaa 22. Nama and Addrass of Facility Keeney & Basford P.A. Funeral Home M00703 106 East Church Street, Frederick, MD 21701 23a. Part1. Entar tha disaasa, or complications that chisad tha death. Do not antar the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause of such line. Approximate intarval Batween Onset and Death **Physician** Immediata Causa (Final disaasa or condition rasulting in deeth) /Medical accident Cerebrovascular veeks **Examiner** Examiner To the Hospital or Attanding Physician: The law requires that the death certificate be executed within 24 hours effect death.

To the Funeral Director: After this certificate has been signed by the estending physician and completely filled in by the inneati director, page 2 should be detected for use as the burle-transit Sequentially list conditions, if eny, laeding to immediata cause. Entar Undarfying Cause (Disaase or injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown þ Completed 24b. Wara autopsy findings available prior to complation of cause of death? 24a. Was an autopsy parformad? 2 No 1 Yas 1 TYAS 2 No 25. Was casa rafarred to medical examiner? Be 26. Place of Death (Chack only ona) Othar: 4 Nursing Homa 5 Residenca 6 Othar (Spacify) Certification: To 1 Yas 2 No 1 ☐ inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA 27. Mannar of Daath 28a. Date of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicida 6 Could not ba detarmined 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Spacify) 28f. Location (Straat and Numbar or Rural Route Number, City or Town, Stata) 4 Homicide 1 Certifying Physicfan: To tha best of my knowledga, daath occurred at tha time, dete and piace, and dua to tha causa(s) end mennar es stated.

2 Medical Examiner: On tha basis of axemination and/or investigation, in my opinion, deeth occurred at tha tima, date and place, and dua to the causa(s) and mannar stated. 29a. Certifier Medical 29b. Signatura and titia of certifiar 29d. Data signed (Month, Day, Yaar) 29c. Licansa number W Stem MS July 5, 1997 D32073 30. Nama and address of parson who completed causa of daath (Itam 23a) (Type, Print) Dr. Kathleen W. Stern, M.D., 610 Ninth Avenue, Brunswick, MD 21716 32. Registrar's Signatura 31. Data filed (Month, Day, Year) State

Registrar

JUL 0



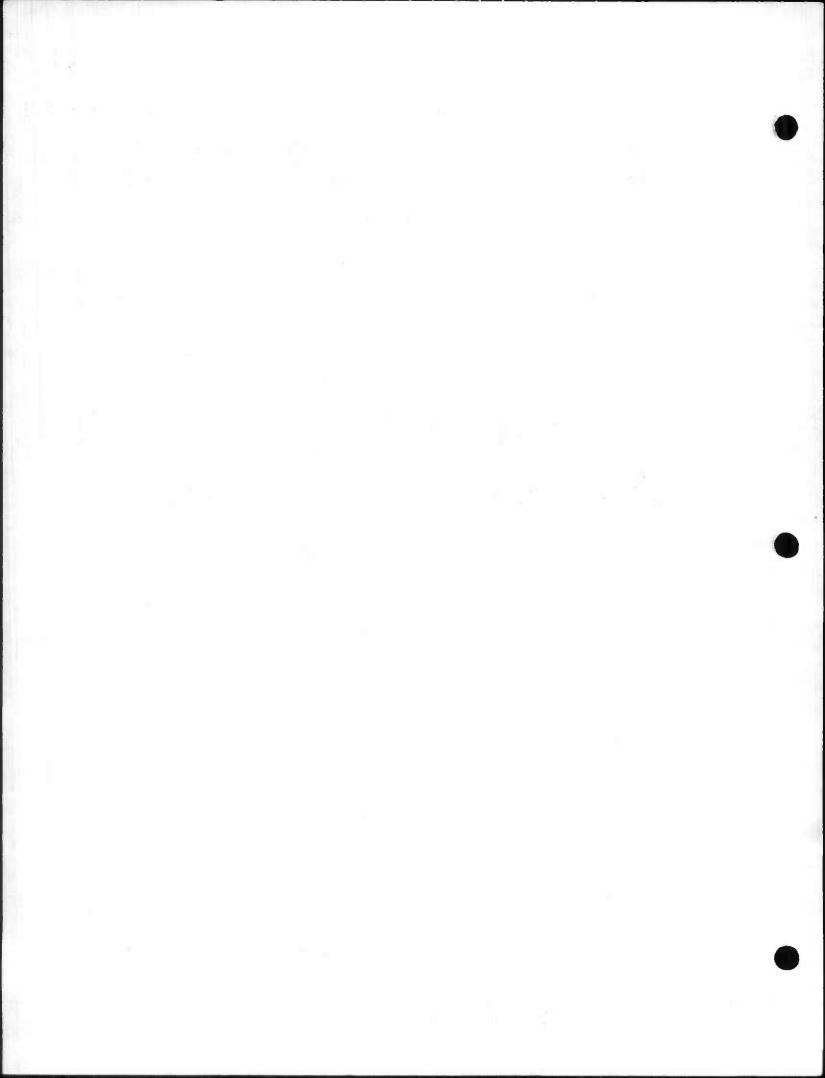
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 1 0 0

						Cer	tificate	e of	Death		F	ag. No.			
			1. Decadant's Nama (First, Middle, La	ast)							2. Data of Dea	th	V	3. Tima of	Death
	Physic /Medi		GOLDIE C	HANDLEE WE	AVER						June	26, 1	Yaer 997	8:00	AM
	Examir		4a. Facility Neme (If not institution, given						4b. City, To	wn, or L	ocation of Death	4c. Count		0.00	
7			910 Pontiac Aven	ue					Free	deri	ck	Fred	erick		
	Funeral	Г			e (In yrs. last l	birthday)	If Under 1		If Undar		8. Data of Birth (Month, Day	Vanel	9. Birthp	elece (Steta or	r Foreign
<u>(4)</u>	Director		220-34-2253 Usual Rasidance of Decedant	1□M 2 <b>X</b> )F	95	Yrs.	MOITERS	Days	Hours	Will.	May 18,		Penn	sylvan	ia_
	how		10a. Stata 10b. County		10c. City, To		cation						1	0d. Insida Cit	y Limits
	e Me	cto	Maryland Frederi	ck	Frede	rick								1X Yas	2 🗆 No
	15 Por 15	Directo	10e. Street end Numbar				10f. Zip (	Coda			1	0g. Citizan of	Whet Cour	ntry?	
	23a		910 Pontiac Aven	ue			= 2	217	01			U	.S.A.		
	or de	Funeral	11. Marital Status	12. Was Decedant E Armad Forcas?	Evar in U,S.	13. V	Vas Deceda Yas, specif	ant of fy Cub	Hispanic Ori sen, Mexicar	gin? (Sp	ecify Yas or No- Ricen, etc.)		ce - Amaric		
Maryland 21215-0020	n 72 hours effer death with the Meryland "natural", or items 23a or 28a-f show sideal Examiner must be notified at	by	1 Navar Married 2 Marriad 3 Widowed 4 Divorcad	1 ☐ Yas 2∑ N If Yas, Giva Yaar or Datas:	10		□ Yas 27				,	Specia			
5-0	d within 72 ho piene. r than "natur the Medical	Completed	15. Decedant's E (Spacify only highast gre		16	a. Deced	lant's Usual	Occu	petion during mos	t of work	ina	16b. Kind of E	Businass/In	dustry	
121		du	Elementary/Secondary (0-12)	College (1-4or 5	+)	lifa. E	OO NOT usa	a ratire	ed)						
12	e filed with Il Hygiene. other than		47 Famada Nava (Fire Arian A	4		Н	omemal	ker	T				er ho	me	
anc	of the by	Be	17. Father's Nama (First, Middla, Last								a (First, Middla, i	Ma <i>id</i> an Sumar	ne)		
ž		To	Veazey Chandlee								Stokes				
Mai	12 shc end n is me		19a. Informant's Name/Relationship (								al Routa Number				
	s 1 and 2 should f Health and Mar ttem 27 is marks other traumatic		Barbara J. Batdor	I/Daugnter					adow 1	Jriv	e, Frede				
Baltimore,	8 = 5		20a. Method of Disposition 1 ঐBurial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Spacil		Pine (	tarv. cram	sition (Neme hatory or oth e Ceme	har pla	ry			20c. Location Sunnybu			
gal	permit. Pa Departmen Important: any injury once.		21. Signature of Euneral Service Licer	9800 ) /	2 16	22.	Nama and	Addr	ass of Facili	y	SON FUN	EDAT U	OMEC	D A	
ш	80588		Sobert	- Kall	eys						ST., FRE		_		
			23a. Pert1. Entar tha diseasa, or com shock, or haart failure: List only	plications that caused	the teath Do	o not anta	r tha moda	of dy	ing, such as	cerdiac	or respiratory arr	est,	, 112	Approximata Intarval Batw	1000
я	Physician			0	V									Onset end D	
и	/Medical		Immediata Causa (Final disaasa or condition	Cere	hrove	ala	len		acc	iden	+			198	9
Ш	Examiner		rasulting in daath)		Dua to (or as										
	P #	lne		b									ì		
	ertificete be executed ling physician and ie es the buriel-transit	Examiner	Sequantially list conditions, if any, laading to immadiata	D	Dua to (or es	a consaqu	uance of):		_				1		
90	oe ex	0	ceuse. Entar Undarlying Causa (Diseesa or Injury	•									1		
68760,	sete b	edical	that initiated events resulting in death) Lest	C.	Dua to (or as a	consequ	uence of):								
×	eeth certificete be executed attending physician and for use es the bunel-transit	2		d											
Bo	deeth c	lan													
P.0.	0 0 0	Physician	Part II. Other significant conditions of	ontributing to death bu	t not rasulting	in tha un	darlying ceu	usa gi	van in Part I		23b. Did to	bacco uae co	entribute to	the cause of	death?
	requires that the deeth cer wen signed by the attendin hould be detached for use		Hun	rten 11.	~						1 □ Y	08 20 No	3 Prol	bably 4 L	Inknown
ds,	8 5 8	d by	1/0								04-1144-11-		0.45 144	an automou fin	
Division of Vital Records,	v requir	Completed									24a. Was a parform	n eutopsy ned?	ave	are autopsy fir allabla prior to mplation of ca	)
36	The lew ste hes b pege 2 s	ם										1	of	death?	
a	cete										1 □ Ye	s 20 No	10	Yas 20 M	No.
<u> </u>	ician: The certificate rector, peg	Be	25. Was cesa referred to madicel axaminer?	Monitoli				-		of Daati	(Chack only on	a)			
of	Physical direction	J.	1 Yas 20 No	Hospital: 1 Inpatiar				1			ma 5 Raside			v)	
Ž.	Attending Physician: or death. ector: After this certific by the funeral director,	lon	27. Mannar of Death  Netural 5 ☐ Panding	28a. Data of Injun (Month, Day	Year) 28b.	Time of Injury		c. Inju Wo			28d. Dascribe ho	w injury occur	red		
S	tend leath tor: /	cat	2 Accident Invastigation 3 Suicide 6 Could not be				М		Yas 2□						
$\leq$	or Al	Certification:	4 ☐ Homicide datermined	28a. Place of Inju building, atc.	ry - At homa, i . <i>(Spacify)</i>	farm, stra	at, factory,	office			28f. Location (St City or Town		ber or Rura	I Houta Numb	er,
	pitai ours orai filled		29a. Cartifiar 1 Certifying Ph	and an Table 1		2 63				1					
	To the Hospital or Attending Physician: The I within 24 hours effect death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edicai	(Check only one)	yalcian: To tha best of niner: On tha basis of and mannar stat	examination a	ga, daath ind/or inve	occurrad at astigation, in	tha ti n my c	me, deta an opinion, deel	d place, a th occurr	and dua to the ca ed et the time, d	use(s) and ma ate and place,	annar as st end dua to	ated. tha ceuse(s)	
	To the To the Complex	Ž	29b. Signatura end titla of certifiar				29c. l	Licans	sa number		2	9d. Data signe	d (Month,	Day, Year)	
			Cinitia	12	1			BR	2968	P		6/2	2/0	7	
		f	30. Nama and eddress of person who	complated ceusa of de	nh (kem 23e)	) (Type, P	rint)					1-6	117	1	
			A. Austin Pearre	Jr., MD	300 Wes	st Ni	inth S	Str	eet, I	rede	erick, M	arylan	d 217	01	
	Sta	te	31. Data filad (Month, Day, Yaar)	32. Registra	's Signatura	P	1 10								
	Registra	ar	JUN 2 7 1	99/	C SOURCE!	er-van	dally								

NAME OF THE PROPERTY OF THE PR

			State	of Maryland / D	epariment of r Certificate of		ntai Hygiei Reg. i	21 6	2101
	51		Decedent's Name (First, Middle, Last)				. Dete of Death		3. Time of Death
	Physici /Medi		Berry Thui	man Wright	Jr.			3,1997	1:45 PM
	Examir	ner	4a. Fecility Neme (If not institution, give street end			4b. City, Town, or Loca		4c. County of Deeth	
			Vindabona Nursing F  5. Social Security Number 6. Sex	Iome 7. Age (In yrs. lest birth		Braddock	Hgts.	Frederi	
ш	Funeral Director		579-28-2706 1₩ 2□F		Months Days	Hours Min.	(Month, Day, Yeu		place (State or Foreign
	D		Usual Residence of Decedent	12		B	ug.IJ,I	1324 COT	umbia
	show	7	10e. State 10b. County Md. Frederick	Jeffe					10d. Inside City Limits 1 ☐ Yes 2 ☑ No
	the M	Director	10e. Street and Number	Jelle			100	Chi	
	with Se or	ī	5621 Glen Hill Ct.		10f. Zip Code 217	5.5	Tog.	U.S.A.	ntry ?
	deeth	Funeral	11. Maritel Stetus 12. Was D	ecedent Ever in U.S.	13. Was Decedent of F	lispanic Origin? (Speci	y Yes or No-	14. Race - Ameri	
20	s 1 and 2 should be filed within 72 hours efter death with the Meryland I Health and Mental Hyglena. Itam 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Eventinet marks on righted at	y Fu	1 Never Married 2 Married 1 Yes,		1 Yes, specify Cubi	an, Mexican, Puerto Ric Specify:	an, etc.)	Specify: LTh	
21215-0020	tural.	ed by	3 Widowed 4 Divorcad Year of	r Detes:	Decedent's Lieus Occur	petion	166	. Kind of Business/In	ite
215	within 72 ena. than "na pa Medic	Completed	(Specify only highest grade complete	(1-4or 5+)	Decedent's Usual Occup Give kind of work done life. DO NOT use retire	during most of working d)	100	. Kill Of Dusillessill	dustry
	filed with Hyglena. Ither then	E O	10		fset pri	nter	re	esearch	corp.
pue	be filed tal Hygi d other event, t	Be	17. Fether's Name (First, Middle, Last)	_		18. Mother's Neme (I			
Maryland	2 should be f end Mental H is marked of aumatic eve	2	Berry Thurman Wrigh  19a. Informant's Neme/Reletionship (Type, Print)		Mailing Address (Street	Catheri			Code
₹ E	ith en 27 is :		Robin Wright (Daugh					fferson,	2.2
re,	other tr		20a. Method of Disposition	20b. Place of I	Disposition (Neme of cremetory or other place			Location - City or To	
m	Page nent c		1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel fro 4 ☐ Donetion 5 ☐ Other (Specify)	m Stere	cacy Ceme		26 Bea	allsvill	e, Md.
Baltimore,	permit. Pages 1 end Department of Health Important: If Itam 27 any Injury or other tr 2000.		21. Signature of Funeral Service Licenses	1°	22. Name end Addre	ss of Facility Thompso	n Funer	ral Home	
13.7	40 E 8 0		Grade D My	0	31 E. Ma:	in St., M	iddleto	own. Md.	21769
	Dhysisian		23a. Part. Enter the disease, or coordications the shock, or heart failure. List only one ceuse of	nt caused the deeth. Do no n eech line.	it enter the mode of dyir	ng, such as cardiac or r	espiratory arrest,		Approximete interval Between Onset and Death
	Physician /Medicai		Immediate Cause (Final disease or condition	ongestic	re Hea	A fai	her	· ·	~ 1 day
	Examiner		resulting in death) a.	ongestic Bue to (or es a co	ensequence of):	- 0	7 -	0 >	
	bed nsit	nlne		Essermed	myscan	duel i	ugare	~ /	
· ·	deeth certificate be axecuted e ettending physician and ad for use es the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Due to (or as a co	nsequence of):	I pide	dir		ery on
68760,	ite be iysicia ne bur	edical	Cause (Disease or Injury that Initiated events resulting in death) Last	Due to (or es e co	nsequence of):		(		STANS
	ing ph			alow co	uchon	a			
Вох	eth certif ettending for use e	Physician/M							
P.O.	that the de ad by the detached	ysic	Part II. Other significant conditions contributing to			ren in Pert i.			o the cause of death?
	es that igned b	by Pł	Chanc activ	e Kepas	fun C		1 Tes	2 No 3 Pro	bably Cunknown
of Vital Records,	law requires that the as been signed by th 2 should be detache		Circhers	Carcher	م		24a. Was an au	7 av	ere autopsy findings ailable prior to
Sec.	has be	Completed	An a -					of	ompletion of cause death?
<u>a</u>	Page at		p) nemer				1 ☐ Yes	200 11	☐ Yes 2☐ No
\(\bar{\bar{\bar{\bar{\bar{\bar{\bar{	Physician: this certific ral director,	o Be	25. Was case referred to medical examiner?  1 Yes 2 No Hospital:	☐ Inpatient 2☐ ER/Outp	eatient 3 DOA Oth	26. Pleca of Death (		6 DOther (Speci	64)
	문 물들	n: T	27. Manner of Death 28a. Da	te of Injury 28b. Tir		y et 28	d. Describe how Ir		,,
Sio	Attending or death. Sector: After by the fune	catle	2 Accident investigation	N/A	V/ M 10	Yes 2 □ No		VA	
Division	I or Att efter d Direct d in by	Certification:	determined 200. Pla	ica of Injury - At home, fam Ilding, etc. <i>(Specify)</i>	n, street, factory, office	281	City or Town, St	and Number or Run	al Houte Number,
_	apital hours neral y filled		29a. Certifier Certifying Physician: To t	he best of my knowledge, o	deeth occurred at the tir	ne, date end piece, end	d due to the ceuse	e(s) and manner as s	itated.
	To the Hospital or A within 24 hours efter To the Funeral Direct Completaly filled in E	ledical	(Check only 2   Medical Examiner: On the one) and m	basis of examination and/ anner stated.	or investigetion, in my o	plnion, death occurred	at the time, date a	and placa, end due l	o the ceuse(s)
	To To To To To To To To To To To To To T	Σ	29b. Signature and title of certifier		29c. Licens	e number 1160	29d. I	Date signed (Month,	Dey, Year)
				some of death (hear 92e) (T	Print District	7411		6/15/	9/
			30. Neme and address of person who completed ca	600 CHA AV	E. Bruss	wach Mi	2/	716	
	Sta			Registrar's Signature	0		-		
	Registr	ar	JELE, R. D. 1997	and an inventor	Sept a IEL				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 1 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3 Time of Death Month Day 19, MARGUERITE EYLER WILHIDE June 1997 1:25 AM 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Citizens Nursing Home Frederick Frederick 5 Sociel Security Number If Under 1 Year If Under 24 Hrs. Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Dey, Year) Jan. 27, 1918 7. Age (In yrs. last birthday) 1□M 2 F Months Days Hours 220-03-3909 79 Yrs. Maryland Usuel Residence of Decedent 10a State 10h County 10c. City, Town or Location 10d. inside City Limits Yes 2 No Maryland Frederick Frederick 10e. Street end Number Citizens Nursing Home 10g. Citizen of Whet Country? 10f. Zip Code Rosemont Avenue 21702 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 22 No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, 11. Marital Status Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 XNo Specify: Specify: 3 ☐ Widowed 4 X Divorced White 15. Decedent's Education 16e. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grede completed) Elementary/Secondary (0-12) Coltege (1-4or 5+) Hairstylist Not Known 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Surname) Everst C. Eyler Edna Blanche Carty 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Robert W. Wilhide, Sr./Son 7128 Blue Mountain Road, Thurmont, MD 21788 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 X Burial 2 ☐ Cremetion 3 ☐ Removel from State 6/21 4 ☐ Donation 5 ☐ Other (Specify) Blue Ridge Cemetery Thurmont, Maryland 22. Name end Address of Fecility ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 21. Signature of Fulls 615 EAST MAIN ST., THURMONT, MD 21788 Math. Do not enter the mode of dying, such es cardiac or respiretory errest, Approximete Intervel Between Onset end Death Immediate Ceuse (Final disease or condition resulting in death) Due to (or as e consequence of): Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting In deeth) Lest Due to (or es e consequence of) Due to (or es e consequence of): Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? Oselyjotic Heart Dijense 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown 24b. Were eutopsy findings aveileble prior to completion of cause of death? 24e. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospital: 1 Yes ≥ No Other: 4 dursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? Naturel 5 Pending investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, end due to the ceuse(s) end manner as stated.

| Medical Examiner: On the best of examination end/or investigation, in my opinion, deeth occurred et the time, dete end placa, end due to the cause(s) end menner stated. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D16428

P.O. Box 68760, Records, Division of Vital

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effect death.

To the Funeral Director: Atter this certificate hes been signed by the attending physician end completely filled in by the Intened idjector, page 2 should be deteched for use as the bunkel-transit

Physician 1997

/Medical

**Examiner** 

**Funeral** 

Director

28a-f show

6

death

"natural", or items 23a

should be filed within 72 hours efter on the Mentel Hygiene.

marked other than "natural", or itel

. Peges 1 and 2 should be fill ment of Health end Mentel Heant: If item 27 is marked oth jury or other traumatic evan

permit. Peges 1
Depertment of H
Important: If ites
any Injury or ott

Physician /Medical

Examiner

Physician/Medical Examiner

ρ

Completed

Be

Certification: To

Medical

Baltimore, Maryland 21215-0020

Director

Funeral

þ

Completed

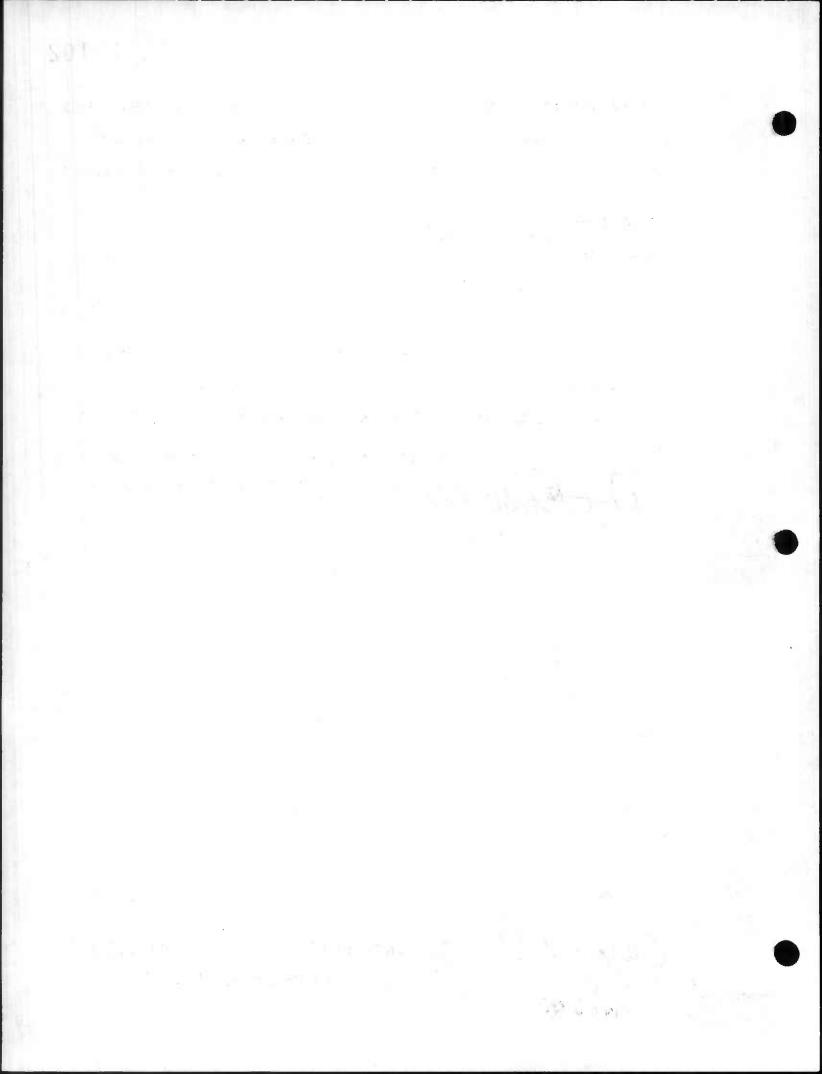
traumatic evant, the Medical Examiner must be notified at

State Registrar

CASPER E. CLINE, III, 31. Dete filed (Month, Dey, Ygr)-

300 West 9th Street Frederick, Md. 21701 MD 32 Addistrate Signature Parkel

30. Name and address of person who completed cause of deeth (flem 28a) (Type, Print)



				State of Ma	rylanu / L	Certifica Certifica			wentai ny	Reg. No.	1 4	2103
	Physic /Med	icai	Decedent's Name (First, Middle, Las     STERLING JOHN     4e. Fecility Name (If not institution, give	WETZEL J	R.			4b. City, Town, or	2. Dete of Demonstration of Description of Descript	Day 17, 1	Year 997	3. Time of Deeth
٦	Exami	ner	Frederick Memor		cal .			Freder.		th 4c. County Frede		
	Funeral Director		21, 32 00//	The office	(In yrs. last bir 51	Yrs. If Und Month	er 1 Year s Days		8. Dete of Bi (Month, D April	18, Yeer)	9. Birthp Coul Ma	olece (State or Foreign ory) ryland
	death with the Maryland ms 23a or 28a-f show crived at	tor	Usual Residence of Decedent  10a. State  10b. County  Maryland Frederi	ck	10c. City, Tow	n or Location n Bridg	e					10d. Inside City Limits 1 ☐ Yes 2 🙀 No
	ith the	Funeral Director	10e. Street end Number			10f. 2	ip Code			10g. Citizen of	Whet Cou	ntry?
	sath w	era!	10321 Bessie Cl			10.10	217			U.S.A.		
020	or ite	by Fune	11. Maritel Status  1 □ Never Married 2 ▼ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent E Armed Forces? 1 XYes 2 □ N If Yes, Give Year or Dates 19	11111111111111		edent of lecify Cub	Hispenic Origin? (: an, Mexican, Puel Specify:	Specify Yes or Neto Rican, etc.)		white,	
21215-0020	72 ho		15. Decedent's Edu (Specify only highest grad	ıcation		Decedent's Us (Give kind of	uel Occu vork done	petion during most of wo	orking	16b. Kind of B		
	filed within Hygiena. ther then ont, the Mer	Completed	Elementary/Secondary (0-12)	College (1-4or 5-				ipment O		Consti	ructi	on
Maryland	s 1 and 2 should be filed wit f Health and Mentel Hygiens ftem 27 is marked other the other traumatic event, the	Be	17. Fether's Name (First, Middle, Last)	HEMZET OF						, Maiden Suman	ne)	
IZ.	2 should be f and Mentel h is marked of	To	Sterling John  19e. Informent's Name/Relationship (T)	WETZEL SE		Meiling Addre	ss /Straa		ed Loui			Codel
	and 2 sealth ar	Mrs. Helen Wetzel, Wife 10321 Bessie Clemons Road, Union										
Baitimore,	8 = 5 o		20a. Method of Disposition 1 ☐ Buriel 2 ☑Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify,		20b. Place of cemeter	Disposition (Ny, crematory of	eme of other pla	ce)	Dete 20, 1997	20c. Location -	City or To	
Baiti	permit. Pa Departmen Important: sny injury once.		21. Signeture of Funeral Service Licen			22. Name Keene	end Addre	ess of Fecility d Basford	1 P.A. F	uneral H	Home .	
			23a. Pert1. Enter the disease, or composhock, or heart failure. List only of	lications that caused the ceuse on each line	MOO255 he death. Do r	106 E	ast ( ode of dyi	Church St ng, such es cardia	creet, F	rederick	c, Md	Approximate Intervel Between
	Physician /Medicai Examiner		Immediate Ceuse (Final disease or condition resulting in death)	. Con	gestw	e Ne	art	Fail	ure			6 years
	po tis	niner		I	Scher	nic (	ara	while	Dalty			
68760,	ficete be axecuted g physician end ss the burial-transit	al Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	C	ue to (or as e o	consequence o	):		J			
Box 687	= 0	n/Medical	thet initieted events resulting in death) Lest	D	ue to (or as e c	onsequence of	):					
P.O. B	0 0 0	Physiclan/M	Pert II. Other significant conditions con		1 -4		ceuse gi	ven in Pert I.		tobacco uss col		the cause of death?
Ś	Se of	by	MITIKAL	Negu	yeur	570				*	0.4h W	
Record	N S S	Completed							24e. Wes	s en eutopsy ormed?	ev	ere eutopsy findings eileble prior to mpletion of cause deeth?
a	Page 1								1□	Yes a No	1 [	JYes 2□No
of Vital	Physiclan: this certific rel director,	o Be	25. Wes case referred to medical examiner? 1 ☐ Yes 2 ☑ No	lospital:	t 2 ER/Ou	tpetient 3 .	Oti	oer.	ath (Check only	one) idence 6 □Oth	/0/	
	ing Ph After th funerel	atlon: T	27. Menner of Death  1 Naturel 5 Pending 2 Accident investigation	28e. Date of Injury (Month, Day	28b. T		28c. Inju Wo	-		how injury occur		y)
Division	그 등 등 다	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injur building, etc.		rm, street, facto	ry, office			Street and Numb wn, State)	per or Rura	l Route Number,
	the Hospital of hin 24 hours a the Funeral Dimplataly filled	edical C	29a. Certifier (Check only one)  Certifying Physical Exemination (Check only one)	eiclen: To the best of ner: On the basis of e and manner state	xaminetion end	death occurre	d et the ti	me, dete end place pinion, death occi	e, end due to the urred et the time,	ceuse(s) end me dete end piece,	enner es si end due to	eted. the ceuse(s)
	ithin o the ompl	ž	29b. Signature-end title of certifier			2	an Lineau	e number		29d Date signa	d /A footh	Day Vassi

State Registrar

30. Name end(address of person who completed ceuse of death (Item 23e) (Type, Print)

29b. Signature and title of certifier

31. Date filed (Month, Day, Year)

Dr. John A. Vitarello, MD 310 West Ninth Street, Frederick, Md. 21701

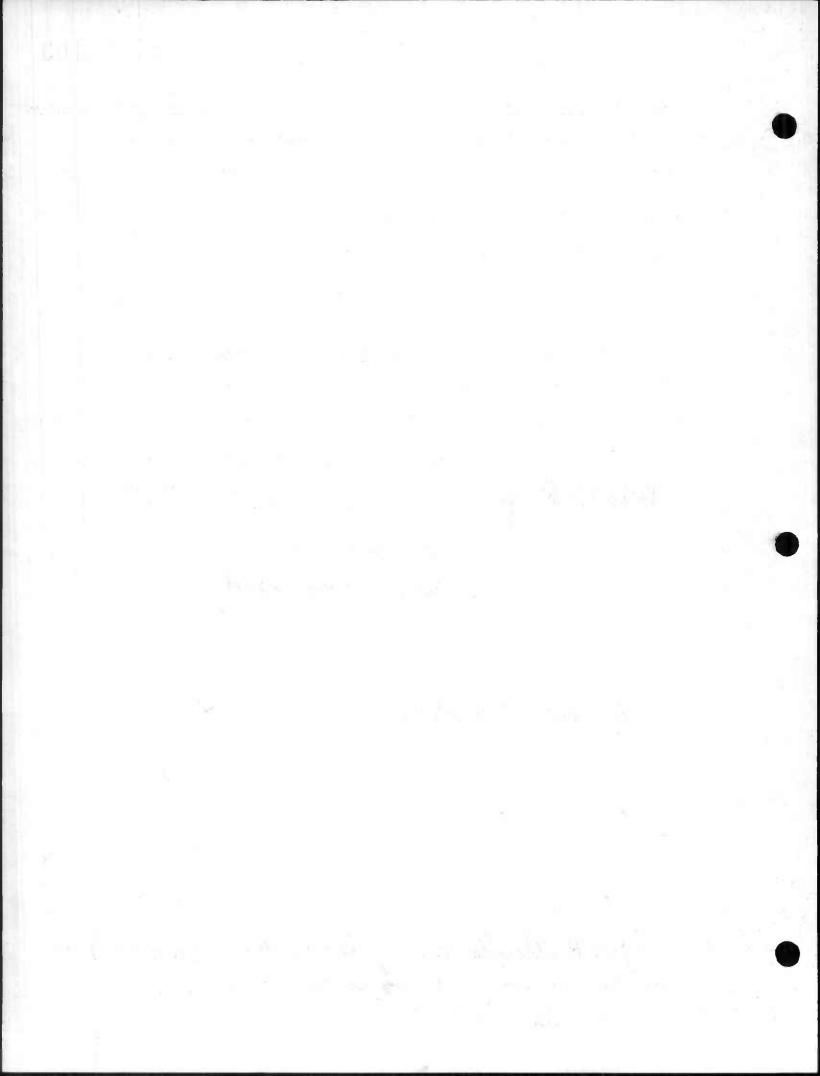
Date filed (Month, Day, Year)

JUN 1 8 1997

Jun 1 8 1997

29c. License number

29d. Date signed (Month, Day, Year)

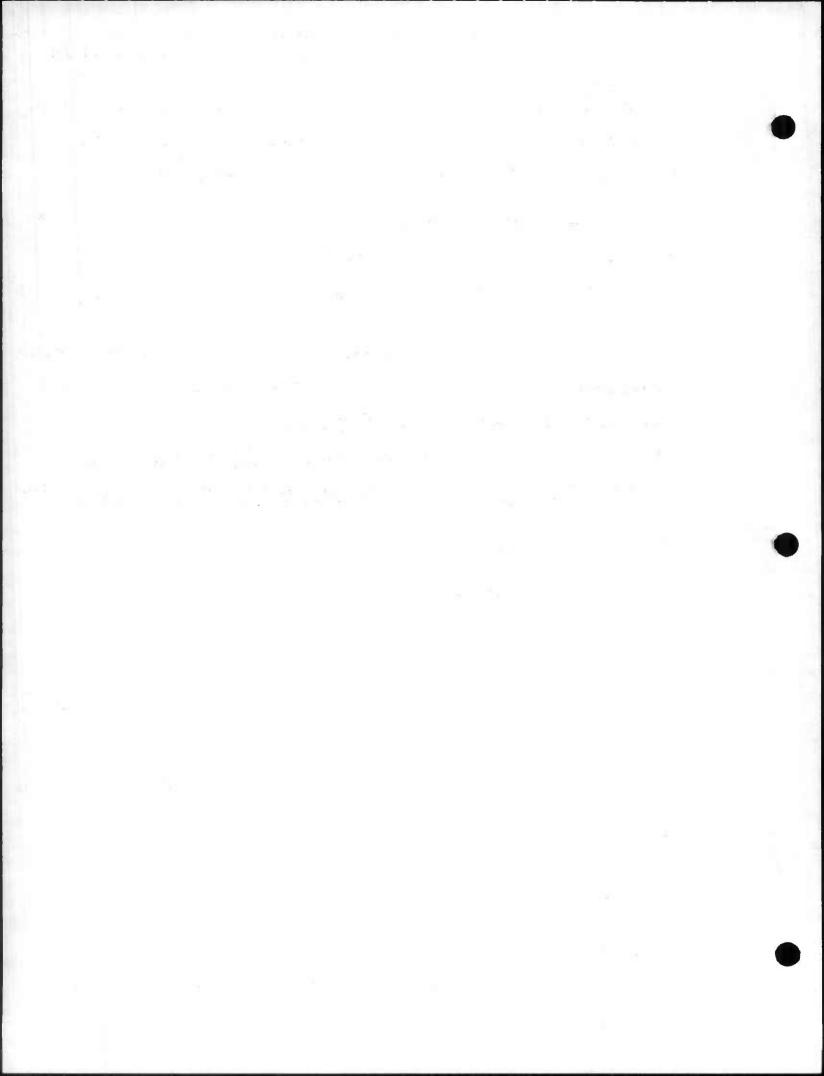


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 22 104

					Cei	rtificate	of Death		Reg. No.				
Dharala	!a	1. Decedant's Name (First, Middla, Las	t)					2. Deta of Dea	ath Day	Vone	3. Tima of Dea		
Physic /Medi		Antonette J. Wacl	.awski					July	3, 1	997	6:20 p		
Exami		4a. Fecitity Nama (If not institution, give	straat end numbar)				4b. City, Town,	or Location of Death		of Death	ndel hplace (Stata or Foraign untry)  10d. Insida City Limits 1		
		354 Oak Drive					Arnole	d	Anne	Arun	del		
uneral irector		217-12-7340	ax 7. Ag □ M 2 <b>⊠</b> F	a (In yrs. 8	last birthday) 5 Yrs.	If Undar 1 Y Months D		lin. (Month, Da	h, Yaar)	9. Birthp Cour MD	place (Stata or For htry)		
show d.st	_	Usuat Rasidance of Dacedant  10a. Stata 10b. County		10c. City	y, Town or Lo	cation				1			
- 6	cto	MD Anne Ar	rundel	A <sub>1</sub>	rnold						1 □ Yas 2 🗷		
0r 2	Director	10e. Street and Number				10f. Zip Co	da		10g. Citizen of	What Coul	ntry?		
23a		354 Oak Drive				2101	2		USA				
tions "natural", or items 23a or 28e-1 show the Madical Examiner must be notified at	by Funeral	11. Marital Status  1 Navar Marriad 2 Married  3 Widowed 4 Divorced	12. Was Dacedant Armed Forcas? 1 ☐ Yas 2 ☑? If Yas, Giva Yaar or Datas:		'		of Hispantc Origin? Cuban, Maxicen, Pu No <i>Specify:</i>	' (Specify Yas or No- uarto Ricen, atc.)		ck, Whita,	atc.		
netrii Netrii	ted	15. Decedant's Ed (Spacify only highast grad	ucetion		16a. Deced	fant's Usual O	ccupation	warking	3, 1997  4c. County of Death Anne Arundel  7, Yaar)  9. Birthplace (Stata or Foraige Country) MD  10d. Insida City Limits 1				
than "	Completed	Elemantery/Secondary (0-12)	College (1-4or 5	i+)	lifa. L	DO NOT use n	ona during most of etired)	WORKING					
ther th	Sol	8th			Tre	asurer			Family	Plum	bing Con		
. 0 5	Be	17. Fathar's Nama (First, Middla, Last)					18. Mothar's I	Nama (First, Middla,	Maiden Sumar	na)			
merked o	To	Walter Dombrowsk	i				Julia	a Petrowsk	i.				
S E S		19a. Informant's Name/Ralationship (T	ype, Print)		19b. Maitir	g Addrass (Si	reet and Numbar or	Rural Routa Numbe	r, City or Town	Stata, Zip	Coda)		
27 i		Joseph Waclawski	iye 21012										
tant: If It	20a. Mathod of Disposition  1   Burial 2 □ Cremation 3 □ t  4 □ Donation 5 □ Other (Specify,			taca of Dispo ematary, cran	sition (Nama on atory or othar dge Men	of place)	July 7,						
Departme Importan any injur once.		21. Signatura of Funarat Service License		_	22	Barrar		P.A. Sev	verna Pa	ark F	uneral l		
		23a. Part1. Entar tha diseasa, or comp shock, or heart failura. List only of	lications that caused	the death	Do not anti					MD Z			
ing physician and as the bunal-trensit and and and and and and and and and and		Sequantially list conditions, if any, leading to Immadiate ceusa. Enter Underlying Causa (Disaasa or injury that initiated evants resulting in death) Last	c	Dua to (or	as a consequence	uance of):							
ettendin d for use	Physician/M		d.		10.	4.1	CONTRACTOR DELLA						
igned by the ettend be datached for us		Part II. Other significant conditions co	ntributing to death bi	ut not rasu	iitiing in tha ur	ndariying ceus	a givan in Part I.				()		
should be d								24a. Was a	an autopsy med?	av	ailable prior to mplation of ceuse		
ata has page 2	E O							1 D Y	as NIK	1	TYPE 2 No.		
certificata rector, pag	BeC	25. Was cesa ratarred to medicat					26 Place of I	Deeth (Check only o	(X)	1			
s certific director,	To B	exeminar?	Hospital:	nt 2□1	ER/Outnation	3 DOA	Other			or (Specif	iu)		
After this		27. Manner of Daath 1 Natural 5 Panding 2 Accident invastigation	28a. Data of Injui (Month, Day		□ ER/Outpatient 3 □ DOA □ Nursing Homa 5 □ Rasidance 6 □ Other (Spacify)  □ 28b. Tima of Injury et Work?  ■ More than 1 □ Yas 2 □ No				y)				
To the Funeral Director: After the completely filled in by the funeral	Certification:	3 Suicida 4 Homicida 6 Could not be determined 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify)					28f. Location (Streat end Number or Rural Routa Numbar, City or Town, Stata)						
Funeral	edical (	29a. Cartifiar (Check only one) (Check only one)	sicten: To the best of ner: On the basis of and manner sta	axaminati	vladge, deeth ion and/or Inv	occurred at the	a time, data and pla ny opinion, daath o	ace, and dua to the occurred at the time, o	ausa(s) and malate and place,	annar as s and due to	tated. tha ceusa(s)		
To the comple	Σ	29b. Signatura and titla of certifiar				29c. Lie	cansa number		29d. Data stgne	d (Month	Day, Yaar)		
<b>⊢</b> ŏ		Im d						-			/,/		
	1	1 Par Dan	m)				141339		7-5	47			
		30. Name and addrass of person who co	ompteted causa of de				n RONS	ARNOL			2, 2		

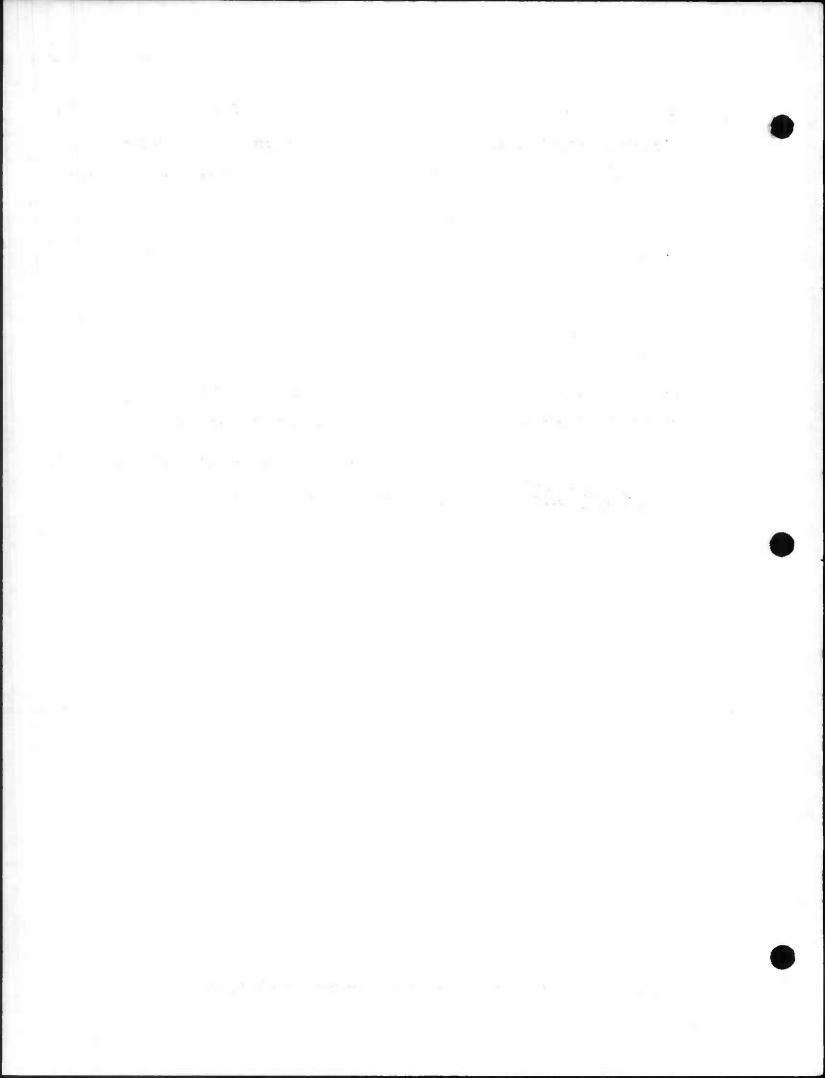
DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygien 2 2 1 0 5

		Proposition bloom (Fine Still)	to t and		Cer	tificate	of Death			Reg. No.		
Physician		1. Decedant's Name (First, Midd							Data of Dea Month	Dey	Yeer	3. Tima of Death
/Medical		Lillian Shirle 4a. Facility Nama (If not institutio		n harl			4b. City, Tow		uly		1997	3:05pm
Examiner	1			noer)			La P.		n oi Death	4c. County		
		Physicians Memori  5. Social Sacurity Number		7. Aga (in yrs.	last birthday)	If Undar 1			Dete of Birtl			ace (State or Forein
uneral irector		220-24-3885	1□ M 2□F	6		Months	Days Hours	Min.	Month, Day 5-21-	7, <sub>Year)</sub> May 1928	Mary	ace (Stete or Foraig Y) Iand
No to	- 1-	10a. State 10b. County		10c. Ci	ty, Town or Loc	cation					10	d. Insida City Limits
to to	2	Md Charl	es	Ind	ian Hea	ad						1 No Yes 2 No
r from 23a or 25a-fa ofner must be nothfood Funeral Director		10e. Straat and Number 624 Elder Plac	е			10f. Zip C				10g. Citizan of W USA	het Count	ry?
by by			12. Wes Dece Armed For 1  Yas If Yas, Giv Year or Da	cas? 2 [XNo a			nt of Hispenic Origi y Cuban, Mexicen, Y No Specify:	n? (Specity Puarto Rica	Yes or No- n, atc.)		e - Amarica k, Whita, a : Whit	tc.
ther than "natural", and, the Medical Exa of Completed by		(Specify only higher Elementary/Secondary (0-12)	st grada complated)	-4or 5+)				of working		16b. Kind of Bu		ustry
Co			(ast)		Home	maker		s Nama /Fir	ret Middle	Her Hor		
o Be	i										w	
The T					19b. Mailin	a Address (					Stata. Zio i	Coda)
27 is marked other ti r traumatic event, the To Be Col			, , ,,	er								,
r othe	2	1 Burial 2 □ Cremetion		Stata	Piece of Dispos cematary, crem	sition (Name netory or oth	of ar piece)	D	eta	20c. Location -	City or Tov	
njury	Wildowad 4 Divorced If Yas, Giva Year or Datas:  15. Decedant's Education (Specify only highest grade completed)  Elementary/Secondary (0-12) Collega (1-4or 5+)  12  17. Father's Neme (First, Middla, Last)  Harry Mattingly  18. Mothar's Nama (First, Middle, Mail Mary Emily DeLozi  19a. Informant's Name/Raiationship (Type, Print)  Sheila Lundstrom/Daughter  19								97 Chelt	tenha	m, Md.	
Important: It any Injury o once.		11.11	///	M0066	o Wi	lliam	s Funeral	. Home	P.A.			20640a
as the burist-transit and supposed to the supp		Immediata Causa (Final diseasa or condition rasulting in death)  Sequantially list conditions, if any, leeding to Immadiata cause. Entar Undarfying Cause (Disasse or injury that Initiated events rasulting in daath) Last	c	Dua to (c	me for as a consequence Shorres a consequence	uence of):  ock uence of):	ic ació		1	6		
			d. gan	gren	as tec	win	S/P h	emi	slec	toncy		
sohed sohed hysk	F	Part II. Other significant condition	ona contributing to de	ath but nof res	ulting in fhe un	darlying cau	sa givan in Part I.			obacco use con		the cause of death'
D Reg									24e. Wes a	an autopsy	24b. War	ra autopsy findings
certificate has been s rector, page 2 should Be Completed	-								perfor	1	of d	ilabla prior to apletion of cause eath?
Month or, pa		25. Was casa refarrad to medica					00.00	15 101	1 🗆 Y	THE THREE	טון	Yas 2□ No
	1.	axaminar?	Hospitai	patiant 2	ER/Outpetient	3 DOA	Other	of Daeth (Ch			10	
After t funera funera flon:		27. Mannar of Death  1 Natural 5 Panding (Month, Day Year)  2 Accident invastigation  28c Date of Injury (Month, Day Year)  M						28d.		ance 6 Other		)
To the Funeral Director: Aher toompletely filled in by the funeral Medical Certification:		3 Suicide 6 Could detarm	not be 28e. Place	of Injury - At h g, atc. <i>(Spacit</i>	oma, farm, stre	eat, factory, o	1 □ Yas 2 □ No	28f. I	Location (S City or Tow	traat and Numbe n, Stata)	er or Rural	Routs Number,
Funer itely fill	1	29a. Cartifiar 1 Cartifyin (Check only one) 1 Medical	g Phyalcian: To tha l Examiner: On tha be- end mann	sis of axamina	wledge, daath tion and/or invi	occurred at astigation, in	tha tima, data and my opinion, death	placa, and o occurred at	dua to tha c tha tima, c	ausa(s) and mar lata and placa, a	nnar as sta and due fo	ited. the ceuse(s)
2 8		9b. Signatura and title of cartifia	1			29c. l	icensa number		2	29d. Date signed	(Month, D	Pay, Year)
To the comple	2		16			7	4573	57		7/4/	97	
To the comple		0. Nama and address of person	who complated cause	of death (Iter	n 23a) (Type, F		7573	57		7/4/	97	



# Please Type or Print in Black Indelible Ink. Assure All Copies Ap Tegible 106 State of Maryland / Department of Health and Mental Hygiene

					Ce	rtifica	ite of	Death		Reg. No.					
		1. Decedent's Neme (First, Middle, Lu	ıst)						2. Dete of De	eth	TAS-	3. Time of De	eeth		
Physic		KATHERINE		ANNA			WOOD		July 4.	Dey 1997	Yeer	2:25 P	M		
/Medi Examir		4a. Fecility Neme (If not institution, gir	e street end num	iber)			4	b. City, Town, or	Location of Deeth		y of Deeth	2.25 1	LI		
		4207 Coulbour	ne Mill	Road				Salis	burv	Wi	comic	2:25 PM Deeth Omico B. Birthplece (State or Foreign Country) Maryland  10d. Inside City Limits 1			
Funeral Director			Sex 1⊠M 2□F		. lest birthdey) Yrs.	If Und Month	er 1 Year s Deys	If Under 24 Hrs Hours Min	8. Dete of Bir (Month, Da				oreig		
		Usuel Residence of Decedent		73					July 9,	1923	Mary	yland			
puel *		10e. Stete 10b. County		10c. C	ity, Town or Lo	ocation	-				1	0d. Inside City I	Limit		
h the Merylen r 28a-f show	ō	Maryland Wicom	ico		Salish	urv						1 ☐ Yes 2	ØN		
28 Indian	Director	10e. Street end Number					ip Code			10a. Citizen of	Whet Cour	ntry?	_		
With with	Ö	4207 Coult come	W: 11 D	1						17200					
72 hours after deeth with the Merylend naturel', or items 23e or 28e-f show sical Examinet must be not fied	Funeral	4207 Coulbourne	12. Wes Dece		J.S. 13.	Wes Dec	21804 edent of H		Specify Yes or No			an Indien.	_		
ter dee	Fun	1 ☐ Never Married 2 ☐ Married	Armed For	ces?	,,,,	If Yes, sp	ecify Cube	n, Mexican, Puer	Specify Yes or No to Rican, etc.)	Ble					
II, or	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give	•		1 🗆 Yes	2 💢 No	Specify:		Specif	ly: W	hite			
72 hours "natural",	8	15. Decedent's E			16a. Dece	dent's Us	uel Occup	ation		16b. Kind of E	Business/In	dustry			
C	Completed	(Specify only highest gr	ade completed)		(Give	kind of v	vork done d use retired	durina most of wa	orking	100.11110.010	Sounty of Deeth  Wicomico  9. Birthplece (Stete or Country)  Maryland  10d. Inside Cit 1 yes an of Whet Country?  USA 4. Rece - American Indien, Bleck, White, etc.  Specify: White d of Business/Industry  10ation  Town, State, Zip Code)  1ry, MD 21804  Approximate intervel Bett Conset end Description of code and Description of death?  10 y 24b. Were autopsy fire completion of death?  10 y 24b. Were autopsy fire completion of death?  10 y 24b. Were autopsy fire completion of death?  10 y 24b. Were autopsy fire death of death?  11 yes 25				
within iena. than "	E	Elemantary/Secondary (0-12)	Coilega (1-	4or 5+)	Librar	mr Acc	ictori	Teachers	Aido	Educa	of Whet Country?  USA Rece - American Indien, Bleck, White, etc.  Polify: White of Business/Industry  Cation neme)  Wm. State. Zip Code)  Ty, MD 21804 Dm - City or Town, Stete  MD 21804 Approximate Intervel Between				
be filed half Hygie of other seent, if	Ü	17. Fether's Neme (First, Middle, Last	)		Librai	y no	sistain		me (First, Middle						
2 should be filed v end Mantal Hygie Is marked other t	9 Ge	Clarence Bluc	her					Kathe		ang					
d 2 should be file th end Mantal Hy 77 is marked oth trsumatic event	To	19e. Informent's Neme/Relationship			10h Maiti	na Addra	se (Street				Ctoto 7ir	Code			
d2 s th en 7 is trau															
		Charles B. Wood/Husband 4207 Coulbourne Mill Rd., Salisbury, MD 2180  20a. Method of Disposition (Name of cemetery, cremetory or other place)  20b. Placa of Disposition (Name of cemetery, cremetory or other place)													
bermit. Peges 1 ar Department of Hear Important: If Item 3 Inny Injury or other Inne.		1 ☐ Burlei 2 ☐ Cremation 3 ☐		tate	cemetery, cre	metory or	other plea	e)			- Oity of To	Juli, State			
tmer tant:		4 ☐ Donetion 5 ☑ Other (Special		ent Lo				ery	7/8/97	Baltim	ore,	MD			
Depar Depar Impor any Ir		21. Signeture of Funeral Service Lice	310/	_	2:			ss of Fecility Funera	1 Home						
70 F 9 9		1 WK Clel	ling	1 CF	SP		-			chury	MD 21	904			
		23a. Pert1. Enter the disease, or com	piicetions that ca	used the dee	th. Do not en	ter the m	ode of dyin	g, such es cardie	c or respiretory e	rrest,	1110 21	Approximata			
Physician		23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each lina.													
/Medical		Immediate Cause (Final disease or condition	· Met	notat	- 1	1/1	9	Cove			1	3	2		
Examiner		resulting in deeth)	e. ///21					ane	n		1	Jyy -	7		
	ē	Due to (or es a consequence of):  b													
icete be asscuted physician end s the burial-transit	Physician/Medical Examiner												-		
axes	EX	if eny, leeding to immediate causa. Enter Underlying		200101	0. 00 0 00.100.	4001100	,				!				
death certificete be axecuted e attending physician end od for use es the burtal-transit	cai	Sequentielly list conditions, if eny, leeding to immediate causa. Enter Underlying Ceuse (Disease or injury that initiated events	C	Due to /	or as e consec	Tuence of	١٠				-				
tificet ng phy es th	P P	resulting In death) Last		D09 10 (1	or as a consec	querice oi	<i>j.</i>				l l				
certificete be ax nding physician use es the burial	\$		d												
afte	cia	David On the left and the						SCIN AND A	To also and	- N. 17 - 2 W. 1					
y the	ıysı	Pert II. Other significant conditions of	ontributing to dea	ath but not re	sulting in the u	ınderlying	cause give	en in Part I.		1					
thet ed by deta	T								1 🗆	Yes 25 No	3 Prol	bably 4□Un	kno		
v requires that tha death cer been signed by the attendir should be detached for use	d by								240 14/00	an autopsy	24h W	ere autoney find	lings		
requ Seen	Completed								perfo	med?	ev	ellable prior to			
law hes b	흔										of	death?			
The tate h	3								10	Yes No	1[	Tyes 2 No	2		
Physician: this certific ral director,	Be	25. Wes case referred to medical exeminar?							ath (Check only o	one)					
nysic lis ce	10	1 □ Yes > No	Hospitel: 1 □ In	patient 2	ER/Outpatie	nt 3 🗆 🛭	OOA Oth	er: 4 🗆 Nursing I	Home 5 Resid	denca 6 □Ot	her (Specif	y)			
g Pt ter th		27. Menner of Deeth Naturei 5 Panding	28e. Dete of (Month)	Injury	28b. Time o Injury	f	28c. Injun Worl	y et	28d. Describe	how Injury occu	rred				
Attending ir deeth.  Potor: After by the fune	atic	2 Accident 5 Panding investigation		,, ,	,,	М		Yes 2 □ No							
Atte ecto by th	Certification:	3 Suicide 4 Homicida  City or Town, Steet)  Suicide 4 Homicida  City or Town, Steete								Street end Num	ber or Rura	Aoute Number	r,		
s after	Se l	4 Li Montolda	Dandin	g, etc. (Speci	·y)				City of Tol	mi, Sielej					
To the Hospital or Attending Physician: The law within 24 hours after deeth.  To the Funeral Director: After this certificate hes completely filled in by the funeral director, page 2.		29a. Certifier Certifying Ph	ysician: To tha b	est of my kno	owledge, deat	h occurre	d at tha tim	ne, dete end place	a, end dua to the	cause(s) and m	enner as s	teted.			
e Ho e Fu	Medical	(Check only 2 Medical Examone)	niner: On the bes	sis of examine	etion end/or In	vastigatio	n, in my o	pinion, deeth occ	urred at tha tima,	date end plece,	, end dua to	the cause(s)			
o th	Ž	29b. Signature and title of certifier	1	-//		2	9c. License	e number		29d. Dete sign	ed (Month,	Day, Year)			
		106	110	V N	10		ハフ	3278	•	7-7	- 7	7			
	-	30 Name and address of parent :-	completed sau-	of door I'm	m 220) /T:		NOG		7.			,			
		30. Name and address of person who			m 23e) (Type,		2	Sali	SLIP	10 2	180	7			
		31. Dete filed (Month, Dey, Yeer)					4	CEI/O	1	7		*			
Sta Registr	_	Dete med (Mortal, Dey, 1997)	997 2	in allure	Leon-Rand	all			U						

No. 11 .- 11902 v.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 7 2 2 1 0 7

									Death		Reg. No.	Bions Er	. 107	
Physician /Medical			Dacedant's Nama (First, Middle, Last)							2. Data of Da Month	Day	Yaar	3. Tima of Death	
			Edwin D. Wilson							Jun		1997	2105	
Ex	amine	er	4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or								y of Death			
		-	PENINSULA REGIONAL MEDICAL CENTER SALISI  5. Social Sacurity Number 6. Sax 7. Age (in yrs. jest birthdey) If Under 1 Year If Under 24 H								WICOMICO			
Dire	eral ctor		5. Social Sacurity Number 221-07-9703  Output  6. Sax 1   X   Months   Days   Hours   Hours   Min.   Sacurity Number   Months   Days   Hours   Min.   Sacurity Number   Months   Days   Hours   Min.   Sacurity Number   Months   Min.   Sacurity Number   Months   Min.   Months   Months   Min.   Months								aca (Stete or Foreign try) Vare			
Mend	14		10a. Stata 10b. County		10c. Cit	y, Town or Lo	ocation					10	Od. Insida City Limits	
h the Maryleni r 28a-f ahow	Deg.	io	Delaware Sussex Georgetown										1 ☐ Yes 2 🔀 No	
th with the	unit be no	ਰ	10e. Streat end Number Rt. 1 Box 286 10f. Zip Coda 10g. Citizan of What Country? USA											
aryland 21215-0020 should be filled within 72 hours after death with the Maryland and Manital Hygiene in marked other than "netural", or items 23e or 28e-f ahow	Examiner must be	T.	11. Marital Status  1 Never Marriad 2 Marriad  3 Widowed 4 Divorced  12. Was Dacedant Examed Forcas?  1 Fyes 2 New Year or Datas: 4			If Yas, specify Cuban, M				pacify Yas or No o Rican, atc.)		14. Race - Amarican Indian, Black, Whita, atc.  Specify: White		
15-002 72 hours	lea lea	g -							pation		16b. Kind of E			
Baltimore, Maryland 21215-0020 permit. Peges 1 end 2 should be filled within 72 hours att Dependment of Health and Mantal Hygiene. Important: if Item 27 is marked other than "netural", or	I've Med	Completed by	15. Decedent's Education (Specify only highest grede completed)  Elementary/Secondary (0-12)  10  16a. Decedant's Usual Occupation (Give kind of work done during most of w						during most of wor ad)	poultry industry				
nd nd e file at Hyy	vent,	ne C	17. Fathar's Nama (First, Middle, Last)						18. Mothar's Nan	na (First, Middle	, Maiden Sume	me)		
ylaı Vlaı Menti Menti	tic	0	William Wilson						Bessie V	leasey				
Aar 2 sho end is me	E I		19a. Informant's Name/Ralationship (Ty						t end Number or Ru				Code)	
e, N l end tealth m 27	ner ti		Diane C. Warringto	on	1-21 5		-		0, Millsb					
Baltimore, Maryland semit. Peges 1 end 2 should be file bepertment of Health end Mental Hy mportant: if Item 27 is merked oth	iry or of	1	20a. Method of Disposition  1 ☐ Burlal 2 ☐ Cremation 3 ☐ R  4 ☐ Donation 5 ☐ Othar (Specify)	amoval from Stata	C	leca of Dispo emetery, crer llsbor	netory or	other ple	,	Data 7/3/97	20c. Location Millsb		on, Steta Delaware	
Balt permit. Depertr	any inju		21. Signatura of Funaral Service License	11 +	-	22	. Nama a	and Addra	ass of Fecility neral Hon		-			
		+	23a. Part1. Entar tha diseasa, or compli	cations that causad	tha daath								Approximeta	
Physic /Medi Exami	cai		shock, or haart failura. List only on  Immediete Causa (Final disaasa or condition resulting in daath)  6	MULT		STEZ	4	OR	CAN F	-Aprica	IRE		Intarval Between Onsat end Death	
				Rex	Dua to (or	es a conseq	uence of	f):	,					
petn	es the buriel-transit		Secure dia the lies are distance to		1 6	FA:	264	(Re						
68760, rificate be executed by physician and	19-1	Ĭ,	Sequantially list conditions, if any, laading to Immediata causa. Entar Undarlying Causa (Disaasa or injury											
68760, ifficete be exe	e C	S	Causa (Disaasa or injury that initiatad avants rasulting in daath) Last	1704	Dua to (or	es a consag								
C 68 ortifice ing ph	Ses	20	MESONTERDO OCCILOSTON											
P.O. Box et the death cer of the attendin	Dhveirian A	0	d						- Le u			- 1		
P.O. Beath of the death	i a	2 6	Part II. Other significant conditions con	tributing to death bu	ut not resu	Iting in tha ur	ndarlying	causa gi	van In Pert I.	23b. Dld	tobacco use co	ontribute to	the causa of death?	
<b>S, P.</b> ( <b>S S, P.</b> ( <b>s</b> sthet th	be detached for use	, A	·							1 Yes 2 No 3 Probably 4 Unknown				
D. $W(LSon)$ I Records, P.O. Box 68760, The lew requires that the death certificate be executed at has been signed by the attending physician and	V	piered								24a. Was perfo	en eutopsy med?	com	ra autopsy findings llabla prior to aplation of causa aeth?	
I B		5								10	Yas 2 No	10	Yas 2□ No	
of Vital Physician: The	B G		25. Was casa rafarred to medical examinar?						26. Plece of Dea	th (Check only o	nne)			
of \/	P	2	1 Yas 2 No Hospitel: 1 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing								dence 6 Oth	nar (Specify)		
ion of V hding Physic pth.: After this ce	P	2	7. Menner of Daath 1 □ Natural 5 □ Pending	28e. Data of Injur (Month, Dey	Year)	28b. Tima of Injury		28c. Injui Wor		28d. Dascribe I	now Injury occur	rred		
Vision of Vita	teg la	3	2 Accidant Investigation M 1 Yas 2 No											
Division of Vital tal or Attending Physician: T is effect deeth.	Certification:		4 Homloida  28e. Placa of Injury - At homa, farm, straat, factory, office building, etc. (Specify)  28e. Placa of Injury - At homa, farm, straat, factory, office building, etc. (Specify)										Route Number,	
Division  To the Hospital or Attendin within 24 hours effer deeth. To the Funderal Director: Aft	edical		29a. Cartifiar (Check only one)  12 Cartifying Physician: To the bast of my knowledge, daath occurred et tha tima, data and place, and due to the cause(s) and mannar as stated.  13 Cartifying Physician: To the bast of my knowledge, daath occurred et tha tima, data and place, and due to the cause(s) and mannar as stated.  14 Cartifying Physician: To the bast of my knowledge, daath occurred et tha tima, data and place, and due to the cause(s) and mannar as stated.  15 Cartifying Physician: To the bast of my knowledge, daath occurred et tha tima, data and place, and due to the cause(s) and mannar as stated.  16 Cartifying Physician: To the bast of my knowledge, daath occurred et tha tima, data and place, and due to the cause(s) and mannar as stated.											
To th To th	×		9b. Signature and title at certifier	b. Signature and title of contilier 29c. License number							29d. Date signed (Month, Dey, Yeer)			
			· VIV	roon who complated cause of daath (Item 23a) (Type, Print)  SCHOLLER M.D. 560 RIVERSIDE Dr. SQLISH						7/1697				
1	1	23	0. Nama and address of person who con	iplated cause of da	ath (Item	23a) (Type, F	Print)				,	- /		
12			Craig A. Schaet	M.D.			95100	e Di	· SALISH	M) MD				
Pos	State	3	1. Data filed Month, Dey, Year)	32. Ragistra	rs Signal	Da ardell							2	

Hele. 13

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible, State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3 Time of Deeth Day Yeer **Physician** WEST OLIVE MAE 1997 JULY 02 /Medical 10:40 PM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** BERLIN NURSING & REHABILITATION CENTER BERLIN WORCESTER If Under 24 Hrs. 5. Social Security Number 6. Sex ff Under 1 Year 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral**  Birthplace (State or Foreign Country) Months Days 1 ☐ M 2 🗶 F Director 218-05-7285 88 AUG. 21, 1908 MARYLAND Usual Residence of Decedent death with the Maryland 10a. State 10b. County 10c. City, Town or Location item 27 is marked other than "natural", or flems 23a or 28a-f show other traumatic event, the Medical Exampler main to nothing at 10d. Inside City Limits Director 1X Yes 2 No MARYLAND WORCESTER BERLTN 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8 GRACE STREET Funeral 21811 USA permit. Pages 1 and 2 should be filed within 72 hours efter deat Department of Health and Mantal Hygiene. Important: if item 27 is marked other than any injury or other transmit 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Race - American Indian, Black, White, etc. 1 Yes 2 No 1 □ Never Merried 2 □ Merried 1 ☐ Yes 2 X No þ lf Yes, Give Yeer or Detes Specify 3 Widowed 4 □ Divorced WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 3 SEAMSTRESS CLOTHING 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) WILLIAM JOSHUA QUILLEN EDITH TRUITT 2 19a. informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MADELINE H. MOORE/DAUGHTER 8 GRACE STREET, BERLIN, MARYLAND 21811 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a, Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burlai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) BUCKINGHAM PRESBYTERIAN 7/6/97 BERLIN, MARYLAND 21. Signature 22. Name end Address of Facility HASTINGS FUNERAL HOME, SELBYVILLE, DE. 19975 23a. Pert1. Enter the disease, or complication, u. caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock or heart feilure. List only one cad on each line. Approximate Interval Between Onset end Death **Physician** /Medical Immediate Cause (Finel disease or condition resulting In death) Cene por Vasc. acc Examiner Due to (or as a consequence of): Examiner Lain m physician and s the burief-transit Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence of) P.O. Box 68760, Physician/Medicai Due to (or es e consequence of): detached for use es Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by t should be detact 1 Tes 2 No 3 Probably 4 Unknown Division of Vital Records, à 24b. Were eutopsy findings availeble prior to completion of cause of death? 24e. Wes en autopsy performed? Completed hes 1 ☐ Yes 2 X No 1 Yes X No certificate Hospital or Attending Physician; 24 hours after death. Funeral Director: After this certifica Be 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospital: Certification: To 1 Yes No Other: 4 ☑ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 28a. Date of injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Yes 2 No 2 Accident the 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homleide To the Hospital within 24 hours a To the Funeral C 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner stated. 29a. Certifier Medical 29b. Signeture and title Contilled 29c. License number 29d. Dete signed (Month, Day, Year) D02026 30. Name and address of person who completed cause of death (Item 236) (Type, Print) FEDERICO G. ARTHES, MD 1622A OCEAN PINES BERLIN, MD 21811 410-641-4400 31. Dete filed (Month, Day, Year) 32 Registrar's Signeture State Registrar

**DHMH 16 Ray 6/95** 

07 1997

F1 - 7 Sa A areas 

The second of th

Manager Lange

					Cer	tificate o	f Death		Reg. I	No.	the time	
Physici /Medic		1. Dacedant's Nama (First, Middle, Watson Erne		lace				J Mor	of Death	Day 199	-Voor	3. Tima of Death LO:30 at
Examin		4a. Facility Nama (If not institution,	giva straat and numb	bar)			4b. City, Tow	n, or Location o	f Death	4c. County	of Death	
		William Hill H	lealth C	are C	enter		Camb	ridge		Do	rchest	ter
Funeral Director		5. Social Sacurity Number 215–18–4456	5. Sax 1 M 2 □ F	. Aga <i>(In yrs.</i> 87	last birthday) Yrs.	If Undar 1 Yes Months Day			of Birth	1909	9. Birthplac	e (State or Foreig
p.		Usuel Rasidance of Decadant										
72 hours efter death with the Manyland natural; or Nerns 23a or 28a-f show lical Examiner must be notified at	ctor	10a. Steta 10b. County  Maryland Doro	hester	10c. Cit	y, Town or Lo	oddvil]	Le				10d.	Inside City Limit 1 ☐ Yas 2 🛣 N
or 28	Oire	10a. Straat and Number				10f. Zip Coda			10g. (	Citizen of	What Country	?
th w	ai	Toddville Pon	d Road			216	572			U	.S.A.	
be filled within 72 hours efter death with the Marylar the filled within 72 hours efter 23a or 28a-f show of other than "natural; or thems 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral Director	11. Marital Status  1 □ Navar Married 2 □ Married  Widowad 4 □ Divorced	12. Was Dacedd Armed Forc 1	as? X No		Vas Decedant of Yes, specify Cu □ Yas 2⊠ No		n? (Specify Yes Puerto Rican, a	or No- tc.)		ce - Amaricen ck, Whita, atc	
tura	20	15. Decedent's		85.	16a Deced	ant's Usual Occi	mation		106	Vind of D		
within ene. then "	Completed	(Spacify only highest (Spacify only highest (Spacify only highest (O-12)	grada complated)  College (1-4	lor 5+)	(Give i	kind of work don. OO NOT usa ratir Water	a during most o ed)	of working	100.		usinass/indus hellfi	Sec. 11.
Hygi ther ent,		17. Fether's Neme (First, Middle, La	st)		l		1	s Name (First, I	Middla, Meld	an Surnan	na)	
should be filled nd Mental Hygi marked other umatic event, I	To Be	Joseph E. Wal			40V 84-70V	- 111		llie M				
alth er 27 is rr trau		Dorothy E. Mi		ghter	2609	g Addrass (Strae	ers Is	land R	d., E	ish:	ing Cr	21634 ceek, i
permit. Pages 1 e Department of Hei Important: if item any injury or othe		20a. Method of Disposition  1 ☒ Buriel 2 ☐ Cramation 3  4 ☐ Donation 5 ☐ Other (Spain		ata	ematary, cram	sition (Name of latory or other pi er Mem	•	Data 7-11-			idge,	
Physician /Medical Examiner		234 Part 1. Enter the disease, or observed the condition of the condition resulting in death)		20	PDI	Chre				un sea	Int	proximeta ervel Betwaan nset and Death Yaan
requires that the death certificate be executed seems signed by the attending physicien end should be deteched for use as the buriel-trensit	al Examiner	Sequentially list conditions, if any, leading to immadiata ceuse. Enter Underlying Cause (Disaase or Injury	b.	Due to to	euer as a consequence of as a consequence of the Co	Jence pr):	ma	lori	tir	tu	en v	nonTh
certificate ding phys	/Medical	that initiated evants rasulting in death) Lest	d	Due to (or	as e consequ	ence of):						
death cer ne attendin ed for use	Physician/	Part II. Other significant conditions	contributing to deat	h but not rasu	ulting In the un	darlying ceusa g	ivan in Part I.	231	o. Did tobacc	co use co	ntribute to the	cause of deat
es thet the de igned by the a be deteched	by Phy	- Hip fix	catio	w.					1 🗆 Yes	2 No	3 Probab	ly 4 🗆 Unkno
hes been sig	Completed	- Macro	cyti	c	An	RM	za	24a	. Was an au performed?		availal	autopsy findings bla prior to ation of causa th?
cete he		Chrom	e re	ned	4	aul	ne	/	1 🗆 Yes	25 No	1 □ Ye	es 21 No
s certificete director, pa	å	25. Was cesa refarred to medical axaminar?	Hamital		U			Daeth (Check	only one)			0
his	9	1 Yas 2√2 No	Hospital: 1 Inp		ER/Outpatient	3LI DOA		ing Homa 5 □				
r death. r death. octor: After by the funer	cation	27. Manner of Deeth  1. Natural 5 Pending 2 Accident invastigati		Day Year)	28b. Tima of Injury	28c. Inje We M 1[	iry at ork? ]Yes 2 ☐ No		cribe how In	jury occur	red	
al or Attend s efter death il Director: / ed in by the	Certification:	3 ☐ Suicida 6 ☐ Could not 4 ☐ Homicide data mine	d 28e. Place of	Injury - At ho atc. <i>(Specify</i>	ma, farm, stra	at, factory, office			ation (Street or Town, Sta		per or Rural Ro	oute Number,
	edicai	29a. Cartifiar (Check only one)  1 ☐ Certifying F	Physician: To the basis aminar: On the basis and manner	s of axaminat	vledge, death ion and/or Invi	occurred at tha t astigation, in my	ima, deta and p opinion, daath	place, and dua occurred at tha	tima, data a	(s) end ma nd place,	anner es stete and dua to the	d. e ceuse(s)
Vithi Comp	_	29b. Signeture and titla of certifier	,			29c. Lican	se number		29d. D	ate signe	d (Month, Day	, Year)

State Registrar 30. Name and addrass of person who completed cause of daath (Item 23a) (Type, Print)

Hm ED NAWAY 105 Amount

State of Maryland / Department of Health and Mental Hygien Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** JULY 6, 1997 1330 ALICE M. ZAIS /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Sacred Heart Hospital Allegany Cumberland 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Davs Hours Min. (Month, Dey, Year) 5. Social Security Number Birthplace (Stete or Foreign Country) **Funeral** 1□M 2□XF Yrs. Director 74 216-80-6851 Aug 16 1922 Maryland Usual Residence of Decedent the Maryland 10a State 10h Counts 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic svent, the Medical Examiner must be notified at 1 ¥ Yes 2 □ No Director Maryland Allegany Westernport 10e. Street end Number 10g. Citizen of What Country? 288 Main St. Funeral 21562 United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: 11. Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Hen any injury or other traumatic svent, the Medical Example once. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ZNo Specify: Specify: White à 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker

18. Mother's Name (First, Middle, Meiden Sumeme) Home Unknown 17. Fether's Name (First, Middle, Last) John Wilson Louise B. Holler 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 288 Main St. Westernport, Md. 21562 isposition (Name of Date 20c. Location - City or Town, State Marvin Q Zais Sr. 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 7-9-97 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Potomac Memorial Gardens Keyser, WV. 21. Signature of Funeral Service Lice 22. Neme end Address of Fecility Boal Funeral Home
111 Church St. Westernport, Md.
23e. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Applications and the death of the complex of the disease of the death of the complex of the disease of the death of the complex of the complex of the disease of the death of the complex of Approximate Intervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel acute land Failure disease or condition resulting in deeth) Examiner buriel-transit The law requires that the death certificate be executed Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Last and Due to (or as e consequence of): Records, P.O. Box 68760. physician Physician/Medical the Due to (or as a consequence of): Pert II. Other significent conditions contributing to death but not resulting to the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Ainknown Curonary Artery Disease þ Dia betis milletus Gastro in fertinal 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? 24a. Wes en eutopsy performed? Completed pege 2 Bleeding 1 ☐ Yes 2 ☐ No this certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, i 25. Wes cese referred to medicel examiner? Be 26. Piece of Death (Check only one) Hospitat: 1 Unpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No ٩ 27. Manner of Death 28c. Injury et Work? 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how trijury occurred 5 Pending investigation 1 Naturet 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Medical Sertifying Phyalcian: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end menner as stated.

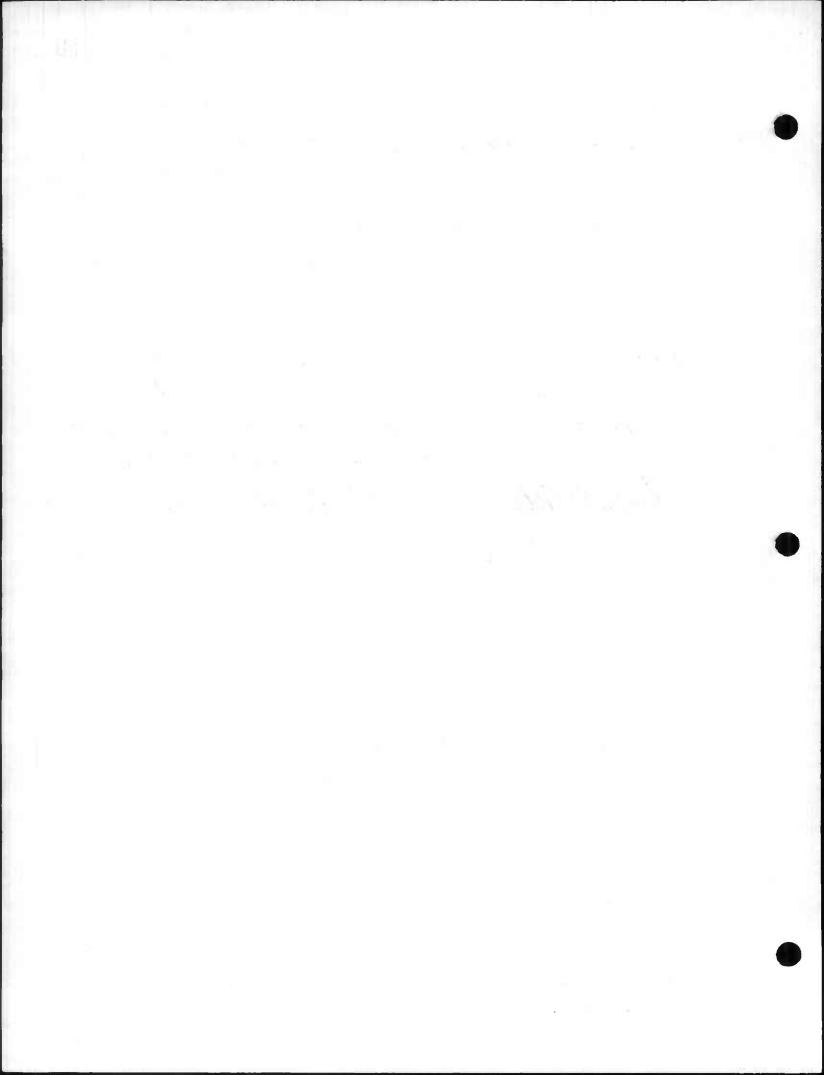
2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the ceuse(s) and manner stated. 29a. Certifier (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) 3 JULY 7, 1997 D21244

Plana Frostburg MD 21532

State Registrar

30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print)

Frostburg 62/Registrar's Signeture



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Daath 3 Time of Death **Physician** Month ELizabeTh thel JIIIC 1997 /Medical 4a. Facility Neme (If not institution, giva straet end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Long View Nursing Home Manchester Carroll 7. Age (In yrs. last birthday) If Under 1 Year If Undar 24 Hrs.

Months Days Hours Min. 5. Social Security Number 8. Data of Birth (Month, Day, Yaar) 10/13/03 Birthptace (State or Foraign Country) **Funeral** 1 M 2 Yrs 219-44-5722 93 Director Maryland Usual Rasidence of Dacadant 10a, Stata 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits 1 ☐ Yas 2 No Director Baltimore County Upperco 10a Street and Number 10f. Zip Coda 10g. Citizan of What Country? permit. Peges 1 end 2 should be filed within 72 hours after deeth with Department of Health end Mental Hygiene. In procrant: if item 27 is marked other then "natural, or items 23a or any injury or other traumatic event. 5412 Arcadia Ave. U.S.A. 21155 12. Was Dacedant Ever in U,S. Armed Forces? 1 ☐ Yas 2 No If Yes, Giva Yaar or Dates: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Raca - Amarican Indian, Bleck, White, etc. 1 Nevar Married 2 Marriad altimore, Maryland 21215-0020 1 ☐ Yas 2 No þ Specify: 3 Widowad 4 ☐ Divorced White Completed 16a. Dacedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 15. Dacadant's Education 16b. Kind of Businass/Industry (Specify only highest grada complated) Elamantery/Secondary (0-12) Collage (1-4or 5+) own home 17. Fathar's Nema (First, Middle, Last) Housewife 18. Mothar's Name (First, Middla, Malden Surnama) John Edward Rote Sarah Elizabeth Huff 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 5412 Arcadia Ave. Upperco, MD 21155 Gene Geist Zepp 20a. Mathod of Disposition

1 Mathod of Disposition

1 Mathod of Disposition

2 □ Crametion 3 □ Removal from Stata

4 □ Donation 5 □ Othar (Spacify) 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata Data 7/5/97 Hampstead, MD Hampstead Cemetery 21. Signeture of Euneral Service Licensee 22. Nama and Addrass of Fecility 934 S. Main St Eline Funeral Home Hampstead, MD 21074

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest,

Approximate Interval Batween Approximata Interval Batwaan Onsat and Daath **Physician** /Medical Immadiate Ceusa (Final Vas cular accident diseasa or condition rasulting in daath) Examiner The law requires that the deeth certificate be executed Sequantially tist conditions, if any, laading to immadiata cause. Enter Undarlying Cause (Diseasa or Injury that Initiated events rasulting in daath) Last and physician a Box 68760, Physician/Medicai Due to (or as e consaquance of) Records, P.O. Part II. Other significent conditione contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 Yes No 3 Probably 4 Unknown þ 24b. Ware eutopsy findings evelleble prior to complation of cause of death? Completed 24a. Was en eutopsy performed? 1 Yas 1 □ Yes 2 □ No certificate Division of Vital or Attending Physician: director. 25. Was casa referred to medical 26. Placa of Death (Check only ona) Hospitat: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 1 Yas 2 No Certification: To After this filled in by the funeral 28c. Injury at Work? 27. Menney of Death 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Tima of 5 Panding investigation 1 Netural 24 hours after death.

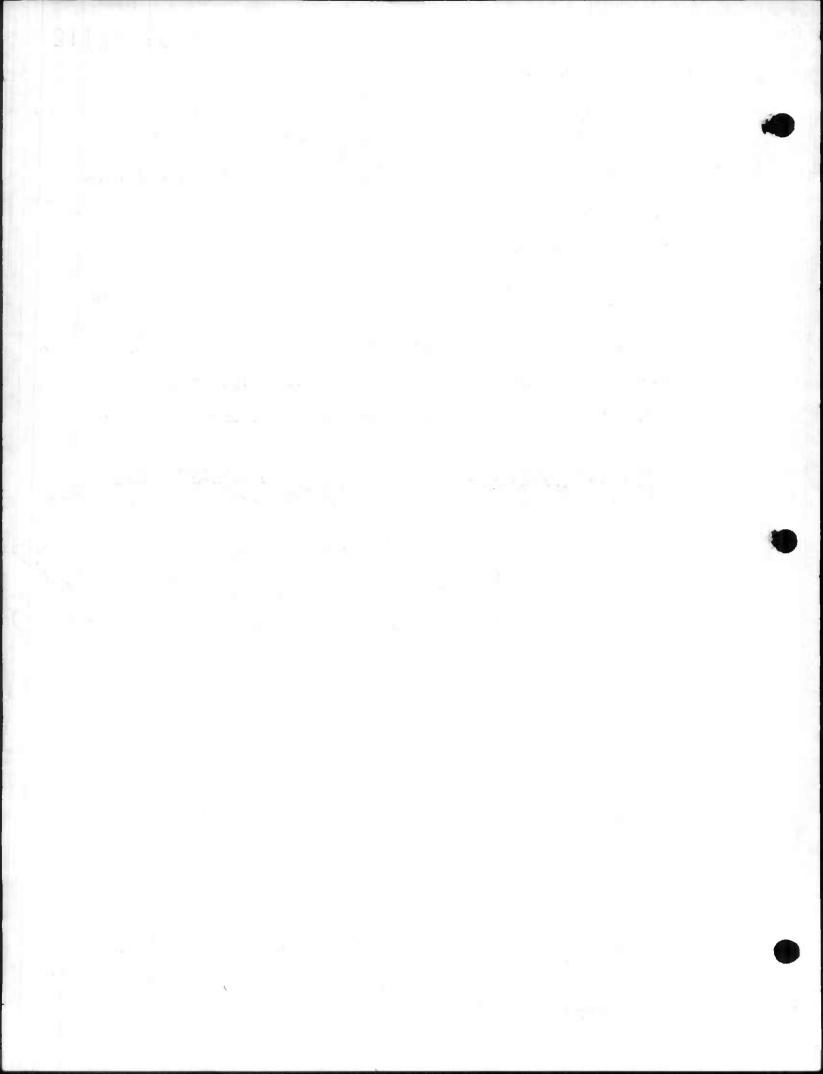
Funeral Director: A 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be dataminad 3 Suicida 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homtcida Hospital 1 Certifying Phyelofan: To the best of my knowledge, death occurred et tha time, dete end place, and due to the cause(s) and menner es steted.

2 Medical Exeminer: On the basis of axaminetion end/or invastigation, in my opinion, death occurred at the time, deta and place, end dua to the cause(s) and manner stated. Medical 29a. Cartifian (Check only one) within 2 the 29b. Signature end titla of certifiar 29c. License number 29d. Data signed (Month, Day, Year) 30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print) Main St MANChester, Md 21102 FOA 31. Data filed (Month, Day, Yaar) 32. Ragistrer's Signatura State Registrar JUL 03 1997 the warmer hardall

11.22 12 July 2 1989 Billion

State of Maryland / Department of Health and Mental Hygiene Items: 21,22 per F.H. G-749 7/22/97 reb Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** William C. Brown July 16, 1997 4:15p.m. /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Daeth 4c. County of Deeth Examiner 4222 Evans Chapel Road Baltimore 5. Social Security Number 6. Sex 7. Age (In vrs. last hirthday) If Undar 24 Hrs. Birthpleca (State or Foreign Country) **Funeral** 1√2 M 2□ F Months Days Hours 219-07-3653 76 Director Oct. 30, 1920 MD. Usuel Residence of Decedent with the Maryland 10b County 10c. City. Town or Location item 27 is marked other than "natural", or items 23e or 28a-f show other traumatic event, it a Medical Examinar maint to notified at 10d. Inside City Limits Md. N/A Baltimore Director 1 X Yas 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 4222 Evans Chapel Road 21211 U.S.A. death v Funeral 12. Was Decadant Evar in U,S. Armed Forces? 11. Maritel Status Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien. Black, White, etc. hours after 6 1 Never Married 2 Married 1XXas 2 □ No If Yes, Give altimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: Black þ If Yes, Give Yeer or Dates: 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) Pages 1 and 2 should be filed within 72 hont of Health and Mental Hygiene. Int: If Item 27 Is marked other than "nati 16b. Kind of Business/industry Baltimore City Elementery/Secondary (0-12) College (1-4or 5+) Teacher Dept. Of. Education 1+ 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Surneme) Be Charles Milton Brown Ruth Gaither Tolliver 2 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) son permit. Pages 1 and 2. Depertment of Health at Important: If Item 27 Is any Injury or other trau William Curry Brown 7202 Pinecrest Road Baltimore, Md. 21228 20a. Method of Disposition 20b Placa of Disposition (Name of 20c. Location - City or Town, Steta cometery, cremetory or other piece) 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 Dopatio 5 Other (Specify) 655 W. Nutter BALTIMORE Funeral 22. Name end Address of Fecility Inc.21201 STATE ANATOMY BOARD Nutter Funeral Homes, 2501 Gwynns Falls PKWY Baltimore, Md. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** Immediate Ceuse (Final disease or condition rasulting in death) /Medical Examiner Examiner burial-transit requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that Initieted events resulting in deeth) Lest pue Records, P.O. Box 68760. attending physician Physician/Medical use es the to (o ō signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown þ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? peen The law certificate hes 1 Yes 2 No 1 ☐ Yes 2 No Division of Vital 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospital: 2 Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 1 Yes 2 ER/Outpatient 3 DOA this funeral 27. Menner of Deeth Dete of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred After Hospital or Attending 5 Pending Investigetion 1 Naturel death. To the Hospital or Attendit within 24 hours after death.

To the Funeral Director: A completely filled in by the fi 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier Certifying Phyelcien: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) end menner es steted. Medical 2 Medical Examiner: On the basis of axaminetion end/or investigation, in my opinion, death occurred at the time, dete end place, end due to the ceusa(s) and mannar steled. 29b. Signeture end title at certitie 29c. Licansa number 29d. Data signed (Month, Dey, Year) D. 1230 DRUID HILLOUR 31. Dete tiled (Month, Day, Year) 32. Registrer's Signeture State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Item: 10b per FH G-749 7/22/97 dh

Items: 24a, 25, 26, 27, 29a per MD G-749 7/22/97 dh

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3 Time of Courth Physic an 01 ROBERT 2. G7 4c. County of Death 06 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death Examiner Crisfield Somerset Edw.W.McCready Memorial Hospital 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs.

Months Days Hours Min. 5. Social Sacurity Number 6. Sax Birthplaca (Stata or Foreign Country) 8. Data of Birth (Month, Day, Year) **Funeral** 1₩ M 2□ F Days 66 Director 215-26-6078 June 22, 1931 unknown Usuel Residence of Decedent 10b. County Somerset the Maryland r 28a-f show 10a. Stata 10c. City, Town or Location 10d. inside City Limits SDomerset Maryland Crisfield Director 1 ☐ Yas 2 No 10e. Street and Number 10f. Zlp Coda 10g. Citizen of What Country? r than "natural", or items 23s or The Medical Examiner must be n 201 Hall Highway 21817 U.S.A. Pages 1 and 2 should be filed within 72 hours after death near of Health and Mental Hygiene.

The file of the Arman Hygiene.

The file of the Arman Arman Thatural, or items 23 with if items 72 is marked other than "natural, or other traumstic event, the Medical Examine must Funeral 12. Was Decedant Evar in U.S.
Armed Forcas? unknown If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - American Indian. Black, Whita, atc. 1 ☐ Yas 2 ☐ No If Yas, Giva 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 White 1 ☐ Yas 2 ☒ No py Specify: Specify: 3 Widowad 4 Divorced Yaar or Datas: Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Dacedent's Usual Occupation 16b. Kind of Businass/Industry (Giva kind of work dona during most of working lifa. DO NOT use retired) Elamantary/Secondary (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Be unknown unknown 2 19a. informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) unknown unknown 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of Data 20c. Location - City or Town, Stata cematary, cramatory or other place) Department of Important: If Ib any Injury or o 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4□Donation 5☑Othar (Spacify) in state 21. Signature of Fundal Service Licensee Adde, Director <sup>22</sup>, Nama and Addrass of Facility State Anatomy Board, 655 W. Baltimore Street htt. Enter the disease, or complications that caused he death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart feilure. List only one cause on each line. Approximata Interval Batween Onsat and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical a. RESPERATORY FALURE FROM
Due to (or as a consequence of): Examiner Physician/Medical Examiner AND PNEUMONIG Saquantially list conditions, if any, leeding to immadiate cause. Entar Undarlying Causa (Disaasa or injury that initiated avants resulting in daath) Last Dua to (or es e consequança of) 멅 Box 68760, SEPSIS 8 ğ Dua to (or as a consequenca of): ä 987 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? o ď 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 XX Unknown Records, ģ 2 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performad' page 2 20 1 Yas 2XXNo 1 ☐ Yas 2 ☐ No Division of Vital 25. Was casa rafarred to madical axaminer? Be 26. Place of Deeth (Check only one) 1 Yas 2 No Hospitel: Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) Certification: To XX Inpatiant 2 ER/Outpatient 3 DOA 14 28e. Deta of Injury (Month, Day Yaar) furnantal 27. Mennar of Death 28b. Time of 28d. Dascribe how injury occurred Aftar 5 Pending investigation or Attanding 1 Natural 1 ☐ Yas 2 ☐ No To the Hospital or Atlandi within 24 hours after death To the Funeral Director: A 2 Accident 6 Could not ba 3 ☐ Suicida 28e. Pleca of Injury - At home, farm, straat, factory, offica building, etc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 4 Homicide

State Registrar

edical

29a. Certifier (Check only soe)

29b. Signature and titla of cartifiar

31. Data filad (Month, Day, Year)

AWUSO

mi A

29c. Licansa number D0051864

\*CI Certifying Physician: To the best of my knowladga, daath occurred et the time, deta and placa, and dua to tha causa(s) and manner es stated.

2 Medical Examinar: On the basis of axaminetion end/or invastigation, in my opinion, daath occurred at tha tima, data and place, end dua to tha cause(s) and manner stated.

29d. Data signed (Month, Day, Year)

06-22-97

30. Nama and addrass of parson who complated causa of daath (Itam 23a) (Type, Print) AKINWOLE

m. 1) 32. Registrar's Signatura

MCCREADY MEMIRIL HOPML-CRISTIGIO, MD

Е	DWARD	BU	DDEMEYER		State o	f Maryla		artmen <i>rtificat</i>				Mental Hy	giené / Reg. No.	44	114
П	Physic	an	1. Decedant's Name (First, Mid	dle, Last)								2. Dete of Da Month	aath	Year	3. Time of Death
	/Medi		EDWARD	ŲI	RICH		BUDDE	MEYER				JULY		1997	11:05
	Examiı	ner	4a. Fecility Name (If not instituti			/			4	•		ocation of Deal	th 4c. County	of Deeth	11.05
L			EASTON MEMO	-			to a total de	If Undar	1 Vans	EAS	TON 24 Hrs.		TAL	-	
١	Funeral Director		5. Social Sacurity Number 213-30-6022	6. Sex	lM 2□F	7. Age (in yrs	lest birthday) Yrs.	Months	Days	Hours	Min.	8. Data of Bi (Month, Di May 16	ey, Year)	9. Birthpi Coun	lace (Stata or Foreign try) Md.
	pue *		Usual Residence of Decedant  10e. Stete 10b. Count	hv .		10c C	ity, Town or L	ocetion						44	0d. Inside City Limits
	Marylan f show	20												'	1 ☐ Yas 2 No
	28a notti	Director	Md. Bal	Ltimo	ore		Glen	ALM 10f. Zip	Coda				10g. Citizen of N	Whet Coun	trv?
	3a o		11507 Notcheli	lff F	Rd.				2105	7			USA	72	
	death	Funeral	11. Marital Status			edent Ever in U	J,S. 13.	Was Deced	dent of H	ispenic Or	igin? (Sp	pecify Yas or No Ricen, etc.)		e - Americ	
020	be filed within 72 hours after death with the Maryland ital Hygiens. Id other than "naturel", or items 23a or 28a-f show event, the Medical Examiner must be notified at	by Fu	1 ☐ Never Merried 2 ☑ Ma 3 ☐ Widowed 4 ☐ Divorce		1 X Yes			1 ☐ Yes		Specify		Hicen, etc.)	Specify	ck, White, o	
2-0	2 hou	ted	15. Dacede	nt's Educ	etion	3/3/	16e. Dece	dant's Usua	al Occup	etion			16b. Kind of B		
21215-0020	a. Ban n	Completed	(Specify only high Elemantary/Secondery (0-12)		College (1	-4or 5+)	(Give	kind of wo	rk done ( se ratired	during mos f)	st of worl	king			
21	filed within Hygiena. Ither than ont, the Me	Con			5+		Nucle	ar Ph	ysic	ist			Univers	ity o	of Md.
Maryland	be fill H	Be	17. Fether's Name (First, Middle	, Last)						18. Moth	er's Nam	e (First, Middle	, Maidan Suman		
Z	d 2 should be the and Mantal 7 Is marked of traumatic ever	2	William			Bud	ldemeye				gare			rich	
Ma	ロモトラ		19e. Informant's Neme/Relation			C-							per, City or Town,		Code)
	E E E		Mrs. Freda Bud 20e. Method of Disposition	aceme	eyer/wi		Plece of Dispo	sition (Nen	ne of		1. 6	Date Date	, Md. 21		wn. Stata
Mo	00 0		1 St Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (		emovel from S		cemetery, cre				1 7	124/07			
altimore,	2. 七モラ		21. Signature of Funeral Service		ia	שעו	Laney V	alley 2. Name en				/24/97	Timor	nium,	Ma.
Ö	Depa Impo any Ir		ARCO	00	CD	_						l Home,			
П	250.00		Sin Fint1. Entar tha disease, of shock, or heart failure. Lis	or compli	cetions thet ca	aused the dee						on Md.			Approximete
4	Physician		SHOOK, OF HOSE FAIRURE. E.	st only on	a causa on a	aci iiio.								1	Intervel Between Onset end Death
И	/Medical Examiner		Immedieta Causa (Final diseasa or condition	a	Arter	ioscl	eroti	c Cai	rdio	vas	cula	r Dis	ease	{	
Ш	- Adminior	_	rasulting in death)	-			or es e conse								
	rted nsit	mine		<b>b</b>	. ———			,							
,	ata be axecuted hysician and tha burial-transit	Examiner	Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying			Dua to (	or es e conse	quance of):						į	
8760,	ata be hysicia tha bur	dicai	that initieted events	c		Dua to (	or es e consec	nuance off:							
9	ng ph	4	resulting in daath) Lest	L			00 0 0011000	,							
Box	death cartific e attanding p ed for usa es	Physician/M		d										!	
	tha dea by the a ached f	ysic	Pert II. Other significant condit	lone con	tributing to de	ath but not re	sulting in the u	inderlying c	euse giv	en in Pert	I.	23b. Did	tobacco use co	ntribute to	the cause of death!
P.0	res thet tha de signed by the a be detached											1 🗆	Yes 2□ No	3 Prob	pably 45 Unknow
Records,	law requires thet as been signed b	d by										24e Wes	en eutopsy	24b. We	ere eutopsy findings
CO	w require been si should b	iete										perf	omed? Dection	eve	eileble prior to mpletion of ceusa daath?
Re	a = a	Completed													Yes 2 No
Vital	Ician: Th cartificata rector, pag	0	25. Wes cese referred to medic	el						26 Plac	e of Dea	th (Check only	Yes 2 No		Tes ZLINO
<u></u>	g w D	To B	exeminer? 1 ⊈Yes 2 ☐ No	Н	ospital:	npetient 2	ER/Outpetie	nt 3 DC	Oth	ar.			idence 8 Oth	er (Specify	()
n of			27. Manner of Death 1 ☑Naturel 5 ☐ Pend	ina	28e. Dete d	of Injury h, Dey Yeer)	28b. Time o	f 2	8c. Injun Worl				how injury occur		
Sio	Attending r daath. ector: Afta by tha funs	catic	2 ☐ Accident Inves	tigation				M		Yes 2□	No				
Division	or Att	Certification:	3 Suicide 6 Could deter	mined	28e. Place buildin	of Injury - At h ng, etc. (Space	nome, farm, strify)	reet, factory	, office				Street end Numb wn, Stata)	er or Rure	l Route Number,
	To the Hospital or At within 24 hours eftar or To the Funars! Direct completaly filled in by	edicai C	29a. Certifier 1 ☐ Certify (Check only area) 1 ☐ Certify	ing Phye I Examin	ician: To tha er: On the ba end mann	sls of examina	owledga, daat ation and/or In	h occurred ovestigetion,	et the tim In my op	ne, deta ar pinion, das	nd place, ath occur	and dua to tha red et the time,	causa(s) and ma dete end place,	inner as stand dua to	atad. tha cause(s)
	To the within 2 To the complet	ž	29b. Signature and title of certific	11				290	. Licens	number			29d. Dete signe	d (Month, L	Day, Year)
			1 Llemm)	Chu	RN				0.	c.m.	e.		july 2	0.19	97
1	TI		30. Nama and address of person	n who co	mpleted ceus	a of daath (Ite	m 23a) (Type,	Print)	•				J ~ - Y ~ Z	0 1 1 )	<i>J</i> 1
7	1		Dennes J. (	-	temp			Str	eet	, Ba	lti	more,	Maryla	nd 2	1201
	Sta Registr		31. Dete filed (Month, Day, Yea.	7)	1. 1. AC	egistrar's Sign	ature								
DH	MH 16 Rev 6/9		JUL 2 2 1997	d	Tuna Wa	viason-v	- Threshold								

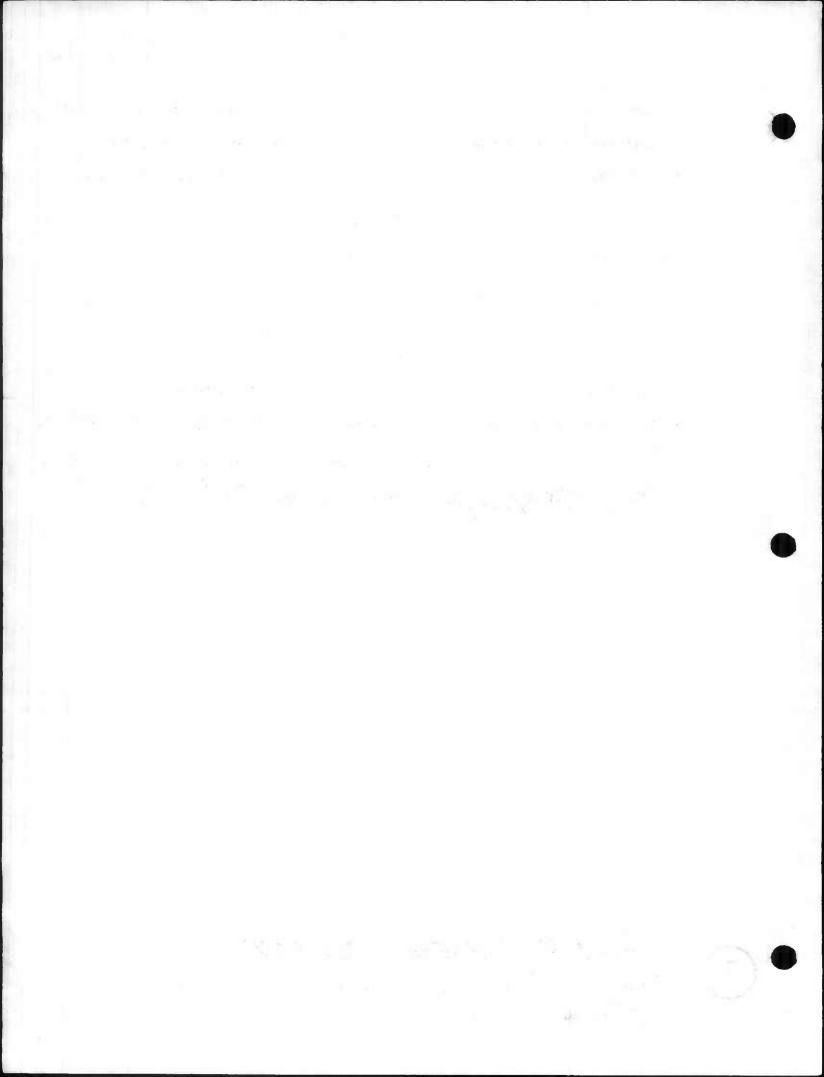
DHMH 16 Rev 6/95

10+1

Please Type or Print in Biack Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 22 1 5

						C	ertificat	te of	Death		Reg. No.			
	Dhusia	iam	1. Decedent'e Nema (First, Middle,	Last)						2. Date of De		Veer	3. Tima of	Death
	Physici /Medi		Elisabeth S. B							July	20	1997	3:10	p.m
3	Exami		4e. Fecility Nama (If not institution,						4b. City, Town, or		4c. Count	y of Deeth		
			Wilson Health						Gaithers		Montg	omery		
	Funeral Director		017-36-9541	3. Sax 1	7. Age (In yrs 92	. lest birthda Yrs.	Months	Deys		(Month, Da	th y, Year) 3, 1904	9. Birthp Coun Ger	niace (Stete d ntry) many	or Foreign
	pue *		Usuat Residence of Decedent  10a. Stete 10b. County		10c. C	ity, Town or	Location					1	0d. Inside C	ity Limits
	Manylen f ehow	ō	Maryland Montgo	merv		lver S								No.
	the 288	5	10a, Street end Number					p Code			10g. Citizen of	What Cour	ntn/2	
	oth with the Maryle 23a or 28a-f ehov	Funeral Director	14221 Cantrell R	oad			209			!	United			
	Jeeth 72	era	11. Merital Status	12. Was Dece	edent Ever in l	J.S. 13			Hispanic Origin? (S			ce - Americ		
21215-0020	72 hours efter deeth with the Maryland natural', or items 23a or 23s-f show final Examinet must be mortified at	Completed by Fur	1 ☐ Never Married 2 ☐ Marrie 3 ☐ Widowed 4 ☐ Divorced	Armed Fo	rces? 2X No re		tf Yes, spe		Hispanic Origin? (Seen, Mexican, Puar Specify:	to Rican, etc.)		ock, Whita, fy: Whi		
5-0		ğ	15. Decedent's (Specify only highest			18e. Dec	edent's Usu	et Occup	pation	rkino	16b. Kind of E	Business/Inc	dustry	
2		ğ	Etementery/Secondery (0-12)	Coltege (1	-4or 5+)			isa retire	during most of wo					
7	ygier ygier rt, th	Ö		2		Home	maker				Househo			
and	ges 1 and 2 should be filed within to Heelth and Mental Hyglene. If item 27 is marked other than 'o other treuments event, the Me	Be	17. Fathar's Name (First, Middla, L.	ist)					- C 7116	me (First, Middle,		ne)		
Maryland	Mer Mer	2	Adam Schlier			-T				ne Denha				
Mai	12 sh h and ls m		19e. Informent's Neme/Ratationshi		h #		_		t and Number or Ri					4.22
a,	Heeltl m 27		Beatrice Simpson	/ Daug					1 Rd., S:				905-4	+23
Baltimore,	permit. Pages 1 and 2 st Depertment of Heelth and important: If Item 27 Is n any injury or other treun 9058.		1   Buriat 2 □ Cremetion 3  4 □ Donetion 5 □ Other (Spe	cify)	SIEIU	Plece of Dis cemetery, cr idon P	ark C	emet	ery	7/23/97	20c. Location Baltimo			nd
Ba	Departition Departition Departition Departition Departition Department of the Depart		21. Signeture of Funeral Service Li	PRI.	lis				ns Avenue	oudon Pa e, Balti			lome 229	
'n			23a. Per/1. Enter the disaasa, or c shock, or heert feilure. List or	omplications thet cally one cause on e	aused tha dea	th. Do not e	nter the mod	de of dyi	ng, such es cardia	c or raspiratory a	rast,		Approximet tntervat Bet	ween
T	Physician		1	^									Onset end	Death
	/Medical Examiner		Immediata Cause (Finel disease or condition	(e)	rebr	al 1	ase	ul.	ar C	reced	ent		Days	
П	Lamine		resulting in deeth)	,	Dua to (	or as e cons							7-	
	D #	ine		- Hy	sent	ensi	NU					İ		
	death certificate be executed e ettending physicien end of for use as the burial-transit	Medical Examiner	Sequentially tist conditions,	- //	Dua to (	or as a cons	equence of)	:						
68760,	cien buria	E	Sequentielly tist conditions, if any, taading to immadiate cause. Enter Undarlying Ceuse (Disease or injury	C										
00	physi the	dic	thet initiated events resulting in daeth) Last		Due to (	or es a conse	equance of):							
		Me		d								į		
BOX	ath c	Physician/										t		
		/sic	Pert II. Other significant condition	contributing to de	eth but not rea	sulting In tha	undarlying	cause gi	ven in Pert I.	23b. Did 1	tobacco use c	ontribute to	the cause	of death1
5	that the death ce led by the ettendir detached for use	P								10	Yes 2 No	3 Prof	bebly 4	Unknow
က်	8 5 g	l by								2777.117	DIVE AND	045 144	Link and a	the die ee
Records,	v requin	Completed								24a. wes	en autopsy med?	av:	are autopsy t ailable prior t mpletion of c	lo cause
ě	2 5	Idu				-						of	death?	/
	cate h									10	res 2 1 No	10	☐Yes 2☐	No
of Vital	Physician: The trible centificate rail director, page	Be	25. Wes case referred to medical exeminar?	Hospitat				-		ath (Check only o	ne)			
5	this call dir	To	1 Yas 2 No			ER/Outpati		UA		lome 5 ☐ Resid			(y)	
Ĕ	ding Phys h. After this funeral d	ou	27. Menner of Death 1 ☑ Neturat 5 ☐ Pending		of tnjury h, Dey Year)	28b. Time Injury		28c. Inju Wo		28d. Describe I	now injury occu	rred		
DIVISION	Attending or death. ector: After by the fune	Certification:	2 Accident Invastiga 3 Sulcida 6 Could no	t he			М		Yes 2 No	201 1 1	01		10 11	A
₹	or At offer of Jirec In by	T.	4 Homicide determin	200. PIOCO	of Injury - At h	ioma, ferm, s <i>fy)</i>	straet, factor	y, office		28f. Location (3 City or Tox	vn, Stete)	ber or Hura	II HOUIA NUM	iber,
-1	To the Hospital or Attending Physician: The I within 24 hours effer death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page		29a. Certifier 1 Certifying	Dhystoles 7 "	hant of or	auda de a e								
	Hos Fun Fun	edical	(Check only one)	aminer: On the be	sis of axamin	owledge, dae etion end/or	nvastigation	n, in my	ma, date and ptace opinion, death occu	rred et the tima,	cause(s) and in date and place	, and dua to	teted.  tha cause(s	s)
	ithin of the	Mec	29b. Signeture and title of certifier	and mann	youded.	6			sa number		29d. Data sign			
	¥ ¥ ¥ 8		Cant.	V .41	1111	-	2.5			1	_sa. sala oigit	product		
	(+)		Telle 1	1 X	occusi	ew		Do	358	/				
	( )		30. Name end eddress of person w	no completed cause	e of death (Ite	m 23a) (Type	e, Print)	<u> </u>	d Georg	- 1	D	P.11	20	1814
			Elliot K.	60 ld	STEIN		7410	UK	4 60019	e706)1	K Dad	Dethe	sda, 1	nol.
П	Sta		31. Dete filed (Month, Day, Year)	32. H	egistrer's Sign	eiura • (A								

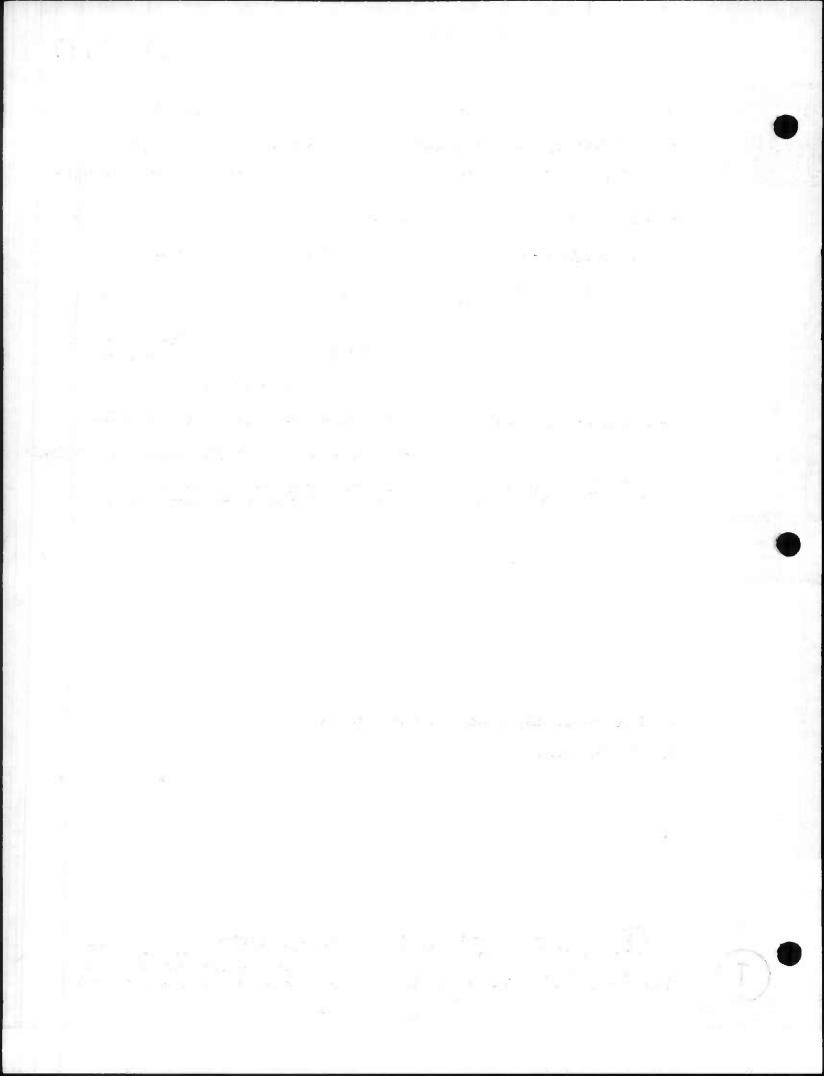


					Ce	rtifica	te of	Death		Reg. No.		
Physici	an	Decedent's Neme (First, Mid	Idla, Last)						2. Data of Dec	eth Day	Yeer	3. Time of Death
/Medi		Maria R.	Briggs						JULY		997	10:00 am
Examir		4a. Facility Nama (If not institut	ion, give street end nu	ımbar)			-	4b. City, Town, or	Location of Death	4c. County	of Death	7
	-	St. Agnes Ho	apital					Baltimo	re		N/A	
Funeral		5. Social Security Number	6. Sex 1 ☐ M 2 ☑ F	7. Aga (In yrs	s. lest birthday)	If Und Month	ar 1 Year S Days	If Undar 24 Hrs Hours Min	8. Dete of Birt	h y, Yeer) 23,1922	9. Birthp	lace (Stete or Foreign
Director		065-18-1405	TUM ZAJF	7.5	Yrs.				April :	23,1922	New	York
pu a		Usual Residence of Decedent 10a. State 10b. Coun	th.	100.0	City, Town or Lo						т.	
aryla shor	-	000000	,	100. 0	my, Town or Lo	ocation					1	Od. Inside City Limits
M 9-1	ctc		timore		Caton							1 ☐ Yas 2 ☐ No
F P	Directo	10e. Street and Number				10f. Z	ip Code			10g. Citizen of V	Whet Coun	try?
ath v	ā	2312 Rockwell						21228		U.S.A.		
er de	Funerai	11. Marital Status	Armed F	edent Ever in orces?	U,S. 13.	Was Dec If Yas, sp	edent of F	lispenic Origin? (S an, Mexican, Puer	Specify Yes or No- to Rican, etc.)	- 14. Rec	e - Amaric	
20 safte	Y	1 Never Married 2 Ma	If Yes, G	2XXNo ive				Specify:				
21215-0020 within 72 hours af glene. Trithen "netural", or trithen	d by	3 Widowed 4 □ Divorce	1 44 7 7	Dates:						open,	White	9
72 net	Be Completed	15. Decede (Specify only high	ent's Education les <i>t gr</i> eda com <i>plated)</i>		16a. Dece (Give	dant's Us	uel Occup vork done	eation during most of wo d)	orking	16b. Kind of Bu	uelness/Inc	lustry
4 ig e 2	du	Elementary/Secondary (0-12 1 2	) College (	1-4or 5+)			use retire	d)		0 1	7	
1 2 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A	ပိ		. ( 4)		Homem	aker		40.44.4.4.4.4	451 1 141 141	Own I		
Maryland of 2 should be file the off Mental Hy 77 is marked other traumetic event	Be	17. Fether's Name (First, Middle							me (First, Middle,	Maidan Sumem	10)	
VIO	To	Gennaro Annun						Rosa Nu				
Aan 2 st 2 st 1 s m		19a. Informant's Name/Reletion				-			urel Route Numbe			
end leelth m 27		Craig T. Brig	gs (Son)	1.00								and 21666
Or of H		20e. Method of Disposition 1 ☒ Burial 2 ☐ Cremetion	3 □Removal from	Stete 20b.	Place of Dispo cemetery, crea	metory of	ame of other plea	ce)	Date	20c. Location -		
Baltimore, emit. Peges 1 er Separtment of Hee mportant: If Item 2 my injury or other		4 ☐ Donation 5 ☐ Other		Woo	odlawn	Ceme	tery	July 1	8, 1997	Woodlawr	ı, Ma:	ryland
Baltimore, Maryland 21215-0020 permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hyglene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, in Medical Entiting International at once.		21. Signature Funeral Service	, Woth	L	W	itzk 630	e Fur Edmor	ss of Facility neral Hor ndson Ave	me of Cat	tonsvill onsville	le, I	nc. ryland 212
Physician		23a. Pert f. Enter the disease, shock, or heert feilure. Li	ot complications that st only one cause on	the deep the deep the line.	eth. Do not ani	tar tha mo	ode of dyir	ng, such es cardia	c or respiretory e	rest,		Approximate Intervel Between Onset and Deeth
/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in death)	a DIS	SSEMINA	TED IN	<b>CRAV</b>	SCUL	AR COAGU	LATION		i	24 HRS
	<u>.</u>	resulting in death)			(or es a consec							
ed sit	in		b. MYI	ELOPROL	IFERAT:	IVE I	DISOR	DER			1	5 MONTHS
cords, P.O. Box 68760, requires that the death certificate be executed seen signed by the ettending physician and hould be deteched for use as the buriel-trensit	Examiner	Sequentially list conditions, if env. leading to immediate		Due to	(or as e consec	quence of	):					
68760, ificete be exe g physician e as the buriel-		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events	<b>2</b> c.									
physicate sthe	Medicai	resulting in deeth) Lest	1	Due to (	or as a conseq	uence of	):				i	
OX 6 or certific noting p	\$		d									
BOX eath cer ettendir for use	Siar										-	
by the c	Physician/	Pert II. Other eignificent condi	llone contributing to d	eath but not re	sulting in the u	nderlying	cause giv	en in Pert I.	23b. Dld t	obacco uee co	ntribute to	the causa of death?
Thet the dete	된								10	Yes 2□ No	3 Prot	pably 4 Unknown
Records, he law requires the has been signeled by the second been signed by the second been signeled by the second been signed by the second been signeled by the second been signeled by the second been signed by the second been signed by the second been	d by										0.45 14/-	and and an all and
COTO v require been si should	Completed								24a. was perfo	an eutopsy rmed?	eve	ere autopsy findings eilable prior to mpletion of cause
The law ste hes bege 2 s	du										of	death?
= F # 6	Ö								101	es 2 No	1 🗆	Yes 2□ No
sician: The certificate	Be	25. Wes case referred to medic exeminer?	al					26. Piece of De	eth (Check only o	na)		
_ \$ si	2	1 Yes 2 No	Hospitel:	Inpatient 2E	☐ ER/Outpetier	nt 3 🗆 🖸	Oth Oth	er: 4 Nursing I	Home 5 Resid	lence 6 Oth	er (Specify	1)
on of	Ë	27. Manner of Deeth 1 Natural 5 ☐ Pend	28a. Dete	of Injury	28b. Time of Injury	ŧ	28c. Injur Wor	y et k?	28d. Describe h	now injury occur	red	
Or Attending a street death.  Director: After In by the fune	atte	2 ☐ Accident inves	tigation			М		Yes 2□No				
VIX.	Certification:	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide deter	mined   288. Place	of Injury - At I	nome, farm, str	reet, facto	ory, office		28f. Location (5 City or Tox	Street end Numb	er or Rure	Route Number,
ed in Dia	Ö			g, oto. (opco					., ., .,	, , , , , , , , , , , , , , , , , , , ,		
Division  To the Hospital or Attendition 24 hours after death  To the Funeral Director: A completely filled in by the filled	edicai	29a. Certifier 1 Certify (Check only one) 2 Medica	Ing Physicien: To the il Exeminer: On the b and man	best of my kn asis of exemin nar stated.	owledge, deeth etion and/or in	h occurre vestigatio	d at the tin	ne, date end place pinion, death occi	e, end due to the curred et the time,	ceuse(s) and me dete end place,	enner es st end due to	eted. the ceuse(s)
To the To the COPING	Ž	29b. Signature end title of certif	<b>-</b>			2	9c. Licens	e number		29d. Date signe	d (Month, I	Dey, Yeer)
		Best 7.	Morton	, M.D.	•		מח	3949		71 15	100	7
		30. Name and eddress of perso	n who completed caus	se of deeth (Ite	m 23e) (Tvpe	Print)	DUC	J/T7		July 15,	199	
(   )		Dr. Bert F. M	•	•	, , , , ,	,	00 C:	aton Ave	nue Balt:	imore N	(D 21	229
Sta	te	31. Dete filed (Month, Day, Yea									- 4- L	/
Registr		1111 9 2 100	17 Jus	legistrer's Sign	- Prodat	067						

7.0

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nema (First, Middla, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** Year July 19,1997 6:48 am Alfred /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Johns Hopkins Bayview Medical Center Baltimore If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dev. Year) Birthplaca (Stete or Foreign Country)
 Maryland 5. Social Security Number 7. Aga (In yrs. last birthdey) **Funeral** XXM 2 F Months Days Hours Yrs. Director 213-03-7564 1919 Aug 13, Usuel Residence of Decadent death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits or 28a-f show event, the Medical Examiner must be notified at 1 FYes 2 □ No Baltimore N/A Director Maryland 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? U.S.A 21211 Items 23a 1536 Baldwin Street Funeral 12. Wes Decedant Evar In U,S. Armed Forcas? 1 10 Yas 2 □ No If 7es, Give WW II Year or Detes: 13. Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Bleck, White, etc. permit. Pages 1 and 2 should be filled within 72 hours effer of Depertment of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Examines once. 1 ☐ Naver Married 2 ☑ Married Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yes 2 X No Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest greda completed) Fred Gross Fuel Elementary/Secondary (0-12) College (1-4or 5+) Driver Oil Co. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Sumama) Be Anna Giddings unk 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informant's Neme/Reletionship (Type, Print) 1536 Baldwin Street, Baltimore, Md. 21211 Joseph B. Bright (Grandson) 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 【XCremetion 3 ☐ Removel from State Baltimore, Maryland 7/23/97 Green Mount Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Neme end Address of Fecility A. Alan Seitz, Jr. Funeral Home 3818 Roland Avenue, Baltimore, Maryland 21211 23a. Part1. Enter the disease, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Onset end Deeth **Physician** /Medical Immediete Cause (Final 24 hours diseese or condition resulting in death) . Sepsis Examiner Due to (or es e consequenca of) Examiner physicien end the burief-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in deeth) Last Due to (or es e consequance of): Box 68760, Physician/Medical Dua to (or as e consequança of): P.O. Part it. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. the 23b. Did tobacco use contribute to the cause of death? 3 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown signed t Multiple pneumonias, Congestive Heart Failure, Records, Be Completed by 24b. Wera autopsy findings evelleble prior to completion of causa 24a. Wes en eutopsy Deen Atrial Fibrillation pege 2 1 Tes 2 No 1 Yas 2 No certificate Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifics stely filled in by the funeral director, I 25. Was case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 2 No 1 № Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28e. Data of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how Injury occurred Certification: 28b. Time of 5 Pending investigation 1 Neturel 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) the Funeral Direct Inches of the Funeral Direct Inches Inches In the Inches In the Inches In the Inches In the Inches Inc 4 - Homicide 29a, Certifier 1'S Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) and manner as stated. Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date end placa, and due to the cause(s) end manner steted. To the I within 2 To the I 29b. Signaturi and title of certifie 29c. License number 29d. Date signed (Month, Day, Year) July 21, 1997 deeth (Item 23e) (Type, Print) Johns Hopkins Bayview Medical Center 30. Name and address of person 31. Dete filed (Month, Dey, Year) 4940 Eastern Ave, Baltimore, MD r's Signetura State JUL 2 2 1997 Registrar



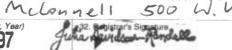
State of Maryland / Department of Health and Mental Hygiene 1 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth **Physician** Month July 17, Mattie Benesch Baker Ĭ997 11:00 P.M. /Medical 4b. City, Town, or Location of Deeth 4e. Facility Name (If not institution, give street and number) Examiner 4c. County of Deeth Baltimore County Manor Care Towson Towson 5. Social Security Number If Under 1 Yaar If Under 24 Hrs. 7. Age (In yrs, last birthday) 8. Date of Birth (Month, Day, Year) Birthpleca (State or Foreign Country) **Funeral** 1 ☐ M 2 🕅 F Deys Hours Min. Yrs. Director 97 212-28-4619 April 17, 1900 Maryland deeth with the Maryland 10b. County show 10c. City, Town or Location 10d. Inside City Limits ir then "natural", or items 23a or 28a-f short the Medical Examiner must be notified at 1 ☐ Yas 2 TNo Maryland Baltimore County Baltimore 10a. Street end Number 10f. Zip Code 10a. Citizen of Whef Country? 7411 Chesapeake Road 21220 U.S.A. 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yes 220 No If Yes, Give Year or Dates: 11. Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. filed within 72 hours after 1 Naver Merried 2 Married 21215-0020 1 ☐ Yes 2 ☐ No Specify. þ Specify: 3X Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highast grade completed) 16e. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry i Hygiane. College (1-4or 5+) Elementary/Secondary (0-12) Sales Department Store 8th Grade of Health end Mental Hygia I Item 27 is marked other t r other traumatic event, in altimore, Maryland 17. Father's Neme (First, Middle, Last) Be 18. Mother's Name (First, Middle, Maiden Sumama) Pages 1 end 2 should be f nent of Health end Mentai I int: If Item 27 is marked of William Edward Messick Lula Florence Young 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7411 Chesapeake Road, Baltimore, Maryland 21220 Lois Anne Crayton/Niece 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20a. Method of Disposition 20c. Locetion - City or Town, Stata Depertment of H Important: If Ite any Injury or ot 1 Burial 2 □ Cremation 3 □ Removal from State 7/19/97 4 ☐ Donation 5 ☐ Other (Specify) Baltimore Cemetery Baltimore, Maryland 21. Signature of Funerel Service Liceur 22. Name end Address of Facility John C. Miller, Inc. Her the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,

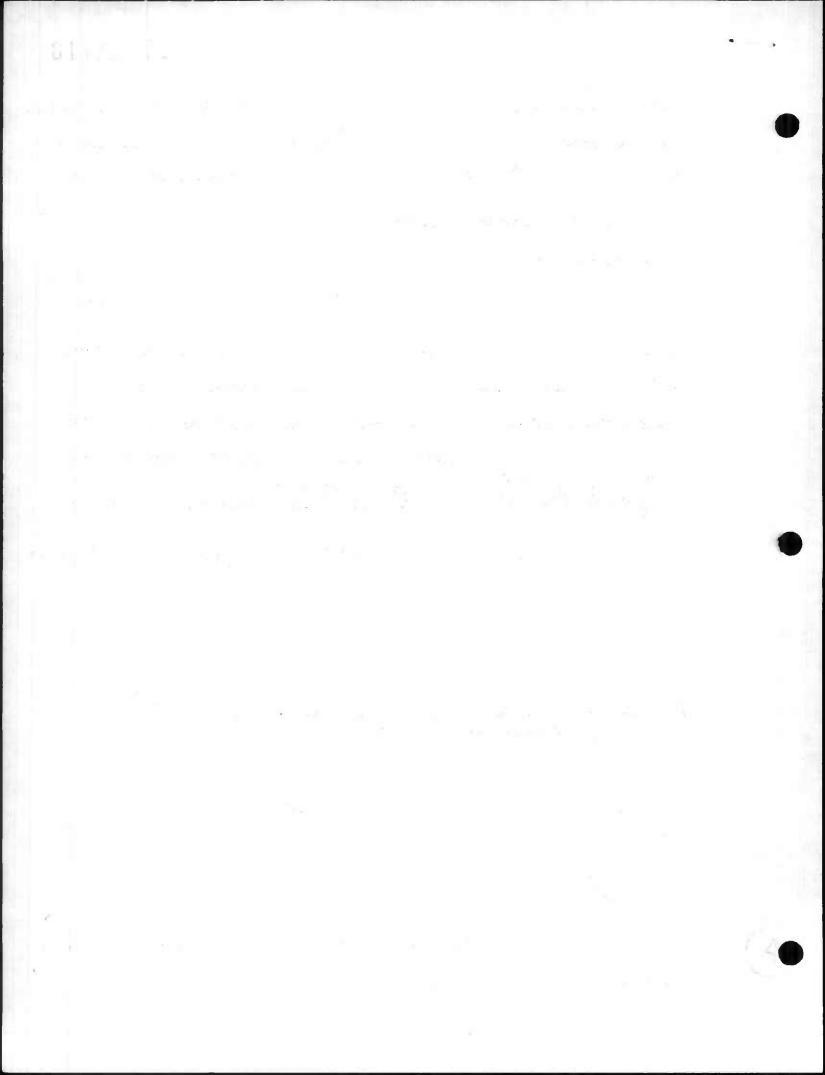
Approxima Approximate interval Between Onset end Death **Physician** Thrombogtosis /Medical Immediate Cause (Finel disease or condition resulting in death) **Examiner** Physician/Medical Examiner Tha law requires that the death certificate be axecuted Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Lest the bunal-tran Due to (or es e consequence of) P.O. Box 68760. Due to (or as e consequence of) for use Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown broclon Records, þ 90 24b. Were eutopsy findings availabla prior to completion of cause of deeth? Completed 24e. Was an eutopsy performed? peen certificata 1 Yes 2 1 No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifice. Be 25. Wes cese referred to medical exeminer? 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) ို 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menne of Deeth 28c. Injury et Work? 28e. Date of Injury (Month, Day Year) Certification: 28d. Describe how injury occurred 5 Pending Investigation 1 ☐ Yes 2 ☐ No the 1 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only the I 29b. Signeture and title of cegifiar 29c. License number 2 29d. Date signed (Month, Day, Year) 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

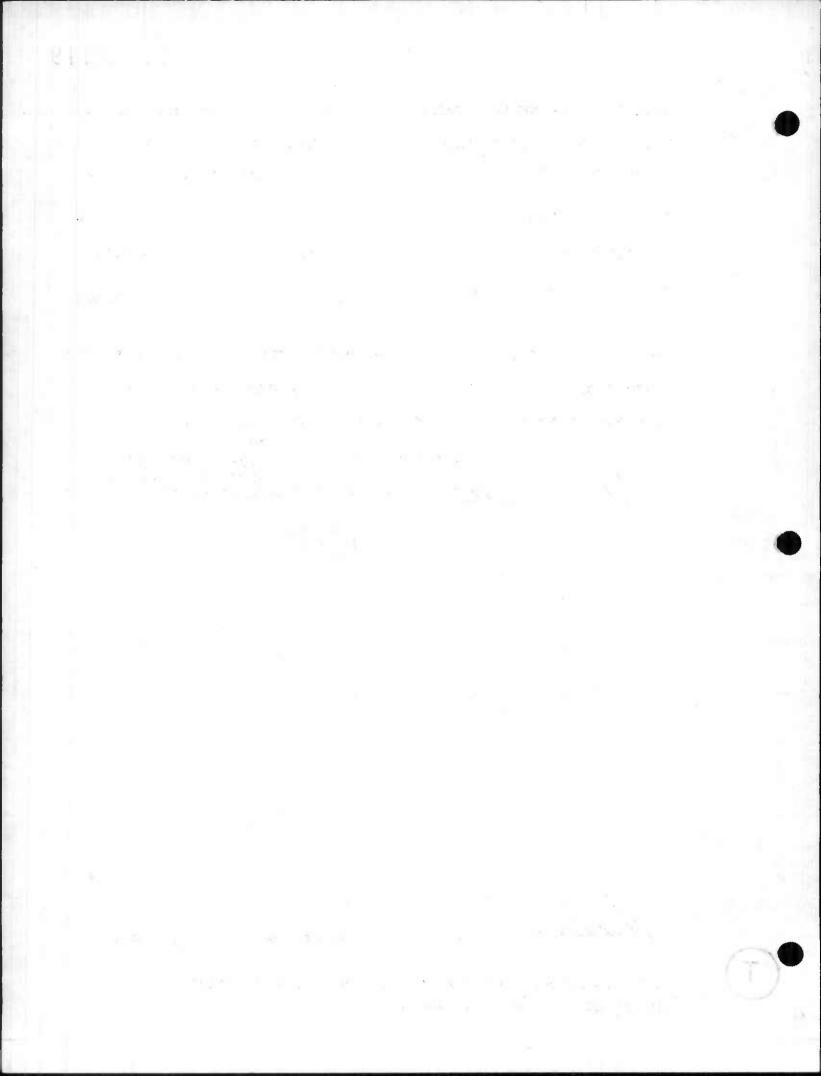
Registrar

31. Date filed (Month, Day, Year) JUL 2 2 1997





tem:1 pe		MD G-749 7/21/97 dh				tificate			Mental Hy	Reg. No.	44	112
Physician /Medical		THEODORE  THEADORE JUNIO  49. Fecility Name (If not institution, g	R ROSEVEL		CEY			h City Town or	2. Dete of De Month  July  Location of Deet	Dey 12, 1		3. Time of Deeth  1:45 a.m
Examiner uneral irector	65	CARDINAL SHEAL  5. Social Security Number 6.  219-26-7206	N STELLA	MAR	IS lest birthday) Yrs.	If Under		T I MON I If Under 24 Hrs Hours Min	UM 8. Date of Bir	N, th	9. Birthpie	ce (Stete or Foreig SC
M W	-	Usuel Residence of Decedent 10e. State 10b. County		10c. Ci	ty, Town or Loc	cation					100	f. Insida City Limits
be roll ad at Director			N/A			BAI	CTO					1 X Yes 2 No
3a or 2 at be n	1	10e. Street end Number 633 WILLOW AV	E			10f. Zip (		21212		10g. Citizen of U	Whet Country	n
is marked other than "natural", or items 23s or 28s-f ahow raumatic evant, the Medical Exercites must be notified at To Be Completed by Funeral Director	•	11. Maritel Stetus  1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Deceder Armed Force 1  Yes 2 If Yes, Give Yeer or Deter	s? ⊒XNo	If	Vas Decede Yes, speci	ify Cube	ispenic Orlgin? (S n, Mexicen, Puer Specify:	Specify Yes or No to Ricen, etc.)	14. Rec Ble Specifi	ce - American ck, White, etc	c.
ner then *nature  It, in Medical  Completed	-	15. Decedent's Elementery/Secondary (0-12)	Education rade completed) Collega (1-4c	or 5+)	life. D	ent's Usuel kind of work OO NOT use	a retired			16b. Kind of B		stry ECKER
evant, Be C	1	17. Father's Name (First, Middle, Las			PIA	LIVIISI	MIN		me (First, Middle			ECKEK
marked matic e	-	THEODORE BRAC							E BELL			
27 is marker traumatic		19a. Informant's Neme/Reletionship ANNIE BELL BR.				_			LTO, MD		Stete, Zip C	ode)
Important: if Item 27 is any injury or other trai once.	2	20e. Mathod of Disposition  1  Suriel 2  Cremetion 3   4  Donetion 5 Other (Spec	☐Removel from Star	te (	Plece of Dispos cemetery, crem BUTUS	sition (Nem	e of her plec		ULDeta 6	20c. Location		n, Stete
Import any inj once.	3	21. Signature of Funeral Service Lice	. Bu	4					BETTS F IE ST B	UNERAL ALTO,		
o physician end imposes the bunal-transit augustions es the bunal-transit augustions and impose augustions and impose augustions and impose augustions are augustions and impose augustions and impose augustions are augustions and impose augustions are augustions and impose augustions are augustions and impose augustions are augustions and impose augustions are augustions and impose augustions are augustions and impose augustions are augustions and impose augustions are augustions and impose augustions are augustions are augustions and impose augustions are augustions and impose augustions are augustions are augustions are augustions and impose augustions are		Immedieta Ceusa (Final diseese or condition resulting in death)  Sequentially list conditions, if eny, leading to Immediete cause. Enter Underlying Cause (Diseese or Injury that Initiated avants resulting in death) Lest	e. RENAL b. c.	Due to (d	CA. WI or as a consequence or a consequence or a consequenc	uence of):	TS	ro LUNG				
d by the attending peteched for usa es	F	Pert II. Other significant conditions	dcontributing to death	but not ras	ulting In the un	dertying ce	euse give	en in Pert I.	23b. Did	tobacco usa co	ntributa to t	he cause of death
been signer should be d									24e. Wes	en eutopsy	24b. Were	e eutopsy findings able prior to oletion of cause
ata hes paga 2									10	Yes 2X No		res 2□ No
Be Be	2	25. Wes case referred to medical examinar?  1 ☐ Yes 2 ☒ No	Hospitel:				Othe		ath (Check only			hopice
Aftar th funaral tion: 7	2	17. Menner of Death  1 ☑ Neturel 5 ☐ Pending  2 ☐ Accident investigation	28a. Dete of In (Month, L		ER/Outpetient 28b. Time of Injury		Bc. Injury Work	4   Nursing I	lome 5 ☐ Resi 28d. Dascribe	dence 6. Toth		
led in by		3 Suicida 6 Could not 6 determined	building,	etc. (Specif					City or To			
plately fill	-		hysician: To the bes miner: On the basis end manner:	of examina	wiedge, daeth tion and/or inv	occurred et estigetion, I	t the tim In my op	e, deta end plece plnion, daath occi	e, end due to the urred et the time,	deta end place,	annar as stat and due to th	ad. ne ceuse(s)
Toth	2	Sb. Signature and title of conflict	4			29c.	License	number 4		29d. Date signe	d (Month, De 4. 9.7	y, Year)
)	3	0. Name and address of person who					D	TMONTT	M MD 01	002		
-		DR. EDDIE NAKHU!  11. Dete filed (Month, Day, Year)  2 2 1997	DA, 2300	DOLAI	NEY VAL	דיורן ע	<i>u</i> •	TITONIU	M, MD 21	1073		



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygien 2 2 1 2 0

				Cer	tificate of	Death	Reg	J. No.	
Dhysisian		I. Decedent's Nama (First, Middla, Last)					2. Data of Death	Day Yas	3. Tima of Death
Physician /Medical		JOSEPHINE SCOT	r CURTIS				JULY 15	5.1997 Yas	3:45 P.
Examiner		la. Facility Nama (If not institution, giva stree 414 E. PENNSYLY		ENUE		4b. City, Town, or L TOWSON	ocation of Death	4c. County of De BALTIM	
Funeral Director		5. Social Security Number 213 40 0787 6. Sax	2 <b>X</b> F 7. Aga (In yrs 90	s. last birthday) Yrs.	if Undar 1 Yaar Months Days	if Undar 24 Hrs. Hours Min.	8. Data of Birth (Month, Day, ) MAY 20.	1907 MA	Birthpiaca (Stata or Foreigi Country) ARYLAND
200	- 1-	Usual Rasidance of Dacadant 10a. Stata 10b. County	100.0	ity, Town or Loc	nation .				T-04 - 14 - 05 - 14 - 15
with the Maryle to 28a-f show be notified at Director	- 1	MD. BALTIMORI		TOWSOL					10d. Inside City Limits 1 ☐ Yas 2 K No
er 28	5	0e. Street and Number			10f. Zip Coda		100	g. Citizen of What	Country?
23a d	5	414 E. PENNSYLVA	ANIA AVEN	IUE	2120	4	U.	S. OF	Α.
is 1 and 2 should be thed within 72 hours after deeth with the Marylen if Heelin and Mantal Hygiene.  The first of the marked other than "hatural", or Items 23a or 28a-f show other traumatic event, the Medical Experient must be notified at To Be Completed by Funeral Director	y ruite	1 Navar Marriad 2 Married 1	Vas Decedant Evar in U urmed Forces? ☐ Yas 2 M No ! Yas, Giva		Vas Decedant of F Yas, specify Cubi	dispanic Origin? (Sp an, Maxican, Puarto Specify:	ecify Yas or No- Rican, atc.)	14. Race - A Black, W Specify: B	
*natural',	2 -	15. Decedant's Education	'aar or Datas:	16a Doord	ont's Heusi Ossur	petion	44		
led within 72 ho ygjene. ver than *naturi nt, the Medical Completed		(Specify only highast grada com	nplated)	(Giva I	kind of work dona OO NOT usa retired	pation during most of work d)	ing	3b. Kind of Busina	ss/industry
the series		Elemantary/Secondery (0-12)	College (1-4or 5+)	DOME		ÖRKER		PRIVATE	FAMILY
should be tiled within 72 hours after deeth with the Maryland Ad Mental Hygiene.  The Medical Exp. frems 23a or 28a-f show imaric event, the Medical Exp. free must be notified at the To Be Completed by Funeral Director.	3	7. Fathar's Nama (First, Middla, Last) JAMES TAYLOR SCO	)TT			18. Mother's Nam LOUISA	a (First, Middla, Ma THOMAS	scott	
nd 2 shou lith end M 27 is mer r traumet		19a. informant's Name/Ralationship (Type, F CAROLYN LE VERE(				and Number or Rui			a, Zip Coda) , MD . 21228
permit. Peges 1 end 2 should be hied within Department of Heelth end Mental Hygiene. Important: If item 27 is marked other than any injury or other traumatic event, tra Motte.  To Be Compi	- 1-	20a. Mathod of Disposition  1  Burial 2  Cramation 3  Ramon 4  Donation 5  Other (Specify) }	20h	Place of Dispos	sition (Nama of natory or other place REST (	CEM. 7/2			or Town, Stata BALT
Departme Importan any injur	-	21. Signature of Fune al Sarvice Licentes			Wama and Addra LEWIS	ss of Facility	IN FUNER	RAL HOM	E 21215-0
20280		of lives & Su	veguse		4517 P.	ARK HEIC	GHTS AVE	E. BAL	roMD.
Physician /Medical Examiner	- 1	23a. Part1. Entar tha disease, or complication shock, or haert tailure. List only one call immediate Cause (Final disease or condition a	V			e- Hea Sten			Approximata Intarval Between Onset and Death
certificate be executed ding physician end se as the buriel-transit		Sequentially list conditions, fany, leading to immediate cause. Enter Underlying Cause (Disease or injury hat initiated events resulting in death) Lest	Dua to (	or as a consequence or as a consequence	uance of):	7 ( 0 )			
		d Part II. Other significant conditions contribut	ting to death but not ra	sulting in tha un	darlying causa giv	van in Part i.	23b. Did tob	acco use contrib	Ite to the cause of deat
es thet the grand by be detected by Phy							1 🗆 Yes	2 □ No 3 □	Probably 4 Onkno
been s should beted							24a. Was an performe	autopsy 24 ed?	b. Wara autopsy findings available prior to complation of cause of death?
The lew te hes bage 2							1 ☐ Yas	2 No	1 ☐ Yas 2 ☐ No
		25. Was casa refarred to medical axaminar?				26. Placa of Daat	h (Check only ona)		
rtiflice stor			ai-	ER/Outpatient	3□ DOA Oth	nar: 4 Nursing Ho	ma 5 desiden	ce 8 Othar (S	pecify)
ysician: The list certificate hu director, page		1 Yas 2 No Hospit	1 ☐ inpatient 2 ☐	T ELA Ontheriorii	JE DON I				
ng Physician: fler this certific anerel director, on: To Be (		1 Yas 2 No Hospit 7. Manner of Death 1 Natural 5 Panding 2 Accident invastigation	a. Data of injury (Month, Day Year)	28b. Tima of injury	28c. injur Wor		28d. Dascribe how	injury occurred	
ng Physician: fler this certific anerel director, on: To Be (		1 Yas 2 No Hospit 7. Manner of Death Panaturai 5 Panding 2 Accident invastigation	1 ☐ Inpatient 2 ☐ Ba. Data of injury	28b. Tima of injury	28c. injur Wor M 1	y at rk?		et and Number or	Rural Routa Number,
ng Physician: fler this certific anerel director, on: To Be (		1	a. Data of injury (Month, Day Year)  Ba. Placa of injury - At he building, atc. (Special: To the best of my kn.	28b. Tima of injury	28c. Injur Wor M 1 □	y at k? Yas 2 □ No	28f. Location (Stre City or Town,	et and Number or Stata)	as stated
or Attending Physician: after deeth. Director: After this certific in by the funeral director, in Example of the funeral director. Settification: To Be (		1	a. Data of injury (Month, Day Year)  Da. Placa of injury - At he building, atc. (Special: To tha best of my knoon tha basis of axamin.	28b. Tima of injury	28c. Injur Wor M 1 □	y at rk? Yas 2 □ No ma, data and piace, plinion, daath occur	28f. Location (Stre City or Town, and due to the cau red et the time, dat	et and Number or Stata)	as stated. Jua to tha causa(s)
ng Physician: fler this certific anerel director, on: To Be (		1   Yas 2   No	a. Data of injury (Month, Day Year)  Da. Placa of injury - At he building, atc. (Special: To tha best of my knoon tha basis of axamin.	28b. Tima of injury  noma, farm, stre ify)  owledge, daath ation and/or inv.	28c. Injur Wor 1 Dat, factory, office occurred at tha tire astigation, in my of 29c. Licens	y at k? Yas 2 No ma, data and place, pinion, daath occur	28f. Location (Stre City or Town, and due to the cau red et the time, dat	se(s) and mannar e end placa, and d	as stated. lua to tha causa(s)

DHMH 16 Ray 6/95

**...**  97-4037-510

GSItems:23a part I,II,27,28a-f per MEO

4a. Facility Nama (If not institution, giva street and number)

10b. County

DENISE

6. Sex

1 M 2XXX

CUMMINGS

7. Aga (In yrs. last birthday)

Yrs

10c. City. Town or Location

29

1. Decadent's Nama (First, Middla, Last)

HELEN

SINAI HOSPITAL

5. Social Security Number

10a. Stata

214-78-4927 Usual Rasidance of Decadant

Certificate of Death

If Undar 1 Yaar

Days

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple.		_
State of Maryland / Department of Health and Mental Hygiene	2	2
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.00	Sec.

Reg. No.

Day

19

Year)

Year

1997

n/a

9. Birthplece (State or Foreign Country) 1968 Maryland

STATES

BLACK

AVENUE Approximata Intervel Batwaan

completion of cause of daath?

1 ☐ Yas 2 ☐ No

4c. County of Death

3. Tima of Death

4:27 P.M.

10d. Insida City Limits

XX es 2 □ No

2. Date of Death

8. Data of Birth (Month, Day, Year JUNE 2,

111 Penn Street, Baltimore, Maryland 21201

Month

JULY

4b. City. Town, or Location of Death

BALTIMORE If Undar 24 Hrs. 8 Date

Min.

CUMMTI	V
Physiciar /Medica Examine	1
Funeral Director	

HELEN

filed within 72 hours after death with the Meryland Hygiana. Hygiana. other than "natural", or floms 23a or 28a-f show rent, the Medical Examiner must be notified at Director Funeral ρ Completed

permit. Pages 1 and 2 should be filed Department of Health and Mental Hygi Important: if item 27 Is marked other any Injury or other traumatic event, I

Be

21215-0020

altimore, Maryland

Box 68760

P.O.

Records,

Division of Vital

**Physician** /Medical **Examiner** 

Tha law requires that the death certificate be executed buriel-tran and for use es tha signed by 8 page 2 should cartificate or Attending Physician: To the Hospital or Attending Physic within 24 hours effer death.

To the Funeral Director: Affer this c completely filled in by the funeral dir After this

Physician/Medical Examiner

þ

Be Completed

2

Certification:

Medicai

State

Registrar

30. Nema and address of parson who d

2 1997

Stephen

31. Date filad (Month, Dey, Yaar)

Radentz

32. Formar's Stormary

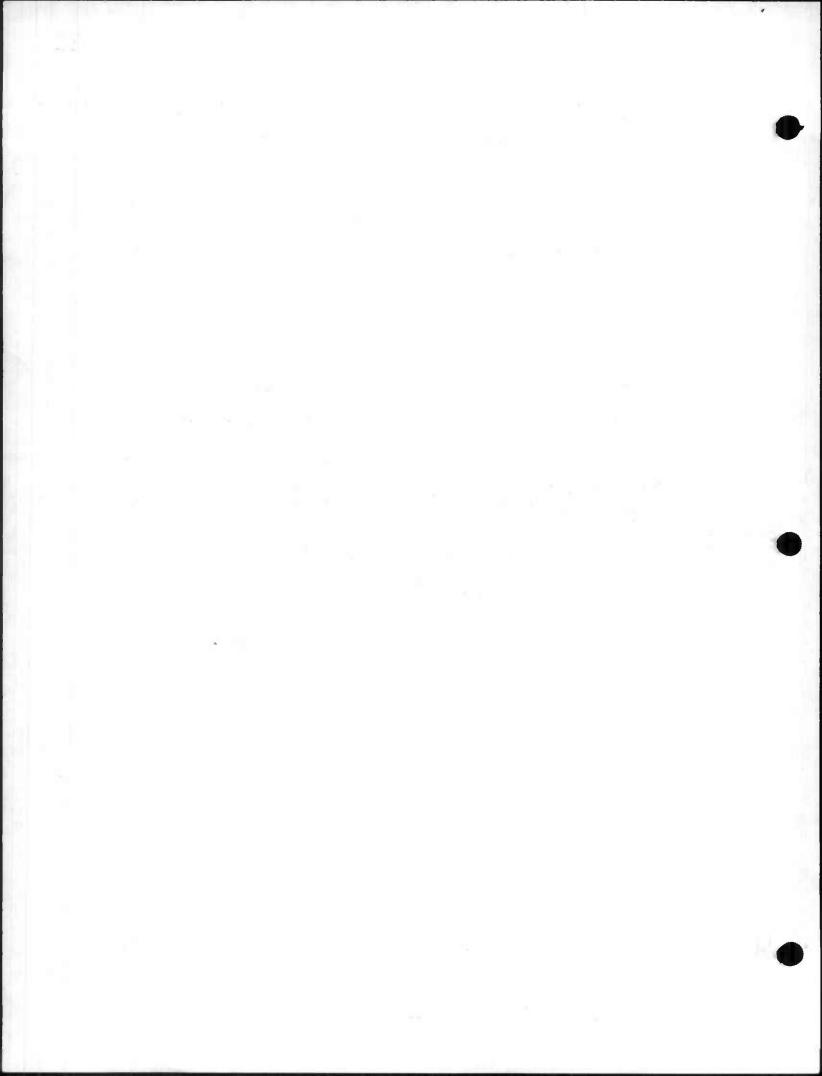
BALTIMORE MD n/a 10e. Street and Number 4612 10f. Zip Coda 10g. Citizan of What Country? REISTERSTOWN ROAD, 21215 UNITED 12. Was Dacedant Ever in U,S Armad Forcas? Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - American Indien, Black, Whita, atc. Never Merried 2 Married 1 ☐ Yes 2 ☐ No If Yas, Giva XX Yaar or Dates: 1 ☐ Yas 2 💢 💢 Specify 3 ☐ Widowed 4 ☐ Divorced Specify: 15. Decedant's Education 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry (Specify only highast grada complated) Elamantary/Secondary (0-12) College (1-4or 5+) LABORER unemployed 10 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) LOUISE BOYD RUDOLPH CUMMINGS 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) REISTERSTOWN ROAD, BALTO., MD #15 CUMMINGS—MOTHER 4012 REI 20a. Mathod of Disposition 20c. Location - City or Town, Stata XXBurial 2 Cremation 3 Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) WESTERN STAR CEMETERY 7-24-97 CATONSVILLE, MD 21. Signature of Funaral Service Licensaa 22. Nama and Addrass of Facility 23a. Pert1. Entar tha disaasa, or complications that caused tha daath. Do not entar the mode of dying, such as cardiac or raspiratory arrast, shock, or haart failure. List only ona ceusa on aach lina. WABASH-Immadiata Cause (Final disaasa or condition rasulting in daath) NARCOTIC (METHADONE) INTOXICATION Dua to (or es e consequance of) Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disaasa or Injury thet initiated avants rasulting In daath) Last Due to (or es e consequance of): Due to (or as a consequanca of) Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown MULTIPLE OBSCESSES OF SPLEEN LIVER AND LUNG DUE TO CHRONIC NARCOTISM 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to 2 No 25. Was casa raferred to medical 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 X Yas 2 No 1 ☐ Inpatiant 2 X ER/Outpatiant 3 ☐ DOA 27. Manner of Death 28a. Data of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Dascribe how injury occurred 1 Natural 5 Panding invastigation Injury 1 Yas 2XXNo 2 Accidant 7/19/97 1:30 subject ingested drugs 6 KXCould not be determined 3 ☐ Suicida 28f. Location (Straat and Number or Rurel Routa Number, City or Town, Steta) 4612 Reisterstown Road 28e. Plece of Injury - At home, farm, straat, factory, offica building, etc. (Specify) 4 Homicida home Baltimore, Md. 1 Certifying Physician: To the bast of my knowledge, deeth occurred at the time, dete and plece, and due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and plece, end due to the cause(s) end manner stated. (Check only 29b. Signatura and titla of certifiar 29c. License number 29d. Data signad (Month, Day, Yaar) O.C.M.E. JULY 20,1997



# Please Type or Print in Black Indelible Ink. Assure All Coples Are Segible 2 1 2 2 State of Maryland / Department of Health and Mental Hygiene 1 2 2 1 2 2

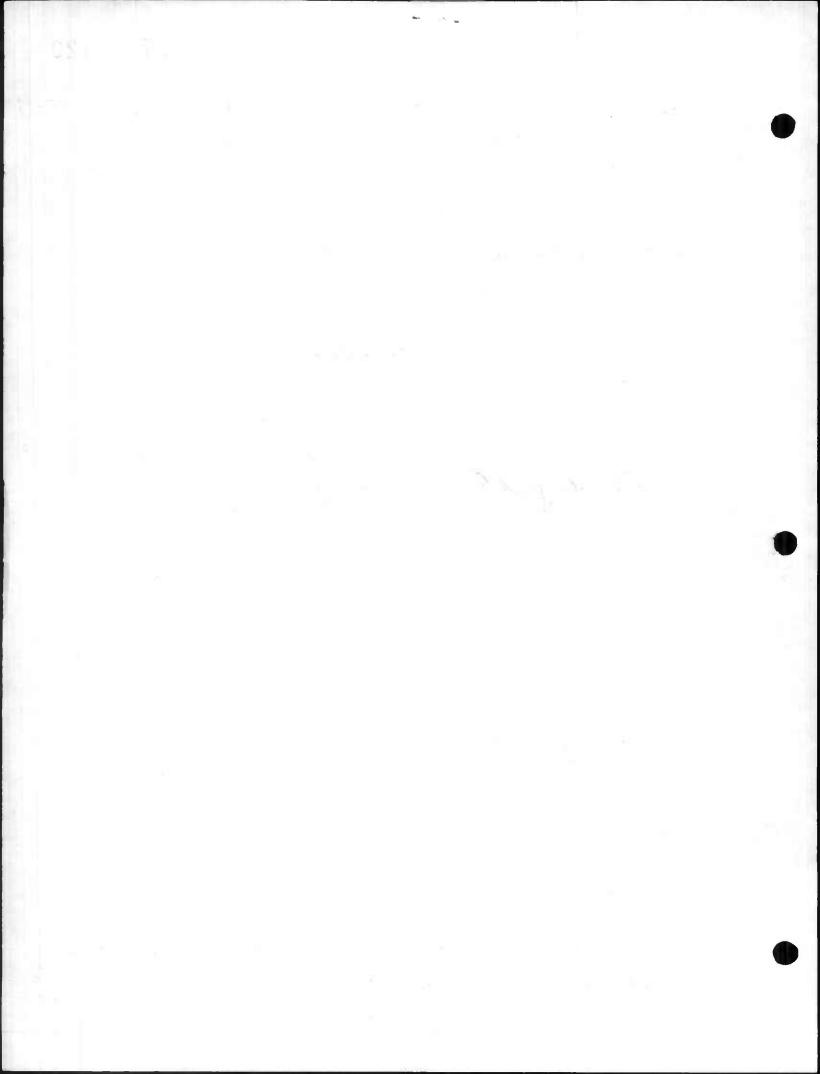
					an y lanta i	Certificate o		ia mentarri	Reg. No.		
	Physic /Medi			eman				2. Data of De Month	18 1	4297	3. Time of Deeth
	Examir	ier	4a. Facility Name (If not institution, given LIBERTY MEDIC					n, or Location of beat		of Death	
-	Funeral Director		5. Social Sacurity Number 6. S 228-38-21.30		ge (In yrs. last i 74	yrs. If Under 1 Yes		Hrs. 8. Date of Bi	1.922	9. Birthp Coun Viry	lace (State or Foraign try) inia
	h the Maryland r 28a-f show	tor	Usual Residence of Decedent  10a. Stata 10b. County  MD N/A	1		own or Location				10	0d. Inside City Limits
	th with the 23e or 28e	Funeral Director	10e. Street and Number 4107 SPRINGDAI	LE AVENU	E	10f. Zip Code	21207		10g. Citizen of V	Vhat Coun	try?
020	or Items	by	11. Marital Status  1 Navar Married 2 Married 3 Widowed 4 Divorcad	12. Was Decedent Armed Forces? 1 ☐ Yes 2 57 If Yes, Give Year or Dates:		13. Was Dacedent of If Yes, specify Ci		n? (Specify Yes or No Puerto Rican, etc.)	14. Rac Blac Specify	e - Americ ek, White, o	
Maryland 21215-0020	_ = -	Completed	15. Decedent's Ed (Spacify only highest gra Elementary/Secondary (0-12) 6th	ucation de completed) College (1-4or (		ia. Decedent's Usual Occ (Give kind of work dor life. DO NOT use reti	cupation na during most of ired)	of working	16b. Kind of Bu	N/A	
pu	be filed the Hygie d other event, it	Be	17. Fether's Name (First, Middle, Last)				18. Mother's	s Nama (First, Middle		a)	
ryla	Mer Arke arke	T <sub>o</sub>	Augustus Wal					nristina			0.11
	h ar		Ora Johnson	ype, rnnt)		9b. Mailing Address <i>(Stre</i> 3909 Barri					21207
Baltimore,			20a. Method of Disposition 1	Removal from State	cem <i>e</i>	of Disposition (Name of tery, crematory or other p Zion Cemet	place)	7/23	20c. Location - Baltin		wn, State Maryland
Balt	permit. Pages Depertment of Important: If I any Injury or once.		21. Signature of Funeral Service Licen 23a. Rant. Siter the disease, of com-	J. Ny	ett	LEROY 0. 4600 LIE	DYETT BERTY H	HEIGHTS	AVE., BA		21207
	Physician /Medicai		shock or heart failure. Lift only	0	!				irrest,		Approximate Interval Between Onset and Death
	Examiner	_	disaasa or condition rasulting in death)	a. 1010	Due to (or as	y Tubev a consequence of): trubythu	·				
	uted d ansit	Examiner		b. Cord		trubythum a consequence of):	72)				
90,	ate be executed hysician end the buriel-transit	I Exa	Saquentially list conditions, if any, leeding to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events	٠	Due to for as	a consequence ory.					
ox 68760,	es es	8	that initiated events resulting in death) Last	d	Due to (or as a	a consequenca of):		4			
Box	death cert e ettendin ed for use	Physician/N	Part II. Other aignificant conditions co	ontributing to death b	ut not resulting	in the underlying cause	given In Part I.	23b. Did	tobacco use co	ntribute to	the cause of stath?
s, P.O.	v requires that the death cert been signed by the ettendin should be detached for use	by Phys		•			<b>3</b>		Yes 2□ No		pably 4 Unknown
Records,		Completed						24e. Was perf	an autopsy ormed?	ava	ere autopsy findings allable prior to impletion of cause death?
Vital F	siclan: The law certificate has b director, page 2 s		OF Was ones referred to modical						Yes 2 No	1 🗆	Yes 2 No
Ξ	Physiclan: this certific ral director,	To Be	25. Was case referred to medical examiner?  1 ☐ Yes 2 ☐ No	Hospital: 1 Inpatie	ent 2 ER/0	Outpatient 3 DOA	Whore	of Death (Check only ing Home 5□ Res		er (Specifi	0
Division of	ing After fune		27. Mannyr of Death  1 Death  1 Death  2 Accident  2 Accident		ry Year) 28b	. Time of lnjury M 1	ijuryat Vork? □ Yes 2 □ No		how injury occur	red	,
Divis	Fo the Hospital or Attend within 24 hours after death To the Funeral Director: . Completely filled in by the	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Placa of Inj building, et	ury - At home, c. (Specify)	farm, street, fectory, offic	a		(Street and Numb wn, State)	er or Rura	Route Number,
_	n 24 ho	edicai	29a. Certifier 1	rsician: To the best of iner: On the basis of and manner sta	examinetion a	ge, deeth occurred at the and/or investigation, in my	time, date end y opinion, death	place, end due to the occurred at the time,	ceuse(s) and ma date and place,	nner as st and due to	ated. the cause(s)
ال	within To th	M	29b. Signature and title of certifier  Leoup C.	Wills	M		nse number		29d. Data signed		
	ノっ		30. Name and address of person who	completed cause of d	leath (Item 23a	(Type, Print) 2600	Liber	ity Hei	ghts t	Ave	21215
	Sta Registr		31. Date filed (Mohts, Day, Yeer)		ar's Signature				J		



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 2 2 3

_					aryiana / E	Certificate	of Death			g. No.	tions Eq	. 1 . 0
	Physic		1. Decedant's Nema (First, Middla, La		OPER			2.	Data of Daati Month	Day	Year	3. Tima of Death
1	/Medi Exami		4a. Fecility Nama (If not institution, given				4b. City, T	own, or Locat	ion of Daath	4c. County	of Death	0 00 111
1			Bon Secours Ho	spital			Bal	ltimo	ce	N/	Α	
	Funeral Director		213-62-1453	ADM OF	ga (In yrs. last bir 42	Yrs. If Under 1 Y	aar if Unde eys Hours	Min. 8.	Date of Birth (Month, Day, IAR 22	Year)	9. Birthp	lace (Stata or Foraign try)
	and w		Usual Rasidance of Decedant  10a. State 10b. County		10c. City, Town	n or Location					1	0d. inside City Limits
	Sa-f sho	ctor	MD N/A			timore						Y⊒ Yes 2 □ No
	th with the 23a or 2	Funeral Director	100. Street and Number 1000 N. Bental	ou Stree	t	10f. Zip Co	de 216		10	og. Citizan of t USA	What Coun	try?
020	within 72 hours after death with the Maryland ene. than "natural", or items 23a or 28a-f show ha Medical Evarrical must be inclined at	by	11. Marital Status 1 XNavar Married 2 ☐ Married 3 ☐ Widowad 4 ☐ Divorcad	12. Wes Dacedant Armed Forcas? 1 ☐ Yas 2 X If Yas, Giva Yeer or Dates:		13. Was Decedan If Yas, specify 1 ☐ Yas 2 【			y Yas or No- an, atc.)	Blad	ce - Amaric ck, Whita, v: R1a	atc.
Maryland 21215-0020	thin 72 ho e. an "natur Medical	Completed	15. Dacedant's E (Spacify only highest gn Elementery/Secondery (0-12)	ducation ada complatad) Collega (1-4or t	16a.	Decedent's Usual C (Give kind of work of life. DO NOT usa r	ccupation lona during mos etired)	st of working	1	6b. Kind of B	usinass/Inc	lustry
2	TO THE REAL PROPERTY.	Com	12	bie		lectrici	an			Self-	Emp1	oved
pu	d oth	Be	17. Father's Name (First, Middla, Last Osborne Coop				18. Moth		irst, Middle, M	laidan Suman	ne) Î	
yla	should be nd Mental marked o	To							aret H			
Ma	2 5 9 18		19a. Informant's Name/Relationship (			Mailing Addrass (S						
e,	f Health item 27 other to		Ryan R. Saunders/ 20a. Mathod of Disposition	son	20b. Placa of	08 Salt L Disposition (Nema	of .	Rand		wn, MD		
Baltimore,	permit. Peges Depertment of I Important: If ite any injury or o		1 ☐ Burial 2 ☐ Crametion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specification 5 ☐ Other (Specification )	ý)	cameter	y, cramatory or other Crematory	r place)			Baltin		
Bal	Depermit Deper Impor any in		21. Signature of Furreral Sarvice Licer	Per		22. Name and A	n Soci	att of	Maryla	and, In	nc.	
	Physician /Medicai Examiner	ər	Edward A. Gre 23a. Part1. Enter the disease, or com shock, or heart failure. List only  Immediate Causa (Final disease or condition resulting in death)		Due to (or as a c	1255	dying, such as	s cardiac or ra	aspiretory arre	sr,		Approximete Intarval Between Onsat end Death
Box 68760,	certificete be executed and physician end use es the buriel-transit	in/Medical Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Undartyling Causa (Disaasa or Injury that initiated evants rasulting in death) Last	b	Dua to (or as a c							
œ.	death e ette	sicia	Part II. Other algnificant conditions of	ontributing to death be	ut not rasultino in	tha undariving caus	a givan in Part	1.	23b. Did toi	DACCO USA CO	ntributa to	the cause of death?
, P.O.	that the ned by the deteche	by Physician/M								s 2□No	3 Prob	
Vital Records,	The law requires that the death cer ate hes been signed by the ettendir page 2 should be deteched for use	Completed b	End Stage	Innuvo	ral	Diseas	-		24a. Was an parform	autopsy ad?	ava	era autopsy findings ailable prior to applation of causa daath?
<u>ح</u>	The sate h	S							1 ☐ Yes	s 28(No	1 🗆	Yes 2□ No
Vita	hysician: nis certific	Be	25. Was casa rafarred to medical axaminar?	11				e of Deeth (C	heck only one	)		
Division of	A A funera	ation: To	1 Yes 2 No  27. Mannar of Daath  1 Natural 5 Panding 2 Accidant Invastigation	28a. Deta of Inju (Month, Day	ry 28b. T	tima of njury M	Othar: 4 Ni Injury at Work? 1 Yas 2	28d	5 Rasidar Describe hor			9
Dixis	To the Hospital or Attental within 24 hours efter death To the Funeral Director: A completely filled in by the fi	Certification:	3 ☐ Suicida 6 ☐ Could not b 4 ☐ HomIcide datarmined		ury - At homa, fai c. (Specify)	m, straat, factory, of	fice	28f.	Location (Str. City or Town,		er or Rura	l Routa Number,
	in 24 hour he Funer pletely fill	edicai	29a. Cartiflar (Check only one)  CertifyIng Ph	ysician: To the best on niner: On the basis of and mannar ste	axamination and	daath occurred at the	na tima, data ar my opinion, dae	nd piece, and ath occurred a	dua to tha ca at the tima, da	use(s) and ma ta and place,	annar as stand due to	ated. tha causa(s)
	To the To the company	×	29b. Signatura and titla of certifier				canse number			d. Date signe	d (Month, L	Jay, Yaar)
			Poo defe	e ur Ziru	nonz	D	426	83		07/	18/	97
	$\gamma^{\times}$		30. Nama and eddrass of person who	completed cause of d		Type, Print)	426 W No	LAHERN	PKWY	R-An	Timo	ut, nes
	Sta Registr		31. Data filed (Month, Day, Year)	32. Registra	ar's Signature							21715



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Dete of Deeth 3. Tima of Deeth **Physician** Month Helen G. Chamberlain 1997 June 13, 8:30 PM /Medical 4e. Fecility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Deaton Specialty Hospital and Home Baltimore City Baltimore If Under 1 Yaar If Under 24 Hrs.
Months Deys Hours Min. 5. Social Security Number Birthplece (Steta or Foreign Country) 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) **Funeral** 1□M 2√F Director 212-05-5578 Oct. 19, 1899 Maryland Usuel Residance of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumetic event, the Medical Examiner mast be notified at Baltimore City Maryland Baltimore to Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ŏ 600 Light Street items 23a 21230 U.S.A. Funeral 12. Wes Decedant Evar In U,S. Armed Forces? 14. Rece - Amarican Indian, Black, White, atc. Wes Dacedant of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuben, Mexican, Puano Rican, etc.) filed within 72 hours after of Hygiene. 1 ☐ Yas 2 ☑ No If Yes, Giva Year or Dates: 1 Nevar Marriad 2 Married 1 ☐ Yas 2 ☒ No Specify: Specify: White þ 3 ☑ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) permit Peges 1 and 2 should be filed will Department of Health and Mental Hygient Important: If Ifem 27 is marked other the any injury or other treumstic event, treumstic event, treumstic event, treumstic event, treumstic Teller Bank 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) William Scheel Susan Reinig 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Orville Scheel/brother 701 Ward Circle, Sun City, Florida 33573 20b. Plece of Disposition (Neme of cemetery, crematory or othar place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 Donetion 5 Other (Specify) 21. Signature of Funeral Service Licenses d S. Wade, Direct or State Anatomy Board, 655 W. Bltimore Street 18/97 Bltimore, Maryland 21201 23a. Part I. Enter the disease/or complications that caused the death. Do not antar the mode of dylng, such es cardiac or raspiratory arrast, book, or heer feilure. List only one cause on each line. Approximata Intervel Between Onsat and Deeth **Physician** /Medicai Immediate Ceuse (Finel disease or condition resulting in deeth) Examiner Examiner attending physician and for use as the burial-transit Hospital or Attending Physician: The law requires that the death certificate be executed Sequantially list conditions, if any, leeding to immediata cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Dua to (or as a consequence of): been signed by the a should be detached Pert II. Other significant conditions contributing to death but not rasulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 € No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were eutopsy findings availeble prior to complation of causa of deeth? Completed 24a. Was an autopsy performed? 1 ☐ Yas 2 ☐ No 1 ☐ Yes 2 ☐ No certificate Be 25. Wes case referred to medical exeminer? 28. Plece of Deeth (Check only one) 1 ☐ Yes 2 ☑ No Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 ☐ Residence 8 ☐ Other (Specify) Certification: To this within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral of 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Neturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be Location (Street and Number or Rural Route Number, City or Town, Stete) Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et tha time, dete end piece, end due to the ceuse(s) end manner as steted. Medical 29e, Certifier 2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at the time, date and place, and dua to the cause(s) and menner stated. ş 29b. Sign d titla of cartifiar 29c. Licensa number 29d. Data signed (Month, Dey, Year) MD 038675 30. Name and address of person who completed cause of deeth (item 23e) (Type, Print)

ST

HANOVER

MO 21230

State Registrar JOEL

MESHULAM

FPII

32. Registrar's Sign wife

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 7 22 1 25

_		-	Decadant's Nama (First, Mic	della I anti		Ce	rtificate of	Death		eg. No.			
	Physic	ian	Joseph Bru						2. Data of Daai	Day	Yaar	3. Tima of	
d	/Medi		4e. Facility Name (If not institut		ahari			4b. City, Town, or I	July 20	4c. County	of Dooth	5:40	PM
4	Exami	ner	2034 Larkhald		1001)			Dundalk	2004 IOT OF DOUGT	Baltir			
Н	Funeral	п	5. Social Sacurity Number	6. Sex	7. Age (In yrs.	lest birthday)	If Under 1 Yea	If Under 24 Hrs.	8. Date of Birth (Month, Dey,			laca (Stete o	or Foreian
	Director		216-14-7904 Usual Rasidance of Dacadant	XXM 2□ F	74	Yrs.	Months Days	Hours Min.	July 9,		Mary	laca (Stete o try) Land	
	a Maryland la-f ehow	ctor	MD. 10b. Cour	imore		ty, Town or Lo Undalk	cation				1	0d. Insida Cit 1 □ Yas	
	ath with th 23a or 26 ust be no	Funeral Director	10e. Street end Number 2034 Larkhall	Road			10f. Zip Coda 21222			0g. Citizan of V U.S.A.	Vhat Coun	try?	
020	should be filed within 72 hours eftar death with the Maryland of Mental Hygiene. marked other then "neturet", or items 23a or 28a-f show implies event, the Medical Exeminer must be notified at	þ	11. Maritel Status 1 □ Navar Married 2 🛣 M 3 □ Widowed 4 □ Divorc	If Yes Give	cas? 2 □ No a		Was Dacedant of f Yes, specify Cul 1 ☐ Yas 2000No	Hispenic Origin? (S ban, Maxican, Puart Specify:	pecify Yes or No- o Rican, atc.)	Bled	e - Amaric k, Whita, Whi	atc.	
5-0	72 ho	eted		ant's Education hest grade completed)		16e. Deced	dant's Usual Occu	pation during most of wor	kina	16b. Kind of Bu	sinass/Inc	lustry	
21215-0020	d within giana. r than "	Completed	Elamantary/Secondary (0-12		4or 5+)		e Office			Law Enf	orcer	nent	
Maryland	pernit. Pagas 1 and 2 should be filed within 72 ho Department of Health and Mental Hygiana. Important: If item 27 is marked other than "netur eny injury or other traumatic event, the Medical once.	To Be C	17. Fether's Name (First, Middle James Arthur C			·			na (First, Middle, I Shaunes		e)		
lan	2 should and Men is marked		19a. Informant's Name/Ralatio	enship (Type, Print)	.11	19b. Mailir	ng Addrass (Stree	t end Number or Ru	rel Route Number	, City or Town,	State, Zip	Code)	
	1 and 2 Health a em 27 is		Mrs. Georgia A	. Cole		2034	Larkhal	l Road Du	ndalk, M	d. 2122	2		
ore	Pagas 1 nant of H nf: If iten iry or oth		20a. Method of Disposition 1 X Burial 2 ☐ Cremetion	n 3 □Ramoval from S		Placa of Dispo cem <i>etery, crer</i>	sition (Neme of netory or other pl	ece)	Data	20c. Location -	City or To	wn, State	
Ë	tman tant: tant:		4 ☐ Donation 5 ☐ Othar	(Specify)				al Park 0	7-24-97	Middle	Rive	r, Mar	yland
Baltimore,	permit. Pagas Depertment of Important: If it eny injury or o		21. Signature of Funaral Sarvio	ce Licensaa		D	Nama and Addruda-Ruck	ass of Facility Funeral Avenue D	Home of	Dundalk	, In	2.	
	Physician		23a. Pert1. Entar tha disaasa, shock, or haart failure. Li	or complications that ca lst only ona ceusa on ea	used the daat ich lina.	h. Do not ant	er tha moda of dy	ing, such as cardiac	or respiretory error	ast,		Approximate Intervel Baty Onset end D	a wean Deeth
7	/Medical Examiner		Immediata Ceusa (Final disaesa or condition resulting in daath)	a. Pro	eumo							lue	ek
	سم	ner		Casa		or as a consac	H Fail	vo				11100	21-
	cuted	Examiner	Sequantially list conditions,	f b. Cora	Dua to (c	or es e conseq	uance of):					· Le	LV
0,	e exe		Sequantially list conditions, if any, laading to immadiata cause. Enter Undarlying Causa (Disaasa or injury that initiated events	Cerr	many	Arte	M Disc	ace			i	2 year	are
68760,	ifficata be executed g physician and es the buriel-transit	edicai	that initiated events rasulting in daath) Last			r as e conseq						4	~,3
Вох	aath cartif ettending I for usa es			d									
	daath a ette	icia	Part II. Other significant condi	Itlons contributing to dea	ath but not ras	ulting in the u	ndarlying causa g	iven in Pert I	23h Did to	bacco usa co	tribute to	the cause c	of death?
, P.O	requiras that the daath can sean signed by tha ettendin hould be datached for usa	y Physician/N	Hypertensi					reny Disease	400	es 2 No	3 □ Prob		Unknown
Records,		Completed by	Renal Arte	eny Stenos	Zie				24a. Was a perform	n autopsy ned?	ava	ara autopsy fi ailabla prior to apletion of ca	0
I Re	Tha larate has	Сотр	Renal In	eny Stenos	nay				1 □ Yε	as 2 No		dáath? ]Yas 2 <b>⊡</b> ∕	No
Vital	Physician: The this certificate rai director, pag	Be	25. Was casa referred to made axaminar?	T					th (Check only on	e)			
of	Physical this carried direction	. To	1 Yas 2/1 No			ER/Outpatien	I SLI DOA		oma 5 Aasida			)	
L C	After funar	lon	27. Manner of Death 1 ☑ Natural 5 ☐ Pend	unig	, Dey Year)	28b. Tima of Injury	28c. Inju Wo M 1 [	ork? ]Yas 2 □ No	28d. Dascribe ho	w injury occurr	ad		
Division	if or Attending Phy safter daath. I Director: After this d in by the funaral d	Certification:	3 ☐ Suicida 6 ☐ Coul		of Injury - At h	ome form str	eat, factory, office	7	28f. Location (St	reet and Numb	er or Rure	Poute Num	her
S	after after Direct	erti	4 ☐ Homicide deta	rmined 288. Flaca o	g, etc. (Specif	у)	out, luctory, office		City or Town			770010 110111	001,
	Hospita 24 hours Funere tely fille	edicai C	29a. Cartifier (Check only one) 1 ☐ Cartify 2 ☐ Medica	ying Physician: To the ball Examiner: On the ball and mann	sis of axamina	wledge, deeth tion end/or Inv	occurred at tha trastigation, in my	ima, data and place oplnion, death occu	, and due to the carred et the time, d	ausa(s) and ma ate end pleca, e	nnar as st and dua to	ated. tha causa(s)	)
	To the within 2 To the Compla	Me	29b. Signature and title of certif	100000000000000000000000000000000000000			29c. Lican	se number	2	9d. Data signed	(Month, I	Dey, Year)	
			1 Church	nasrus			D5	1185		3/21	9:	-	
7	17		30. Nama and eddress of parso		of daath (Itar	n 23a) (Type,					1	,	
1	1		Colleen Christma	K MD , 550		_	view Ci	rcle, Ba	Umore	mb :	1122	4	
	Sta Registr	-	31. Data filed (Month, Day, Yee	97) 932. Re	gistrar's Signa	itura		,				,	

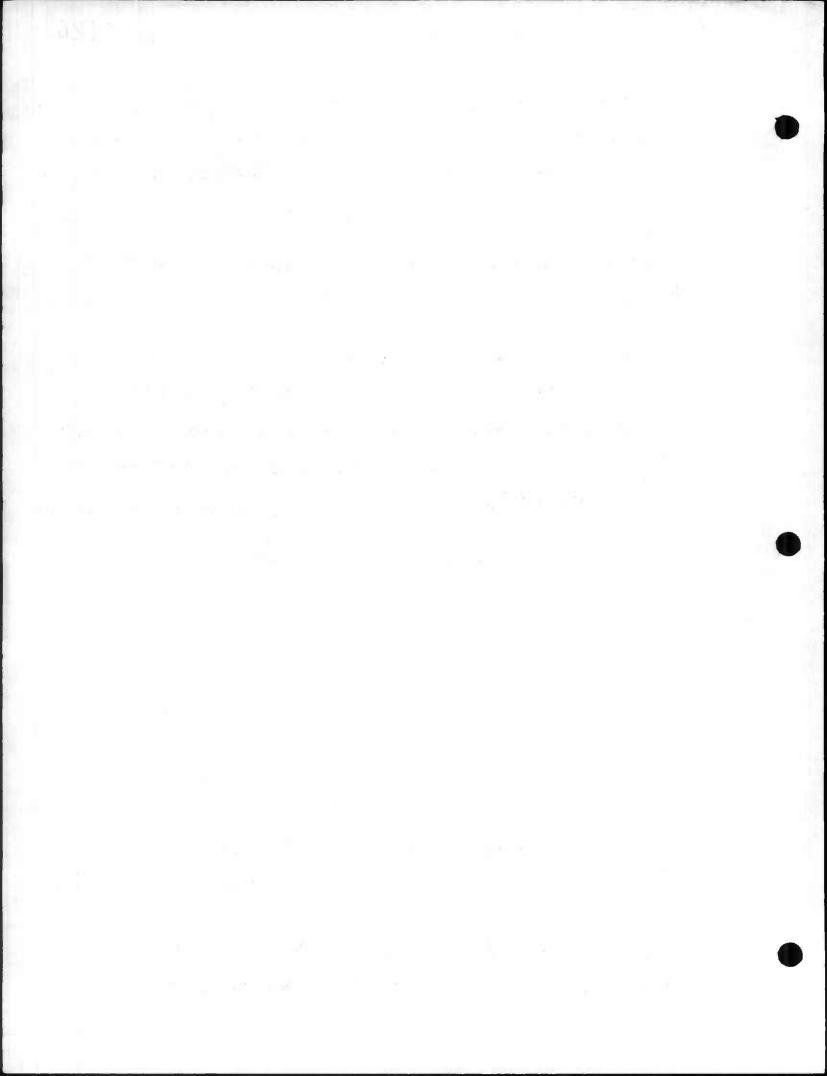
₽ 51

State of Maryland	/ Department	of Health and	d Mental	Hygiene
	0 110 1	(0 11		

DARI	(YL)	D	1662	,,	Cei	rtificate of	Death	F	Reg. No.			
D1			Decedent's Neme (First, Middle, Last)						2. Dete of Death 3. Time of Death			
Physic /Med			DARRYL DWAYNE			DIGGS		Month JULY	19. 1997 15		1527 PM	
	amin		4a. Facility Name (If not institution, giva	and the second s			4b. City, Town, or Lo	cation of Deeth	4c. County			
			SINAI HOSPITAL				BALTIMO			n/		
Fun Dire	eral ctor		5. Social Security Number AN 2 F 7. Age (In yrs. lest birthday) 22 Yrs. Social Security Number AN 2 F 7. Age (In yrs. lest birthday) 22 Yrs. Social Security Number AN 2 F 8. Date of Birth (Month, Dey, Year) JAN. 28, 1975 9. Birthpleca (State of Country) Marylar									
and w		ł	Usual Residence of Decedent  10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Lim									
e Meryl	a poilt	Director	MD n		BALTIMORE			1 🗓 ¼s 2 🗆 No				
ith th	2	Pire	10e. Street end Number			10f. Zip Coda			10g. Citizen of Whet Country?			
ore, Maryland 21215-0020 s.1 end 2 should be filed within 72 hours effer death with the Meryland of Health end Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-1 show	Taum	ral	3302 W. GARR	ISON AVEN 12. Was Decedent Ever	ŲĒ,		21215 Hispenic Origin? (Spe	5	UNIT		STATES	
	xandner	by Funeral	11. Maritel Status  XX Nevar Married 2  Married 3  Widowed 4  Divorced	12. Was Decedent Ever Armed Forces? 1  Yas 2  YoX It Yes, Give Yeer or Dates:		Was Dacedent of It Yes, specify Cub I ☐ Yas 2 ☐∭\\\	oan, Mexican, Puerto	ecity Yes or No- Rican, etc.)	Specify	e - Amarica ck, White, e		
2 hor	cat		15. Decedent's Edu	cation	16e. Deced	dent's Usual Occu	pation		16b. Kind of B	usiness/Ind		
212 thin 7	W	Completed	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4or 5+)	life.	DO NOT use retire	during most of working)	ng				
filed with	4	S	9 th	_	L	ABORER_			une	mplo	ved	
be fill by doth	>	Be	17. Fether's Neme (First, Middle, Last)				18. Mother's Neme	e (First, Middle,	Maiden Surnan	ne/	•	
Maryland d 2 should be file th end Mental Hy 7 is marked othe	natic	ဥ		IGGS	401 14 111		JOYCE		HOLDE			
Ma d 2 st th end 7 ie n	traur		19e. Intormant's Neme/Relationship (Ty	pe, Print)	19b. Meilir	ng Address (Stree	t and Number or Rura	al Houte Numbe	r, City or Town,	Stete, Zip	Code)	
Baltimore, N permit. Peges 1 end 3 Department of Health important: If then 27 any injury or other tri	y or other		CLEMENTINE BULLOCK 6 MILI of PAINT RD. Dete 17 Town, State 7  20e. Method of Disposition 3 □Ramoval from State 2 □ Cremetion 3 □Ramoval from State 2 □ Cremetion 3 □Ramoval from State 7									
	inia		4 Donetion 5 □Other (Specify)  21. Signeture of Funeral Service Licensee  VOSHELL MEMORIAL GARDENS 7-25 DUNDALK, MD  22. Name end Address of Fecility									
	Suc	ĺ	Starra Sacra									
		$\dashv$	Part Enter the disaesa, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, WABASH A AVENINUE									
Physic /Med Exami	ical		shock, or heert teilure. List only one ceuse on each line.  Intervel Be Onset end  Immediate Ceuse (Final disease or condition resulting in deeth)  Pue to (or as e consequenca of):									
n		ne.			10 (01 00 0 001000	1001100 017.						
68760, tificete be executed by physician end ex the burdet range.	trans	am	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury									
	onuje											
<b>58760</b> , ficete be expected to the physician	후	edicai	thet initieted events resulting in death) Lest Due to (or as a consequence of):									
X C		-		l						į		
death cert	for u	cian						1				
. 0 0	ched	Physician/	Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.						23b. Did tobacco usa contribute to the cause of deeth?			
that do	dete	by Pr								ably 4 Unknow		
OT VICAL HECORDS, P.O. BOX Physician: The lew requires that the death certhis certificate has been signed by the ettendin	d bluods	Completed b						24a. Wes e	en eutopsy med?	ava	ere eutopsy tindings ailable prior to mpletion of causa deeth?	
9 e e e	age	E						1 PR Y	es 2□No	,	ŽYes 2□ No	
Ital	tor, p	Be C	25. Wes case referred to medical				26. Plece of Deeth		100		. 100 22 110	
ysici ysici is cer	direc	20	examiner? 1)X) Yes 2 □ No	Hospital: 1 Inpatient 2 MER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)							()	
On Of Vital Kelding Physician: The lev h. After this certificate hes	neral		27. Manner of Deeth 1 □Naturel 5 □ Pending	28e. Dete of Injury (Month, Dey Yea	28b. Time of Injury	28c. Inju		28d. Describe h				
DIVISION OF VITA  To the Hospital or Attending Physician: within 24 hours effer death. To the Funeral Director: Affer this certifice completely filled in by the funeral director;	De fe	Certification:	2 ☐ Accident investigation						ct was shot			
	λο .	Ě	3 ☐ Suicide 6 ☐ Could not be determined	28e. Pleca of Injury - At home, farm, street, tactory, office building, atc. (Specify) 28f.				28f. Location (S City or Tow	Location (Street and Number or Rural Route Number, City or Town, Stete) Scoop plack Denmone			
rai o	B .			Street Baltimore City, Maryland								
Lo the Hospital within 24 hours e To the Funeral C	pletely f	Medical	29a. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner es steted.  2 Medical Exeminer: On the bests of exeminetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the cause(s) and mannar stated.									
To t	COT	2	29b. Signeture end title ot cartitier	. 1	,	29c. Licen		2	29d. Date signe			
			Stysh & Vacto, np O.C.M.E						JULY 20, 1997			
			30. Neme and eddress of person who completed ceuse of death (Item 23e) (Type, Print)									
			Stephen S, R 31. Date tiled (Month, Day, Year)	adentz, MP	111 Pen	n Stree	et, Balt:	imore,	Maryl	and	21201	
	State	ė	J. Date they (Month, Day, 1981)	32. Registrer's S	oignature							

DHMH 16 Rev 6/95

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 / Item 7 per FH FilmG749 7-22-97 ria Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Month Day **Physician** 0534 William Douling 1997 18 /Medical ZUCY 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** UMMS Baltimore N/A If Under 1 Year Months Deys 5. Social Security Number 7. Age (In yrs. lest birthdey) If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** Hours 10 M 2□ F 214-56-7268 Director 8 MD Usual Residenca of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f sho the Mexical Exercines must be notified at MD N/A Baltimore Director ¥ Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 440 S. Augusta Avenue, Baltimore 21229 permit. Pages 1 end 2 should be filled within 72 hours effer death v Department of Health and Mantal Hygiena. Important: if Item 27 is marked other than "natural", or items 23s any injury or other traumetic event. In a second once. USA Funeral 12. Was Decadent Ever in U,S. Armed Forces? 11. Maritel Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien. Black, White, etc. 1 Never Married 2 Merried 1X Yes 2 No If Yes, Give White 1 ☐ Yes 2 No Specify: 2 3 Widowed 4 ☐ Divorcad Be Completed 16e. Decadent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Deputy Sheriff Police 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) William Henry Dowling Sr. Opal Virginia Price 2 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) Opal Dowling/mother 440 S. Augusta Avenue, Baltimore, Md. 21229 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ⊠ Buriel 2 □ Cremation 3 □ Removel from State Meadowridge Memorial Pk. 7-21-97 Elkridge, Md. 4 Donetion 5 Other (Specify) 22. Name end Address of Facility Gary L. Kaufman Funeral Home 21. Signature of Funeral Servica Licensee at Meadowridge Memorial Park, Inc., 7% Washington Blvd., Elkridge, Md. 21227 23a. Peri1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physiclan** /Medical Immediete Ceuse (Final disease or condition resulting in death) Examiner Physician/Medical Examin Cardiomyorath Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Due to (or es e consequenca of) Part II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ģ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? 1 ☐ Yes 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical exeminer? 26. Piece of Death (Check only one) Hospitel: 1 ☑ Inpatient Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes 2 No 2 2 ER/Outpetient 3 DOA 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describa how injury occurred 1 Naturel 2 Accident 5 Pending investigation Injury 1 Yes 2 No 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State)

The law requires thet the death certificate be executed Box 68760. Records, P.O.

attending physician and for use as the bunal-transit

28a-f show

been signed be should be detr this certificate has tall director, pege 2 s Division of Vital Hospital or Attanding Physician:
24 hours aftar death.
 Funaral Diractor: After this certifical etaly filled in by the funeral director; paraly filled in the funeral dir pletaly i To the

Medicai (Check only one) 29b. Signature end title of certifier

State

Registrar

29c. License numbar

to Certifying Physician: To the best of my knowledge, death occurred et the time, date end placa, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date and place, end due to the ceuse(s) end manner steted.

29d. Date signed (Month, Dey, Year)

76435C9196 July, 18

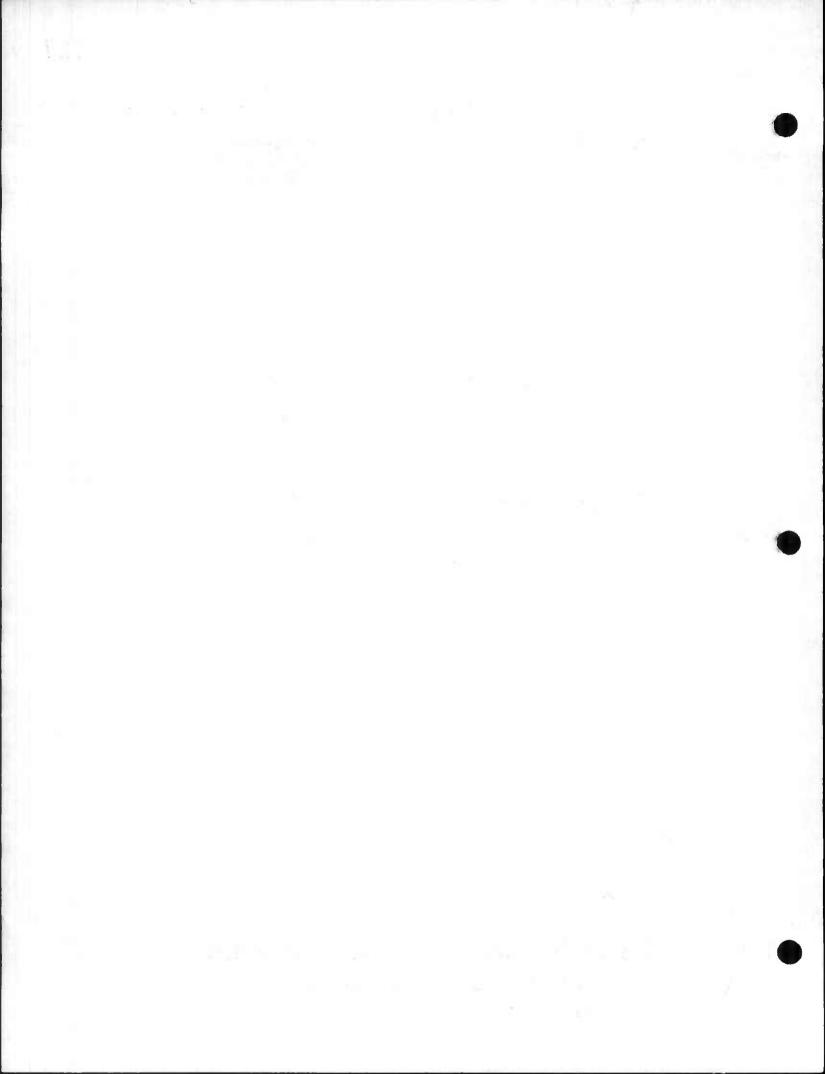
30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

tdam 5 Greene St

31. Date filed (Month, Day, Year) 1111 2 2 199

4 Homicide

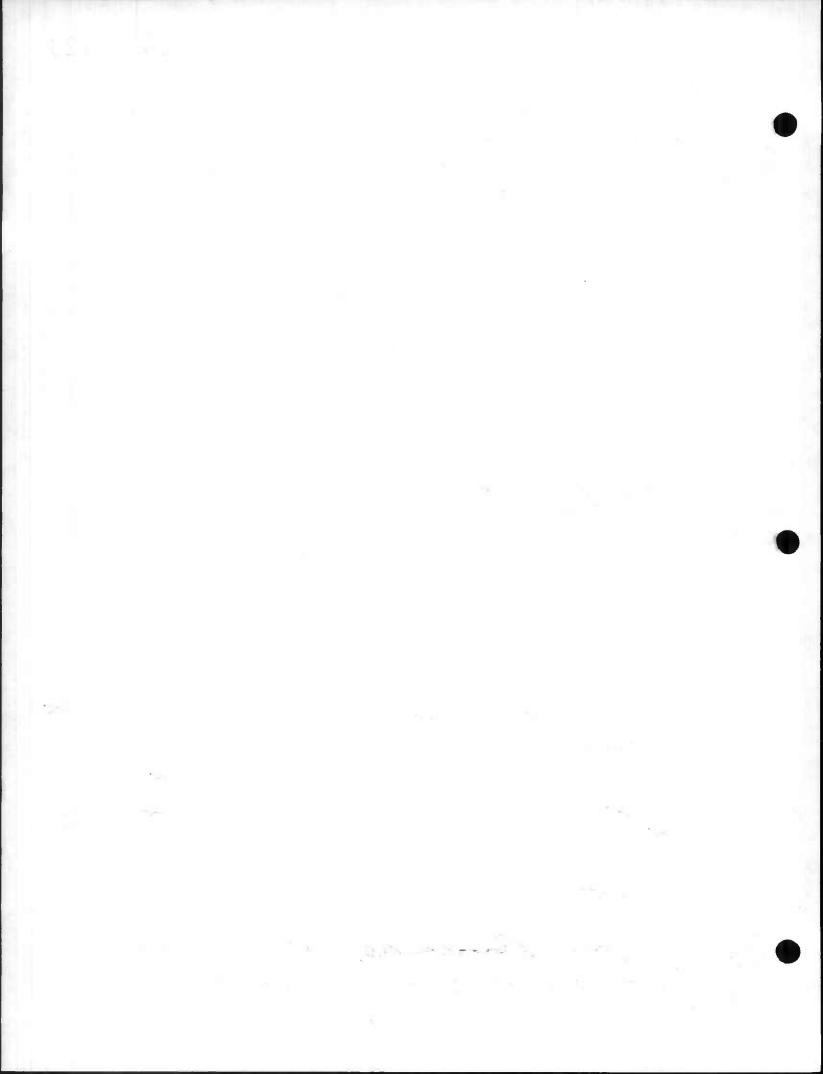
32. Registrer's Signature was Davidson



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 1 2 8

_				Otate of W					Death		Reg. No.		
П	Physic	ian	Decedent's Name (First, Middle,	Last)						2. Date of D Month	eeth Day	Yeer 3	3. Time of Deeth
	/Medi		Raymond	Stanley		Drun	mono	1		July	20, 199	97 4	:17 a.m
	Examir	ner	4e. Facility Neme (If not institution,						4b. City, Town, or				
			Joseph Richey						Baltim		N/A	A	
	Funeral Director		5. Social Security Number 220-22-9041  Usual Rasidence of Decedent	Sex 7. Ag	67	last birthday) Yrs.	If Unde Months	Deys	If Undar 24 Hrs Hours Min		irth ay, Yeer) 1929	9. Birthpleca Country) Mary I	a (State or Foreig and
	and and		10a. State 10b. County		10c. C	ty, Town or Loc	ation					10d.	Inside City Limits
	Mary Fish	ō	MD N/A			Baltim	ore						1X Yas 2 □ No
	the 28s	rec	10e. Street end Number				10f. Zig	Code			10g. Citizan of	What Country?	)
	3a ol	ā	301 McMechen	Street					21217		USA		
	me 2	era	11. Maritel Status	12. Was Decedent	Ever in L	J.S. 13. W	as Dece			Specify Yes or N		a - American I	Indian.
Maryland 21215-0020	filed within 72 hours efter deeth with the Maryland thyliene. ther than "natural", or items 23a or 28a-1 show ant, The Medical Examiner must be indiffed at	by Funeral Director	1 Never Married 2 Married 3 Married	Armed Forces?	No	1	Yes, spe		ilspenic Origin? (S an, Mexican, Puer Specify:	to Rican, etc.)		ck, White, etc. v: Blac	
Ò	2 ho	Completed by	15. Decadent's	Education			ent's Usu	el Occup	petion		16b. Kind of B	usiness/indust	ry
Ž	hin 7	pie	(Specify only highast Elementery/Secondary (0-12)	rade completed)  College (1-4or s	54)	(Give k	ond of wo	ork done se retire	petion during most of wo d)	rking			
7	d wit	Ю	11	0011090 (1 401 )	, ,	Nigh	t Wa	atcl	ıman		Secur	itv	
9	m = 0 3	Be	17. Fether's Neme (First, Middle, La	,		_				me (First, Middle	, Maidan Suman		
<u>a</u>	should by	To	Archie N	elson Dru	mmo	nd			Dais	y Gert	rude Yo	oung	
a	d 2 should th end Mer 7 Is marke traumatic		19a. Informant's Name/Relationship	(Type, Print)		19b. Meiling	Addres:	S (Street	end Number or R	ural Route Numb	ber, City or Town	Stete, Zip Co.	de)
,	1 and Health em 27 other tr		Deborah D. Drum	ond/daught	er	2413	Wile	rev	Ct. Bal	timore	MD 2123	10	
gaitimore,	OF H		20e. Mathod of Disposition 1 ☐ Burial 2 X Cremetion 3	0	20b.	2413 Plece of Dispos	ition (Na	me of other ple	ce)	Date	20c. Location	City or Town,	State
Ĕ	Pag nent int: I		4 Donation 5 Other (Spe	cify)	Met	tro Cre	nato	ry,	Inc. 7/2	1/97	Baltimo	re. MD	
	permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other tones.		21. Signeture of Funeral Service Lic	erison ^	2				Society		7 1 -	20, 110	
מ	88 E 2 8		Dedu N. A	reg orlik		')(	10 17.		-1 D1	D . T	3.00	nc.	
			23a. Part . Inter the disaasa, of co	ecorchik melications that caused	the dee	th. Do not ente	r tha mod	la of dyir	ng, such es cardia	or raspiratory	arrest,	Ap	proximeta
	Physician		shock, or heert failure. List on	y one ceuse on each III	ne.								ervel Between set end Deeth
	/Medical		Immediate Ceuse (Final	N	2500	harynge	21 0	arai	noma			1.2	****
	Examiner		disease or condition resulting in death)	θ	-	or es e consequ			LIIOMa			13	years
		ner			D00 10 (	01 03 0 0013040	ierica orj.						
	tificate be executed g physician and es the burial-transit	Examiner	Sequentially list conditions	b	Due to (	or es e consequ	enca of):						
o Î	an ar	Ä	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events		,	,							
68/60,	nysici he bu	edicai	thet initiated events resulting in daath) Lest	C	Dua to (d	or es e consequ	ence of):						
	ng pl		rooming in oddiny cost									İ	
ROX	the death cert by the ettending ached for use	an/		d									
	he et he d fo	Sici	Pert II. Other eignificent conditione	contributing to death b	ut not res	sulting in the un	derlying o	ause giv	ren in Pert I.	23b. Did	tobecco use co	ntribute to the	cause of deeth
5	that the de led by the e detached t	Physician/M	Non-ingul:	n diabetes	m a 1	14 ****				1 🗆	Yes 2 No	3 Probabl	y 4 Sunknov
	5 5	þ	Non-med.	in diabetes	meı	litus							
Records,	v requires that been signed b should be dete	te d	hypertens	on							s en eutopsy ormad?	eveilat	autopsy findings ole prior fo
ပ္	aw 2 s b	Completed	any port dono.							,		of deal	etion of cause th?
	0 - 0	NO.								10	Yes 2	1 □ Y€	s 2 No
<u>E</u>	s certificate director, pag	Be (	25. Was case referred to medical axeminer?						26. Plece of De	ath (Check only	one)		
_	0.0	2	1 Yes 2	Hospitel: 1 ☐ Inpatie	nt 2	ER/Outpatient	3 🗆 D0	Oth Oth	er: 4 Nursing H	lome 5 ☐ Ras	idence 6	er (Specify)R	ichev
9	ding Phy h. After this funeral c		27. Menner of Deeth 1 ■ Naturel 5 □ Pending	28a. Date of Inju (Month, Da	ry V Year)	28b. Time of injury	2	8c. Injui Wo	y et	28d. Describe	how injury occur		spice
0	Attending r death. sctor: Afte by the fune	atic	2 ☐ Accident investigat	on		injury	М		Yes 2 □ No				
DIVISION-BI	affor Attention of Director: 9d Director: ed in by the	Certification:	3 ☐ Suicida 6 ☐ Could not 4 ☐ Homicide determine		ury - At h	ome, farm, stra	et, factor	y, office			(Straet and Numb wn, State)	per or Rurel Ro	oute Number,
	To the Hospital or Attending Physicial within 24 bloom also ceasily. To the Funeral Director: After this completely filled in by the funeral	edicai	29a. Certifier (Check only one)	thysicien: To the best of aminer: On the basis of and manner sta	examine	wiedge, deeth etion end/or inve	occurred estigation	et the tir , In my c	ne, date end place pinion, death occu	e, end due to the erred et the time,	ceuse(s) end mo	enner es steted end due to the	d. cause(s)
	within 2 To the comple	Σ	29b. Signeture end title of cartifier	1			290	. Licens	e number		29d. Date signe	d (Month, Dey	, Year)
)			1	16	1	e n	1	D 1	3006		21 J	uly 97	
	5	ļ	30. Name end eddress of person wh	completed cause of d	eath (Iter	n 23a) (Type, P	rint)					,	
	0		Thomas H. Powe	11 101 W	. Re	ad St	Balt	imor	e 2120	1-4905			
	Sta	te	31. Dete filad (Month, Day, Year)	32. Registra		eture							
	Sta	te	31. Dete mad (Month, Day, Year)	32. Hegistr									



State of Maryland / Department of Health and Mental Hygiene / Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** Elizabeth Deicke July 20, 1997 6:22 am /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Parkville Balto. Co. Health Care Center Oakcrest If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Yeer) 5. Scalel Security Number 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** 1□M 2X F Director 261-43-7605 August 20, 1900 Maryland Usual Residence of Decedent with the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ral, or items 23a or 28a-f show Exerciner navit be notified at 1 ☐ Yes 2 No Directo Parkville Baltimore Maryland 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? permit. Pages 1 and 2 should be filed within 72 hours efter deeth v Department of Heelth and Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23a any Injury or other traumatic event, the Medical Examiner mans once. 21236 United States Funeral 8800 Walther Boulevard Apt. 2312 14. Race - American Indian, Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 🕱 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 Yes 2 No þ Specify: 3 Midowed 4 ☐ Divorcad White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. KInd of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Mary Miller William Jarrett Kone 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 34 Cunningham Drive New Smyrna, FL 32168 William Kone Son 20e. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 ☐ Burial 2 M Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Hilltop Service Corp. 7/22/97 Towson, Maryland Leonard J. Ruck, Inc. Funeral Home 5305 Harford Road Baltimore, MD 21214 23a. Pert1. Enter the distance, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** GI Bleed with Anemia /Medical Immediate Ceuse (Finel disease or condition resulting in death) Examiner Examiner with Multi-Infarct Dementia ettending physician and for use es the burial-transit law requires that the death certificate be axecuted Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury thet initiated events resulting in deeth) Lest Due to (or es e consequence of). Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. signed by the e 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Dysphasia with poor po intake þ 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed Depression; Asthum s cartificata has b director, page 2 s Hospital or Attending Physician: Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) exeminer? Hospital: Other: Nursing Home 5 Residenca 6 Other (Specify) P 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this 27. Manuer of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident efter deetl Diractor: 3 Suicide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Place of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide 24 hours edical 29a. Certifier 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceuse(s) end menner es steted. completely 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. To the within 2 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print) Brock Allen Beamer Oakcrestlare Center, 8820 Walther Blvd., Bultimore

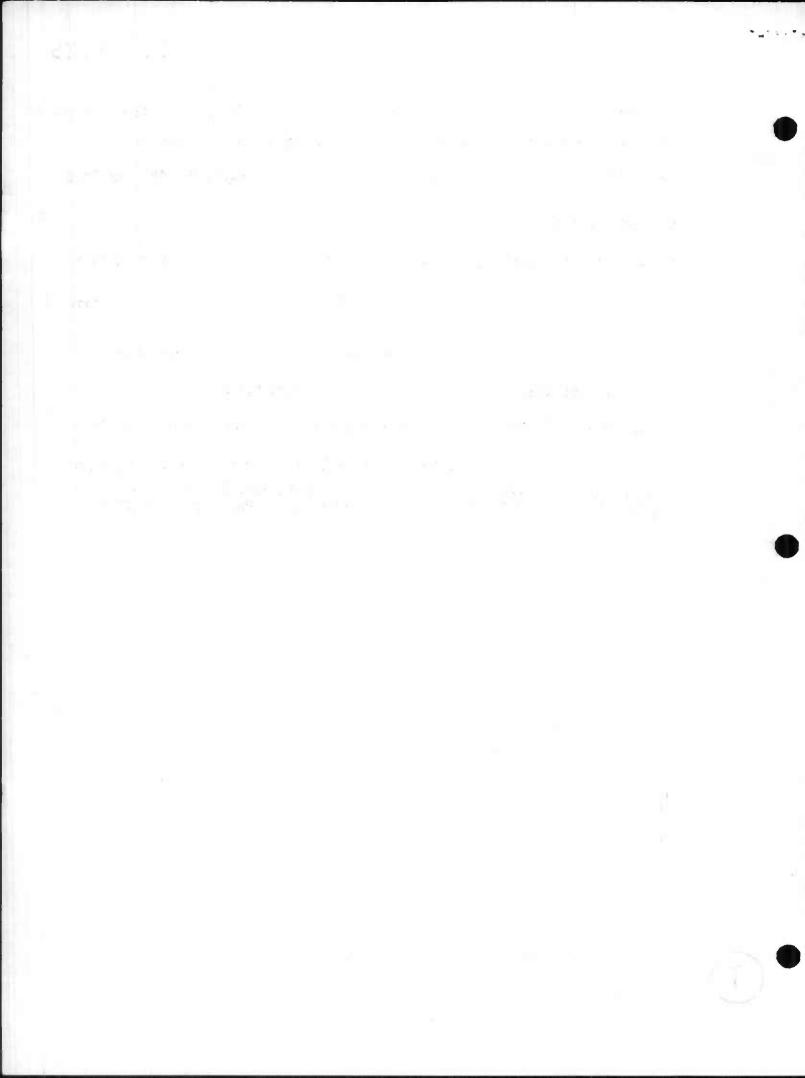
State Registrar

31. Date filed (Month, Day, Year)

JUL 2 2 1997

32. Registrar's Signeture

Julia Davidson-Randell

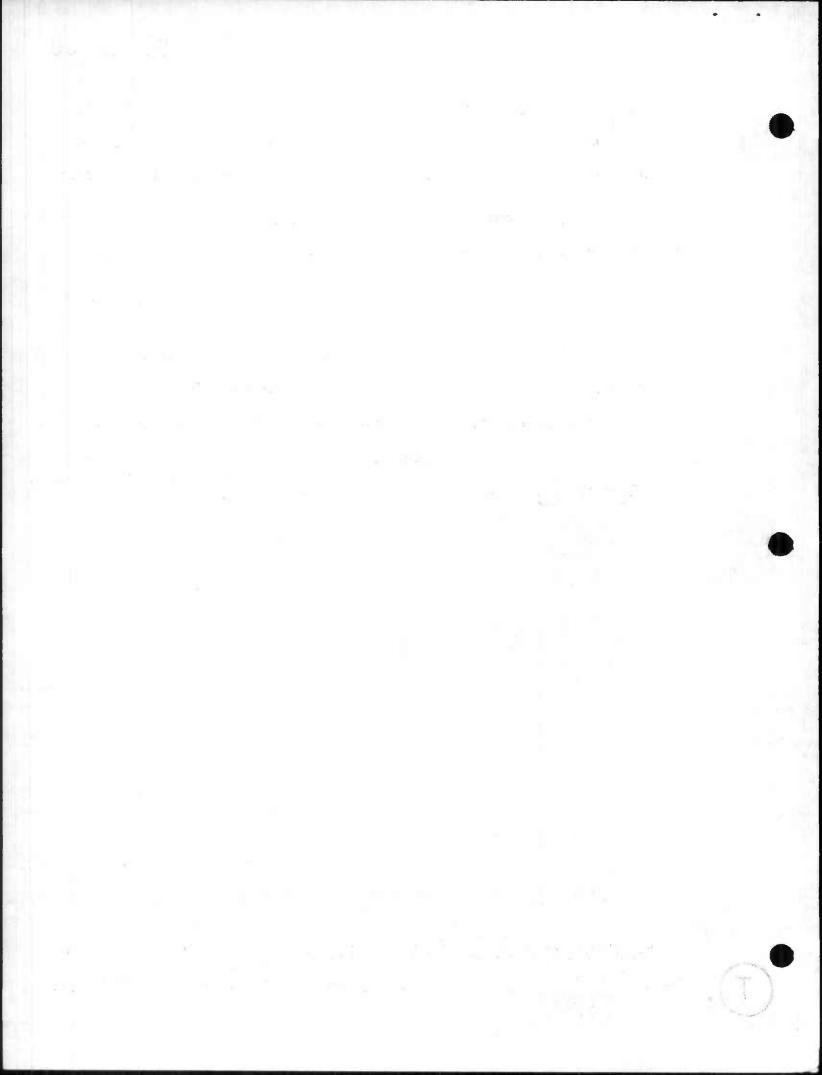


C	Type of Fillt in black indelible link. Assure All oopies Are E	49101	0	0	0	16
	State of Maryland / Department of Health and Mental Hygiene	1	2	2	-	31
	Certificate of Death					

Department of Health and Mental Hygiene.  Department of Health and Mental Hygiene.  Example The Medical Evaning Terms 22 or 28s-f show any injury or other traumatic event, the Medical Evaning Terms 10 medical Evaning Terms 22 or 28s-f show any injury or other traumatic event, the Medical Evaning Terms 22 or 28s-f show any injury or other traumatic event, the Medical Evaning Terms 22 or 28s-f show any injury or 20 medical Evaning Terms 22 or 28s-f show any injury or 2	Usual Residence of Decedent  10a. State  10b. County  MD  BAL'  10e. Street end Number  709 MAIDEN CHO  11. Maritel Status  1 Never Married 2 Married  (Specify only highest gra  Elementery/Secondary (0-12)  12  17. Fether's Neme (First, Middle, Last)  ASHBY T. DI  19e. Informent's Neme/Reletionship (1)  GEORGE DORER, JI  20e. Method of Disposition  1 Burial 2 Cremetion 3 Decedent Security  21. Signeture of Funeral Service Licen  23e. Pert1. Enter the disease, or comy shock, or heart feiture. Ust only informed the Ceuse (Final)	D. D. D. D. Street end number)  RE CENTE  EX 7. Ag  M 2XIF  FIMORE  12. Was Decedent Armed Forces? 1 Yes, Give X Yeer or Dates:  Iucetion de completed)  College (1-4or :  RUMMOND  Type, Print)  R. (GREAT  Removel from State  (1)  See	GR ge (In yrs. lest 90 10c. City, To	And the second s	CATONSVI  de 1 2 2 8 1 2 2 8 1 2 2 8 1 2 2 8 1 2 2 8 1 2 2 8 1 2 2 8 1 2 2 8 1 2 2 8 1 2 2 8 1 3 2 2 8 1 4 2 2 8 1 5 2 2 8 1 6 2 2 8 1 7 2 2 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1	BVILLE  8. Date of Birth (Month, Dey, 9 / 28 / 28 / 28 / 28 / 28 / 28 / 28 /	Day  8, 199  4c. County of B  Year) 1906  Og. Citizen of W  U  14. Recessibled Specify.  16b. Kind of Bu  ENOCH Malden Surnem.  ETZEL)  City or Town,  ANE BA  20c. Location -  MA  NERAL  TONSVI	of Deeth  ALTIMORE  9. Birthplece (State or Foreig Country)  MARYLAND  10d. Inside City Limit:  1  Yes 2 No.  Whet Country?  S. A.  9. American Indien,  k, White, etc.  WHITE  Isiness/Industry  PRATT LIBRA  e)  State, Zip Code)
Department of Health and Mental Hygiene.  Department of Health and Mental Hygiene.  Important: If item 27 is marked other than "natural", or items 23s or 23s-f show important: If item 27 is marked other than metre and in the motified at any injury or other traumatic event, the Medical Evantuar must be notified at any injury or other traumatic event, the Medical Evantuar must be notified at a source.  To Be Completed by Funeral Director	4e. Fecility Neme (If not institution, give CHARLESTOWN CAI 5. Social Security Number 6. St. 214-40-5825  Usuel Residence of Decedent 10a. State 10b. County MD BAL. 7. 10e. Street end Number 709 MAIDEN CHO. 11. Maritel Status 1 Never Married 2 Married 15. Decedent's Ed (Specify only highest grave Elementery/Secondary (0-12) 1.2  17. Fether's Neme (First, Middle, Last) ASHBY T. DI 19e. Informent's Neme/Reletionship (17) GEORGE DORER, J. 120e. Method of Disposition 1 Desiral 2 Cremetion 3 1 10 Donetion 5 Other (Specify 21. Signeture of Funeral Service Licen 22. Pert1. Enter the disease, or company shock, or heart feiture. Ust only immediate Ceuse (Final	PRE CENTE  EX 7. Ag  TIMORE  12. Was Decedent Armed Forces?  1	GR ge (In yrs. lest 90 10c. City, To 2 Ever in U,S. No 11 NEPH 20b. Plecceme LO	Months Da  vrs. Months Da  vrs. Months Da  vrs. Months Da  vrs. Months Da  vrs. Months Da  vrs. Months Da  vrs. Zip Cod  2  13. Was Decedent If Yes, specify C  Give kind of work dc life. DO NOT use re  CLERIC  9b. Mailing Address (Str  EW) 1207  of Disposition (Neme of  tery, cremetory or other  RRAINE PA  22. Name end Ad  1630 ED	CATONS  ear If Under 24 Hrs.  Ays Hours Min.  CATONSVI  de 1 2 2 8  of Hispenic Origin? (Sicuben, Mexican, Puerto No Specify:  coupetion one during most of work  tired)  AL  18. Mother's Nem  EMMA  reet end Number or Ru  MAIDEN CH  fliplece)  RK  ddress of FacilityWIT  MONDSON R	JULY 16 ocation of Deeth SVILLE  8. Date of Birth (Month, Dey, 9 / 28 / 18 )  ELLE  10 Decify Yes or No-Decify 8 , 199 4c. County ( B Yeer) 1906  Og. Citizen of W U 14. Rece Bleck Specify.  16b. Kind of Bu ENOCH Maiden Surrem. ETZEL) (; City or Town, ANE BA 20c. Location MA NERAL TONSVI	of Deeth  ALTIMORE  9. Birthplece (State or Foreign Country)  MARYLAND  10d. Inside City Limit:  1  Yes 2 No.  What Country?  S. A.  9. American Indian, k, White, etc.  WHITE  Isiness/Industry  PRATT LIBRA  e)  State, Zip Code)  LITO, MD 212  City or Town, State  RYLAND  HOMES, INC.  Approximate	
Department of Health and Mental Hygiene.  Important: If item 27 is marked other than "natural", or items 23s or 28s-4 show any injury or other traumetic event, the Medical Evarinet must be notified at a constant of the con	CHARLESTOWN CAI  5. Social Security Number  6. Sr.  214-40-5825  Usuel Residence of Decedent  10a. State  10b. County  MD  BAL  10e. Street end Number  709 MAIDEN CHO  11. Maritel Status  1 Never Married  (Specify only highest grave Elementery/Secondary (0-12)  12  17. Fether's Neme (First, Middle, Last)  ASHBY T. Di  19e. Informent's Neme/Reletionship (1)  GEORGE DORER, Ji  20e. Method of Disposition  1 Burial 2 Cremetion 3 Decedent Secondary (Specify only highest Grave)  21. Signeture of Funeral Service Licen  23e. Pert1. Enter the disease, or composition or heart feiture. Ust only funded the Ceuse (Final)	RE CENTE ex 7. Ag TIMORE  12. Was Decedent Armed Forces? 1 □ Yes 2 □ If Yes, Give A Yeer or Dates: lucetion de completed)  College (1-4or:  RUMMOND  Type, Print)  R. (GREAT  Removel from State  1) IRemovel from State  1) IRemovel from State  1) IRemovel from State  1)	GR ge (In yrs. lest 90 10c. City, To	Months Da  vrs. Months Da  vrs. Months Da  vrs. Months Da  vrs. Months Da  vrs. Months Da  vrs. Months Da  vrs. Zip Cod  2  13. Was Decedent If Yes, specify C  Give kind of work dc life. DO NOT use re  CLERIC  9b. Mailing Address (Str  EW) 1207  of Disposition (Neme of  tery, cremetory or other  RRAINE PA  22. Name end Ad  1630 ED	CATONS  ear If Under 24 Hrs.  Ays Hours Min.  CATONSVI  de 1 2 2 8  of Hispenic Origin? (Sicuben, Mexican, Puerto No Specify:  coupetion one during most of work  tired)  AL  18. Mother's Nem  EMMA  reet end Number or Ru  MAIDEN CH  fliplece)  RK  ddress of FacilityWIT  MONDSON R	BVILLE  8. Date of Birth (Month, Dey, 9 / 28 / 28 / 28 / 28 / 28 / 28 / 28 /	Pyeer) 1906  Og. Citizen of W U  14. Rece Bleck Specify.  16b. KInd of Bu  ENOCH Malden Surrem. ETZEL) ; City or Town, ANE BA 20c. Location - MA  NERAL TONSVI	ALTIMORE  9. Birthplece (State or Foreign Country)  MARYLAND  10d. Inside City Limit:  1  Yes 2 No.  Whet Country?  S. A.  9. American Indien, k, White, etc.  WHITE siness/Industry  PRATT LIBRA  e)  State, Zip Code)  LITO, MD 212  City or Town, State  RYLAND  HOMES, INC.  LLE, MD 212  Approximate
Department of Health and Mental Hygiene.  Important: If item 27 is marked other than "natural", or items 23a or 28a-f ahow not on one of the control of the	5. Social Security Number  214-40-5825  Usuel Residence of Decedent  10a. State  10b. County  MD  BAL'  10e. Street end Number  709 MAIDEN CHO  11. Maritel Status  1 Never Married 2 Married  (Specify only highest gra  Elementery/Secondary (0-12)  12  17. Fether's Neme (First, Middle, Last)  ASHBY T. DI  19e. Informent's Neme/Reletionship (1)  GEORGE DORER, JI  20e. Method of Disposition  1 Burial 2 Cremetion 3 D  4 Donetion 5 Other (Specify  21. Signeture of Funeral Service Licen  23e. Pert1. Enter the disease, or compshock, or heart feiture. Ust only informediate Ceuse (Final	PIMORE  TIMORE  ICE LANE  12. Was Decedent Armed Forces? 1   Yes 2   If Yes, Give X Yeer or Dates:    Uccetion   de completed)   College (1-4or : Incompleted)   College (1-4or : Incompleted)   RUMMOND   R. (GREAT   IRemovel from State   Incompleted)   Seee	ge (In yrs. lest 90 10c. City, To 2 Ever in U,S. No 11 NEPH 20b. Plece	Months Da  vrs. Months Da  vrs. Months Da  vrs. Months Da  vrs. Months Da  vrs. Months Da  vrs. Months Da  vrs. Zip Cod  2  13. Was Decedent If Yes, specify C  Give kind of work dc life. DO NOT use re  CLERIC  9b. Mailing Address (Str  EW) 1207  of Disposition (Neme of  tery, cremetory or other  RRAINE PA  22. Name end Ad  1630 ED	ear If Under 24 Hrs.  ays Hours Min.  CATONSVI  de 1 2 2 8  of Hispenic Origin? (Sp. Cuben, Mexican, Puerto No Specify:  coupetion one during most of work tirred)  AL  18. Mother's Nem EMMA  reet end Number or Ru  MAIDEN CH of place)  RK  ddress of FacilityWIT  MONDSON R	B. Date of Birth (Month, Dey. 9 / 28 / 28 / 28 / 28 / 28 / 28 / 28 /	Yeer) 1906  Og. Citizen of W U  14. Rece Bleck Specify.  16b. Kind of Bu  ENOCH Malden Surnem. ETZEL) , City or Town, ANE BA 20c. Location - MA  NERAL TONSVI	9. Birthplece (Stete or Foreig Country) MARYLAND  10d. Inside City Limit: 1  Yes 2 No. Whet Country?  S. S. A. A. American Indien, k, White, etc.  WHITE Issiness/Industry  PRATT LIBRA  e)  Stete, Zip Code) LITO, MD 212 City or Town, State  ARYLAND HOMES, INC. LILE, MD 212  Approximete
Department of Health and Mental Hygiene.  Important: If item 27 is marked other than "natural", or items 23a or 28a-f ahow any not of the traumatic event, the Medical Examinat must be notified at a page.  To Be Completed by Funeral Director	214-40-5825  Usuel Residence of Decedent  10a. State  10b. County  MD  BAL'  10e. Street end Number  709 MAIDEN CHO  11. Maritel Status  1 Never Married 2 Married  (Specify only highest grave lementery/Secondary (0-12)  12  17. Fether's Neme (First, Middle, Last)  ASHBY T. DI  19e. Informent's Neme/Reletionship (1)  GEORGE DORER, JI  20e. Method of Disposition  1 Burial 2 Cremetion 3 Decedent and Decedent	ICE LANE  12. Was Decedent Armed Forces? 1 Yes 2 If Yes, Give X Yeer or Dates:    Uccetion de completed     College (1-4or :     RUMMOND     R. (GREAT     Removel from State     See	9 0  10c. City, To	And the second s	CATONSVI  de 1228 of Hispenic Origin? (Sicuben, Mexican, Puerto No Specify: cocupetion one during most of work stired)  AL  18. Mother's Nem EMMA reet end Number or Ru  MAIDEN CH of plece)  RK  ddress of FacilityWIT  MONDSON R	9/28/ TLLE  Decify Yes or No- Prican, etc.)  M. (WH) Tel Route Number HOICE La Date 7/22/97 TZKE FUI AVE, CA	Og. Citizen of W  U  14. Rece Bleck Specify.  16b. KInd of Bu  ENOCH Malden Surnem.  ETZEL)  ; City or Town,  ANE BA 20c. Location -  MA  NERAL  TONSVI	MARYLAND  10d. Inside City Limit:  1  Yes 2 No.  Whet Country?  S. A.  3. American Indien,  k, White, etc.  WHITE  Isiness/Industry  PRATT LIBRA  e)  Stete, Zip Code)  LITO, MD 212  City or Town, State  RYLAND  HOMES, INC.  LLE, MD 212
Department of Health and Mental Hygiene.  Important: If item 27 is marked other than "natural", or items 23a or 28a-f show in portant: If item 27 is marked other than "natural", or items 23a or 28a-f show in pin portant: If item 27 is marked other than "natural", or items 23a or 28a-f show in pin portant: Item 27 is marked other than 20 in pin pin pin pin pin pin pin pin pin	MD  BAL'  10e. Street end Number  709 MAIDEN CHO  11. Maritel Status  1 Never Married 2 Married  Status  15. Decedent's Ed (Specify only highest gra  Elementery/Secondary (0-12)  12  17. Fether's Neme (First, Middle, Last)  ASHBY T. DI  19e. Informent's Neme/Reletionship (1)  GEORGE DORER, JI  20e. Method of Disposition  1 Burial 2 Cremetion 3 December of Secondary (Secondary (Secon	ICE LANE  12. Was Decedent Armed Forces?  1  Yes 2  Yeer or Dates:  lucetion de completed)  College (1-4or:  RUMMOND  Type, Print)  R. (GREAT  Removel from State  1)	Ever in U,S. No  NEPH 20b. Please	10f. Zip Cod  2  13. Was Decedent If Yes, specify C  1 Yes 2 X I  Se. Decedent's Usuel Oc (Give kind of work of life. DO NOT use re  CLERIC  9b. Mailing Address (Str  EW) 1207 of Disposition (Neme of lery, cremetory or other  RRAINE PA:  22. Name end Ad  1630 ED:	of Hispenic Origin? (Si Cuben, Mexican, Puerto No Specify: coupetion one during most of worklined)  AL  18. Mother's Nem  EMMA  reet end Number or Ru  MAIDEN CH  fr plece)  RK  ddress of Facility WIT  MONDSON R	pecify Yes or No- pecify Yes o	UU  14. Rece Bleck Specify.  16b. Kind of Bu  ENOCH Maiden Surrem.  ETZEL)  ; City or Town, ANE BA 20c. Location -  MA  NERAL TONSVI	vhet Country?  S. A.  a. American Indien, k, White, etc.  WHITE risiness/Industry  PRATT LIBRA  e)  Stete, Zip Code)  LTO, MD 212  City or Town, State  RYLAND  HOMES, INC.  LLE, MD 212  Approximete
Department of Health and Mental Hygiene.  Department of Health and Mental Hygiene.  Important: If Item 27 is marked other than "natural", or Items 23a or an original and orig	10e. Street end Number  709 MAIDEN CHO.  11. Maritel Status  1 Never Married 2 Married  **XWidowed 4 Divorced  15. Decedent's Ed (Specify only highest gra  Elementery/Secondary (0-12)  12  17. Fether's Neme (First, Middle, Last)  ASHBY T. DI  19e. Informent's Neme/Reletionship (1)  GEORGE DORER, JI  20e. Method of Disposition  1 Dispo	ICE LANE  12. Was Decedent Armed Forces?  1  Yes 2  Yeer or Dates:  lucetion de completed)  College (1-4or:  RUMMOND  Type, Print)  R. (GREAT  Removel from State  1)	Ever in U,S. No  NEPH 20b. Pleos ceme LO	22  13. Was Decedent If Yes, specify C 1 Yes, specify C 1 Yes 2 X 1  Se. Decedent's Usuel Oc (Give kind of work do life. DO NOT use re CLERIC.  9b. Mailing Address (Str EW) 1207 of Disposition (Neme of the company or other RRAINE PA.  22. Name end Ad 1630 ED.	of Hispenic Origin? (Si Cuben, Mexican, Puerto No Specify: coupetion one during most of worklined)  AL  18. Mother's Nem  EMMA  reet end Number or Ru  MAIDEN CH  fr plece)  RK  ddress of Facility WIT  MONDSON R	pecify Yes or No- pecify Yes o	UU  14. Rece Bleck Specify.  16b. Kind of Bu  ENOCH Maiden Surrem.  ETZEL)  ; City or Town, ANE BA 20c. Location -  MA  NERAL TONSVI	whet Country?  S.A.  American Indien,  k, White, etc.  WHITE  rainess/Industry  PRATT LIBRA  e)  Stete, Zip Code)  LTO, MD 212  City or Town, State  RYLAND  HOMES, INC.  LLE, MD 212  Approximete
Department of Health and Mental Hygiene.  Department of Health and Mental Hygiene.  Important: If Item 27 is marked other than "natural", or Items 23a or an original and orig	709 MAIDEN CHO:  11. Maritel Status  1 Never Married 2 Married  **Twidowed 4 Divorced  15. Decedent's Ed (Specify only highest grant Elementery/Secondary (0-12)  1.2  17. Fether's Neme (First, Middle, Last)  ASHBY T. DI  19e. Informent's Neme/Reletionship (1)  GEORGE DORER, J. J. 20e. Method of Disposition  1 Surial 2 Cremetion 3 December 1 Surial 2 Cremetion 3 December 2 December 3 December 2 December 3	12. Was Decedent Armed Forces?  1	Ever in U,S. No  NEPH 20b. Pleos ceme LO	22  13. Was Decedent If Yes, specify C 1 Yes, specify C 1 Yes 2 X 1  Se. Decedent's Usuel Oc (Give kind of work do life. DO NOT use re CLERIC.  9b. Mailing Address (Str EW) 1207 of Disposition (Neme of the company or other RRAINE PA.  22. Name end Ad 1630 ED.	1228 of Hispenic Origin? (St. Cuben, Mexican, Puerto No. Specify: coupetion one during most of workstired)  AL.  18. Mother's Nem  EMMA reet end Number or Ru  MAIDEN CH of place)  RK ddress of Facility WIT  MONDSON R	me (First, Middle, M  M. (WH)  rel Route Number,  Date  7/22/97  7ZKE FUI  AVE, CA	UU  14. Rece Bleck Specify.  16b. Kind of Bu  ENOCH Maiden Surrem.  ETZEL)  ; City or Town, ANE BA 20c. Location -  MA  NERAL TONSVI	S.A.  a American Indien, k, White, etc.  WHITE isiness/Industry  PRATT LIBRA e)  Stete, Zip Code) LTO, MD 212 City or Town, State  RYLAND  HOMES, INC.  LLE, MD 212  Approximete
Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural; o any injury or other traumatic event, the Medical Example of the completed by	11. Maritel Status  1 Never Married 2 Married  15. Decedent's Ed (Specify only highest gra  Elementery/Secondary (0-12)  12  17. Fether's Neme (First, Middle, Last)  ASHBY T. DI  19e. Informent's Neme/Reletionship (1)  GEORGE DORER, JI  20e. Method of Disposition  1 United Burial 2 Cremetion 3 Di 4 Donetion 5 Other (Specify  21. Signeture of Funeral Service Licen  23e. Pert1. Enter the disease, or compshock, or heart feiture. Ust only interest the service of the serv	12. Was Decedent Armed Forces?  1	Ever in U,S. No  NEPH 20b. Pleos ceme LO	13. Was Decedent If Yes, specify Control of Yes 2 1 1 2 1 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3	of Hispenic Origin? (Sicuben, Mexican, Puerto No Specify:  coupetion one during most of work titred)  18. Mother's Nem EMMA  reet end Number or Ru  MAIDEN CI of plece)  RK  ddress of FacilityWIT  MONDSON R	M. (WH)  M. (WH)  rel Route Number  HOICE LA  Date  7/22/97  CZKE FUI  AVE, CA	14. Rece Bleck Specify.  16b. Kind of Bu  ENOCH Maiden Surnem.  ETZEL)  City or Town,  ANE BA  20c. Location -  MA  NERAL  TONSVI	a - American Indien, k, White, etc.  WHITE rainess/Industry  PRATT LIBRA e)  Stete, Zip Code)  LTO , MD 212  City or Town, State  RYLAND  HOMES , INC.  LLE , MD 212
Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural; o any injury or other traumatic event, the Medical Example of the completed by	1 □ Never Married 2 □ Married  15. Decedent's Ed.  (Specify only highest grave Elementery/Secondary (0-12)  12  17. Fether's Neme (First, Middle, Last)  ASHBY T. DI  19e. Informent's Neme/Reletionship (1-10)  GEORGE DORER, JI  20e. Method of Disposition  1 □ Burial 2 □ Cremetion 3 □  4 □ Donetion 5 □ Other (Specify 2)  21. Signeture of Funeral Service Licenter (Specify 2)  23e. Pert1. Enter the disease, or company shock, or heart feiture. Ust only distinct the service of the servi	Armed Forces?  1 Yes 2 In Yes, Give A Yeer or Dates:	No 10 10 10 10 10 10 10 10 10 10 10 10 10	in Yes 2 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	No Specify:  coupetion one during most of work tirred)  AL  18. Mother's Nem  EMMA  reet end Number or Ru  MAIDEN CH  of plece)  RK  ddress of FacilityWIT  MONDSON R	M. (WH)  M. (WH)  rel Route Number  HOICE LA  Date  7/22/97  CZKE FUI  AVE, CA	Bleck Specify.  16b. Kind of Bu  ENOCH Malden Surnem.  ETZEL)  , City or Town,  ANE BA 20c. Location -  MA  NERAL  TONSVI	k, White, etc.  WHITE siness/Industry  PRATT LIBRA e)  Stete, Zip Code)  LTO, MD 212  City or Town, State  RYLAND  HOMES, INC.  LLE, MD 212
Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural any injury or other traumatic event, the Medical any injury or other traumatic event, the Medical and injury or other traumatic	15. Decedent's Ed (Specify only highest gra Elementery/Secondary (0-12) 1.2 17. Fether's Neme (First, Middle, Last)  ASHBY T. DI 19e. Informent's Neme/Reletionship (1) GEORGE DORER, JI 20e. Method of Disposition 1	RUMMOND  Type, Print)  Removel from State  ()	NEPH 20b. Pleoc ceme LO	CLERICA  9b. Mailing Address (Str EW) 1207 of Disposition (Neme of tery, cremetory or other RRAINE PA: 22. Name end Ad 1630 ED:	AL  18. Mother's Nem  EMMA  reet end Number or Ru  MAIDEN CF of plece)  RK  ddress of FacilityWIT  MONDSON R	M. (WH)  M. (WH)  rel Route Number  HOICE LA  Date  7/22/97  CZKE FUI  AVE, CA	ENOCH Malden Surrem ETZEL)  ; City or Town, ANE BA 20c. Location - MA NERAL TONSVI	PRATT LIBRA e)  Stete, Zip Code) LTO, MD 212 City or Town, State  RYLAND HOMES, INC. LLE, MD 212
Department of Health and Montal Hygiene. Important: If item 27 is marked other than any injury or other traumatic event, the Montal any injury or other traumatic event, the Montal and injury or other traumatic event, the Montal and Injury or other traumatic event	(Specify only highest gra  Elementery/Secondary (0-12)  1.2  17. Fether's Neme (First, Middle, Last)  ASHBY T. DI  19e. Informent's Neme/Reletionship (1)  GEORGE DORER, JI  20e. Method of Disposition  1	College (1-4or:  RUMMOND Type, Print) R. (GREAT IRemovel from State 1) Issee	NEPH 20b. Pleoc	CLERICA  9b. Mailing Address (Str EW) 1207 of Disposition (Neme of tery, cremetory or other RRAINE PA: 22. Name end Ad 1630 ED:	AL  18. Mother's Nem  EMMA  reet end Number or Ru  MAIDEN CF of plece)  RK  ddress of FacilityWIT  MONDSON R	M. (WH)  M. (WH)  rel Route Number  HOICE LA  Date  7/22/97  CZKE FUI  AVE, CA	ENOCH Malden Surrem ETZEL)  ; City or Town, ANE BA 20c. Location - MA NERAL TONSVI	PRATT LIBRA e)  Stete, Zip Code)  LTO, MD 212 City or Town, State  RYLAND  HOMES, INC.  LLE, MD 212
Department of Health and Mental High Short I	ASHBY T. DI  19e. Informent's Neme/Reletionship (I  GEORGE DORER, JI  20e. Method of Disposition  1 Donetion 5 Other (Specify)  21. Signeture of Funeral Service Licen  23e. Pert1. Enter the disease, or compshock, or heart feiture. Ust only of the company of the	RUMMOND Type, Print) R. (GREAT Removel from State () Issee	NEPH 20b. Plece come LO	9b. Mailing Address (Str EW) 1207 of Disposition (Neme o tery, cremetory or other RRAINE PAI 22. Name end Address (Str 22. Name end Address (Str	18. Mother's Nem EMMA reet end Number or Ru MAIDEN CF of plece) RK ddress of FacilityWIT MONDSON F	M. (WH) M. (WH) M. (WH) MOICE L Date 7/22/97 CZKE FUN AVE, CA	Malden Surnem: ETZEL) , City or Town, ANE BA 20c. Location - MA NERAL TONSVI	Stete, Zip Code)  LTO, MD 212 City or Town, State  RYLAND  HOMES, INC.  LLE, MD 212
Department of Health and Mental High Short I	ASHBY T. DI  19e. Informent's Neme/Reletionship (7)  GEORGE DORER, JI  20e. Method of Disposition  1 Description 1 Cremetion 1 Donetion 5 Other (Specify  21. Signeture of Funeral Service Licen  23e. Pert1. Enter the disease, or companions shock, or heart feiture. Ust only of the companion of th	RUMMOND Type, Print) R. (GREAT Removel from State () Issee	NEPH 20b. Plece come LO	eW) 1207 of Disposition (Neme of tery, cremetory or other RRAINE PA.  22. Name end Ac. 1630 ED.	EMMA reet end Number or Ru MAIDEN CF of plece) RK ddress of FacilityWIT MONDSON F	M. (WH) rel Route Number, HOICE L. Date 7/22/97 TZKE FUI	ETZEL) , City or Town, ANE BA 20c. Location - MA NERAL TONSVI	State, Zip Code)  LTO, MD 212 City or Town, State  RYLAND  HOMES, INC.  LLE, MD 212
Appartment of myorfant: If important: mportant i	19e. Informent's Neme/Reletionship (1) GEORGE DORER, J] 20e. Method of Disposition 1	Type, Print)  R. (GREAT  Removel from State  )  See	NEPH 20b. Plece come LO	eW) 1207 of Disposition (Neme of tery, cremetory or other RRAINE PA.  22. Name end Ac. 1630 ED.	MAIDEN CF of plece)  RK  ddress of FacilityWIT  MONDSON A	HOICE LA Date 7/22/97 TZKE FUI AVE, CA	ANE BA 20c. Location  MA NERAL TONSVI	LTO, MD 212 City or Town, State  RYLAND HOMES, INC. LLE, MD 212
Appartment of myorfant: If important: mportant i	GEORGE DORER, J.  20e. Method of Disposition  1	R. (GREAT	NEPH 20b. Plece ceme LO	eW) 1207 of Disposition (Neme of tery, cremetory or other RRAINE PA.  22. Name end Ac. 1630 ED.	MAIDEN CF of place) RK ddress of FacilityWIT	Date 7/22/97 CZKE FURAVE, CA	ANE BA 20c. Location - MA NERAL TONSVI	LTO, MD 212 City or Town, State  RYLAND HOMES, INC. LLE, MD 212
Appartment of myorfant: If important: mportant i	20e. Method of Disposition  1	Removel from State	20b. Plece come LO	of Disposition (Neme of tery, cremetory or other RRAINE PA)  22. Name end Ac  1630 ED	of plece)  RK  ddress of FacilityWIT  MONDSON A	Date 7/22/97 TZKE FULL AVE, CA	20c. Location - MA NERAL TONSVI	City or Town, State  RYLAND  HOMES, INC.  LLE, MD 212  Approximete
Assistant Popertine Important Important Assistant 1. Signeture of Funeral Service Licen  23e. Pert1. Enter the disease, or compshock, or heart feilure. Ust only of	) )	LO	22. Name end Ad 1630 ED	ddress of FacilityWIT	ZKE FU	NERAL TONSVI	HOMES, INC.	
ysician Medical caminer	23e. Pert1. Enter the disease, or compshock, or heart feilure. Ust only the immediate Ceuse (Final	21-	d the deeth. Eline.	1630 ED	MONDSON A	AVE, CA	TONSVI	LLE, MD 212
ysician Medical caminer	Immediate Ceuse (Final	plications that cause one cedse on each li	d the deeth. Dine.			•		Approximete
	disease or condition resulting in deeth)	· Athero		e consequence of):	nany ac	tery	disea	se Years
physician and sthe burial-transit	Sequentially list conditions, if any, leading to immediate	b. ————	Due to (or es	e consequence of):				
sician buria	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	c	Due to for so	e consequence of):				
ng physicia s as the bu	resulting in deeth) Lest		Due to (or es	e consequence or).				
		d						
d for use	Pert II. Other significant conditions of	ontributing to death h	but not resultin	In the underlying course	e given in Pert I	23h. Did to	obacco use cor	ntribute to the cause of deat
ed by the attandidetached for use			out the toodkiit	g in the underlying season	o gridinini di		• 2□ No	3 Probably 4 2 Unkno
be det	Seizure dis	order						
should should	Depression					24a. Wes e		24b. Were eutopsy findings evelleble prior to completion of ceuse of deeth?
page 2						1 🗆 Ye	es 22 No	1 ☐ Yes 2 2 No
certificate rector, pag	25. Wes case referred to medical				OS Place of Dec	eth (Check only on		10763 20110
director.	examiner?	Hospital: 1 ☐ Inpati	ient 2 🗆 EB	Outpatient 3 DOA	Other:	ome 5 Reside		er (Snecify)
	27. Manner of Death	28e. Dete of Inju	ury 28	o. Time of 28c. I	Injury et Work?	28d. Describe ho		
leath. tor: After tha funer cation:	1 ☑ Neturel 5 ☐ Pending Investigation	(Month, De	ey rear)		1 Yes 2 No			
within 24 hours after death. To the Funeral Director: After the completaly filled in by the funeral Medical Certification:	3 ☐ Sulcide 6 ☐ Could not be determined	28e. Place of In	jury - At home tc. (Specify)	farm, street, fectory, off	fice	28f. Location (Si City or Town	treet end Numb n, Stete)	er or Rurel Route Number,
within 24 hours aftar d To the Funeral Direct completaly filled in by Medical Certifi	(Check only 2 Medicel Exam	niner: On the basis of	of exeminetion	lge, deeth occurred et the end/or investigetion, In r				
omplar Med	29b. Signeture end title of certifier	end menner st	ta100.	29c. Lid	cense number	2	9d. Dete signe	d (Month, Dey, Year)
5 - 0	your mor	1	5	n	30989	-	1111	18 1997
	30. Neme and address of person who	completed cause of	deeth (Item 23	a) (Type Print)	~~~~		0	shirends

DHMH 16 Rev 6/95

Registrar



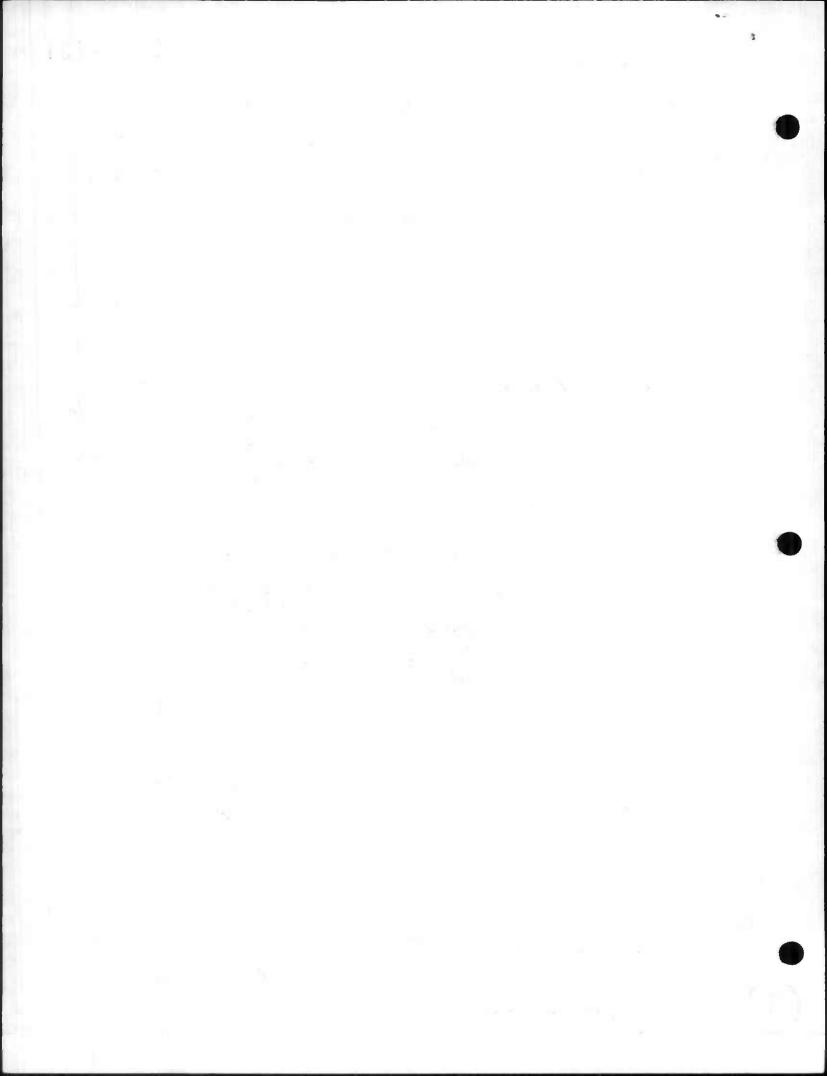
3. Time of Deeth

1. Decedent's Name (First, Middle, Last)

2. Dete of Deeth Month EUBANK JOAN MARG 6:15 AVY 200 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deal Examiner FAIRUIEW AUGNUE BALTIMOLE If Under 24 Hrs. 8. Dete of Birth Min. (Month, Dev. If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) 1□ M 20 F Deys 60 216-36-3642 Yrs. Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked othar than "natural", or items 23s or 28s-f show traumstic evant, the Medical Examiner must be notified at BALTI MORE 1 Tes 2 No Director Marylono 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 36/6 FOILUIEW USA 21216 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 25No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 11. Marital Status 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: WHITE Widowed 4 □ Divorced 16e. Decedent's Usual Occupetion
(Give kind of work done during most of working life. DO NOT use retired)

\$\int \rho(\xi\) \(\xi\) \( Completed 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Peges 1 end 2 should be filed within Department of Health end Mental Hygiene. Important: if Item 27 is marked other than any injury or other traumatic event, the Me Elementary/Secondary (0-12) College (1-4or 5+) J. C. KENNY 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) DE Francesco Margaret Jackson 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 199 Informent's Neme/Relationship (Type, Baltiouse, Med 21218 VENDBLE AUG 40 Wter 20b. Place of Disposition (Neme of cemetery, crematery or other piece) Date 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 □ Donetion 5 □ Other (Specify) 22. Name and Address of Fecility CHATMAR - HARRIS FORGED HONE TO GO REISTER STOWN KOND BAHTHUTE, HID 2/215 21. Signeture of Funeral Service Licensee 23a. Part1. Enter the diseese, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart fellure. List only one cause on each line. **Physician** elmenal Met a static lung concer /Medical Immediate Ceuse (Final diseese or condition resulting in deeth) Examiner buriel-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Lest we Deserde P.O. Box 68760. Physician/Medical Dy to (or as a consequence of) the Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobecco use contribute to the cause of deeth? 1 Yes 2000 3 Probably 4 Unknown Records. 9 Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? certificate 1 Yes 2 No 1 Yes 2 No Division of Vital To the Hospital or Attanding Physician: within 24 hours efter death.

To the Funeral Director: After this certifice completely filled in by the funeral director, I 25. Was cese referred to medical examiner? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 20 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Medical Certification: 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 THomicide 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceuse(s) and menner es steted.
2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end manner stated. 29a. Certifier 29b. Signature end title of certifier 29c. License number 29d. Date, signed (Month, Dey, Year) I Anuladhe Reddy M.D 30. Name end eddress of person who completed cause of deeth (Kem 23a) (Type, Print) 530 N HULON Street, Bald Balt 31. Date filed (Month, Day, Year) 32. Registrer's Signeture Lulia Davidson-Randelles Registrar DHMH 16 Rev 6/95



97-4054-005

Days

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Certificate of Death

1. Decedant's Nama (First, Middla, Last) **Physician** /Medical Examiner

FREDERICK

ENDSLEY

FREDERICK WILLIAM ENDSLEY

Month JULY

Hours Min. 8. Data of Birth (Month, Day, Year)

July 23, 1

2. Data of Death

1997 4:31A.M.

Birthplaca (Stata or Foreign Country)

10d. Insida City Limits

4a. Facility Nama (If not institution, giva street and number) GREATER BALTIMORE MEDICAL CENTER 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Yeer

1 □ M 2 □ F

4b. City, Town, or Location of Death TOWSON

4c. County of Death BALTIMORE

1946 New York

20

**Funeral** Director

filed within 72 hours aftar

Pages 1 end 2 should be filed within nent of Health end Mental Hygiena. int: If itam 27 is marked other than ' irry or other traumatic event, the Ma

21215-0020

Baltimore, Maryland

10e. Stata r than "natural", or Items 23a or 28a-f show the Medical Examiner must be notified at Maryland Director Funeral

þ

Completed

10b. County Baltimore 10e. Street and Numbar 1716 Stokesley Road 11. Marital Status 1 Navar Married 2 Married

Dundalk 10f. Zip Coda 21222

10c. City, Town or Location

1 Yas 2 1 No 10g. Citizan of What Country? United States

218-44-4229

12. Was Dacedant Ever in U,S. Armed Forcas? 10 X/es 2 □ No it Yas, Giva Yaar or Datas: 3 Widowed 4 Divorced

 Was Decedent of Hispanic Origin? (Specify Yas or No-lt Yas, specify Cuban, Mexican, Puarto Rican, etc.) 1 ☐ Yas 2 No Specify:

14. Race - American Indian, Black, White, atc. White

15. Decedant's Education (Specify only highast grada completad) Elamantary/Secondary (0-12)

College (1-4or 5+) years

16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa ratired) Electronics Craftsman

16b. Kind of Businass/Industry

Steel

17. Fathar's Nama (First, Middla, Last)

Neil

Endsley

Aretta M. Klatt

18. Mother's Nama (First, Middla, Maiden Surname)

19a. tntormant's Name/Ralationship (Type, Print) Mrs. Michelle D. Endsley

19b. Mailing Addrass (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Code) 1716 Stokesley Road Dundalk, Maryland 21222 20c. Location - City or Town, Stata

20a. Mathod ot Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata

20b. Place of Disposition (Nama of camatary, cramatory or other place) Garrison Forest VA Cem.

07-24-97 Owings Mills, Maryland

4 ☐ Donetion 5 ☐ Othar (Specify)

21. Signature of Funaral Sarvice Licensas

Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue Dundalk, Maryland 21222 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart tellure. List only one cause on each line.

**Physician /Medical** Examiner

sician end bunel-transit

attending physician for use es the bune

should be det

page 2 s

nours efter death.

neral Director: After this y filled in by the funeral di

24 hours

within 2 the

completely

that the death certificate be executed

Box 68760,

P.O.

of Vital Records.

Division

or Attending Physician:

Hospital

Examiner

Physician/Medicai

þ

Completed

Be

Certification: To

Medical

Department of Important: If any injury or once.

Sequantially list conditions, if any, laading to immediata cause. Enter Underlying Causa (Diseese or Injury that Initiated avants rasulting in daath) Last

Immediata Causa (Final

disaasa or condition rasulting in daath)

Failure Acute Liver Dua to (or as a consequence ot):

Acetaminophen intoxicution (clinical) Dua to (or es a consaguança of):

Fractured ribs Dua to (or as e consequanca of):

Part II. Other etgnificant condittons contributing to death but not resulting in the underlying ceuse given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 2 Unknown

alaholosm Chronic

24e. Was an autopsy performed?

24b. Were eutopsy tindings available prior to completion of cause of death?

12 Yas 2 □ No

26. Place of Death (Check only one)

1 Yas 2□ No

25. Was casa ratarred to medical 1 XYas 2 No

27. Mannar of Daath

1 Natural

2 KAccidant

3 Suicida

4 Homicide

5 Pending invastigation

6 Could not be datarminad

28a. Data of Injury (Month, Day Year) 28b. Tima of 7-12-97 unknown 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

Factor

Hospital: 1 □XInpatiant 2 □ ER/Outpetient 3 □ DOA 28c. Injury at Work? 1. Yas 2 □ No

Other: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 28d. Dascribe how injury occurred Fell at

Work 28f. Location (Street and Number or Rural Route Number, City or Town, State) 5055 North Point Sparrows Point, Maryland

29a. Certifian

1 Cartifying Physicien: To tha best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar statad. 29b. Signature and titla of certifier

29c. License numbar

29d. Date signed (Month, Day, Year)

O.C.M.E.

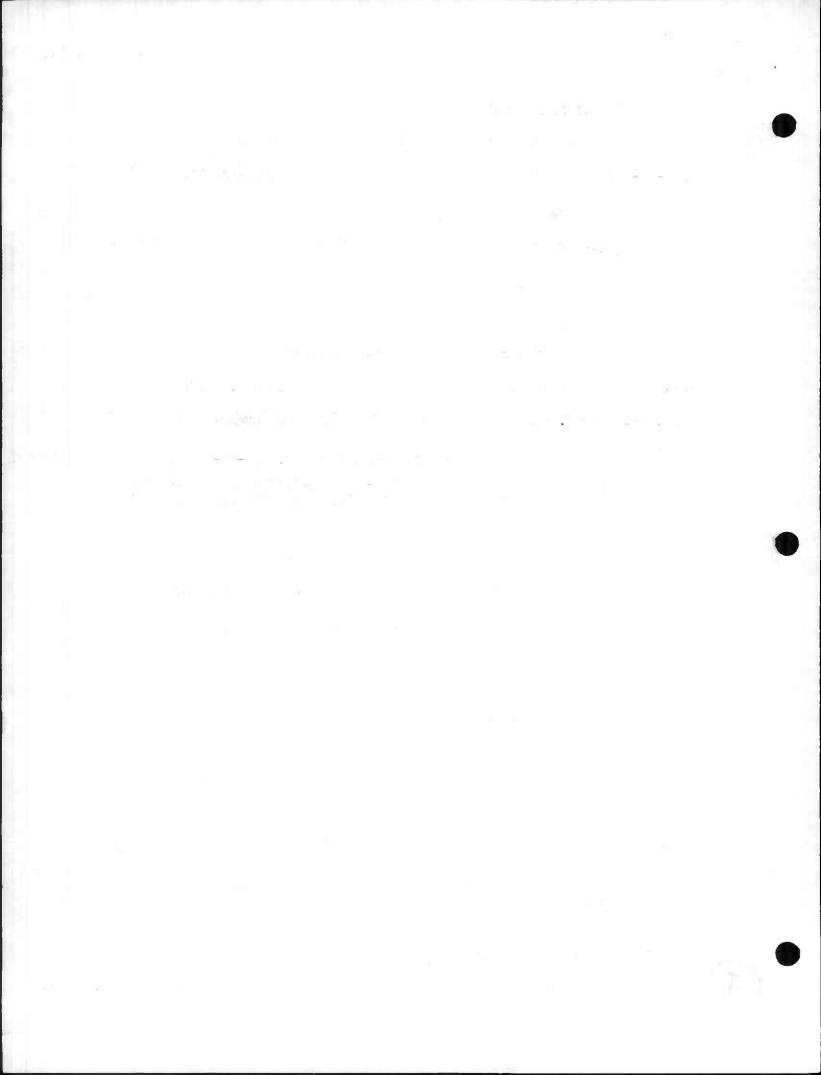
JULY 21,1997

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Strphyn 5, 31. Date filed (Month, Day, Year)

Radentz, MP 111 Penn Street, Baltimore, Maryland 21201
32. Registra's Signature
June Davidson-Randelle

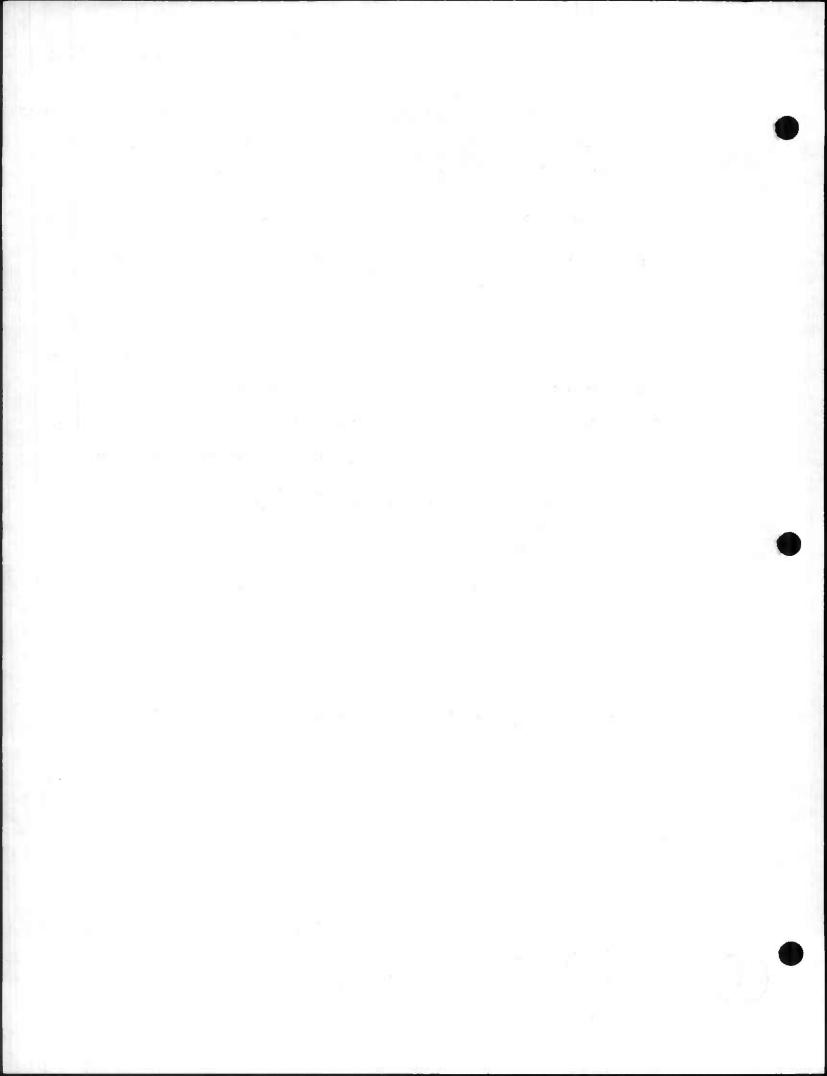
State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 7 22 1 3 3

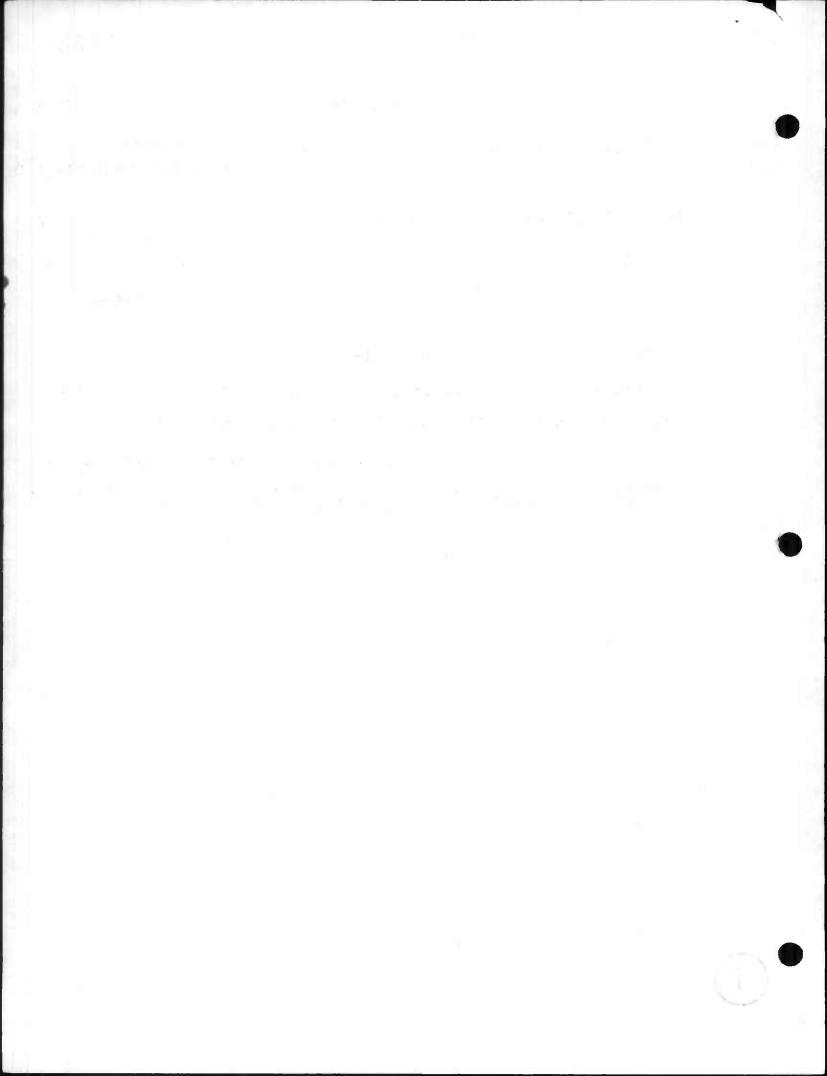
				Certificate of Death		eg. No.	. 2100
	Physic /Medi	cal	1. Decedant's Nama (First, Middla, Last)  HOLTVEY L EMEN		2. Data of Death	Day Yaar	3. Tima of Death  H: +5pt
	Exami	ner	4a. Facility Nama (If not institution) give street and number)  Manor Care - Rossville		r Location of Death	4c. County of Death	
	Funeral Director		5. Social Security Number 6. Sax 7. Aga (In yrs. last bi 177–03–5128 1 № 2 ☐ F 82		s. 8. Data of Birth	Balti 9. Birth Co. 1,1915 Penr	more  oplace (Stata or Foraign untry) osylvania
	Marylend -f show	tor	Usual Rasidance of Dacedent  10a. Stata 10b. County 10c. City, Tow  Md. Baltimore	vn or Location Rosedale	e		10d. Insida City Limits 1 ☐ Yas 2 ☑ No
	sth with the Maryler 23e or 28e-f show	Funeral Director	10e. Street and Numbar  2 Manger Court	10f. Zip Coda 21237	10	Og. Citizan of What Cou	
020	permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Marylend Depertment of Health end Mental Hygiene. Important: if Item 27 is marked other than "nature!, or items 23e or 28e-f show my lojury or other traumatic event, the Medical Examinar must be notified at ODGE.	by	11. Marital Status  12. Was Decedant Evar in U,S. Armed Forcas?  1 □ Navar Married 2 □ Married  13 ☒ Widowad 4 □ Divorcad  12. Was Decedant Evar in U,S. Armed Forcas?  1 □ Yas 2 ☒ No If Yas, Giva Yaar or Datas:	13. Was Decedant of Hispanic Origin? (If Yas, specify Cuban, Maxicen, Puant 1 Yas 2 XNo Specify:	Specify Yas or No- rto Ricen, atc.)	14. Raca - Aman Black, Whita	ican Indian,
21215-0020	12 should be filed within 72 ho h end Mental Hygiene. 7 Is marked other than "nature traumatic event, I'm Medical I	Completed	College (1-4or 5+)	Dacedant's Usual Occupation (Giva kind of work dona during most of wollifa. DO NOT usa ratired) Estimator	orking	16b. Kind of Business/li	ortation
	Hygi Hygi ent,	e Co	17. Father's Nama (First, Middla, Last)		ama (First, Middla, N	-	of cacton
Maryland	fental fental ked c	To Be	Charles Emerick	Susan	Lee		
lary	s mar			D. Mailing Address (Straat and Number or F	łu <i>ral Rou</i> ta Num <i>ber,</i>	City or Town, State, Zi	ip Code)
	1 and 2 Health em 27 I		Ruth Randy	6815 East Baltimore		Baltimore N	D. 21224
Baltimore,	Peges 1 ment of H ant: If iter		20a. Mathod of Disposition  1 Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Othar (Specify)	of Disposition (Nama of ny, crematory or othar place) ns of Faith Cemetery		Rossville	
Ball	permit. Peg Depertment Important: It any Injury o		21. Signatura of Funaral Sarvice Licansaa	22. Nama and Addrass of Facility Connelly Funeral 300 Mace Ave. Bal			
	Physiclan		23a. Part1. Entar tha disaasa, or complications that caused the death. Do shock, or heart failure. List only produce on each line.	not antar the mode of dylng, such as cardia	ac or raspiratory arra	ast,	Approximata Intarval Batwaan Onset and Death
	/Medical Examiner		Immediata Causa (Final disaasa or condition resulting in daath)  a. Cere by o V Ar Due to (or as a	scular Accident consequence of): cormany arteny d		1	
68760,	requires that the death certificate be executed seen signed by the ettending physician and hould be deteched for use as the buriel-transit	ai Examiner	Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury	consequanca or #	Usease		
Box 687	th certificate ending phy r use es the	an/Medical	rasulting in death) Last  Dua to (or as a	consequanca of):			
	e deat he ett	Physician/N	Part II. Other significant conditions contributing to death but not resulting I	n tha undarlying cause given in Part I.	23b. Dld to	bacco usa contribute	to the cause of death?
s, P.O	ss that the death cer gned by the ettendir be deteched for use	by Phy	Non-most dependent d	iabetes mellitus	1 🗆 Ye	s 2/2No 3□Pro	obably 4 Unknown
Records,	S S	Completed			24a. Was ar perform	ned? a	Vara autopsy findings vailable prior to complation of ceusa of death?
al F	The is				1 □ Ya	s 2 1 No 1	□ Yas 20 Ho
Vital	Physician: The trinis certificate and director, peg	Be	25. Was case refarred to medical examinar?  Hospital: Hospital:		eath (Chack only one		
of	To the Hospital or Attending Phys within 24 hours efter death.  To the Funeral Director: After this completely filled in by the funeral director.	tlon: To	27. Manner of Death 28a. Date of Injury 28b.	Time of Injury M   28c. Injury at Work?   M   1   Yas 2   No	Homa 5 Rasida 28d. Describe ho	nce 6 □Othar (Spec w injury occurred	ify)
Division	al or Atter s efter dea il Director ed in by the	Certification:	3   Suicida 6   Could not be determined 28a. Place of Injury - At home, fa building, atc. (Specify)	ırm, street, factory, office	28f. Location (Str City or Town	reet and Number or Rui , Stata)	rai Routa Number,
	he Hospit in 24 hour he Funers pletely fille	edical	29a. Certifier (Check only one)  17 Certifying Physician: To the best of my knowledge 2 Medical Examinar: On the basis of axamination and mannar stated.	e, death occurred at the time, date and plac id/or Invastigation, in my opinion, daath occ	e, and due to the ca curred at the tima, da	use(s) and manner as ate and place, and dua	stated. to the causa(s)
	Tot With Tot	2	29b. Signatura and title of certifiar  L. Pfuffer	29c. Licansa number	29	Data signed (Month	997.
	(T)		30. Nama and addrass of person who complated causa of death (Itam 23a)	(Type. Pring) Red & Board	to, MO:	21237	
	Sta Registr	_	31. Data filed (Month, Day, Yaar)  JUL 2 2 1997  JUL 2 2 1997  JUL 2 2 1997	400			



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible State of Maryland / Department of Health and Mental Hygien 2 2 1 3 4

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** July 19 Day 1997 Pear Eleanor Jane Fellers 8:25 AM /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner 4c. County of Death Heritage Nursing Home If Under 1 Year If Under 24 Hrs. Baltimore 5. Social Security Number 8. Date of Birth 9. Birthplece (State or Foreign Nov 15 1918 West Virginia 7. Age (In yrs. last birthday) **Funeral** 232-26-6557 1□M 3/□F Months Deys Hours Min 78 Yrs. Director Usual Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show the Medical Examiner must be notified at Director MD 1 ☐ Yes 2 ☐ No Baltimore Dundalk the 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 238 8146 Midhaven Road Funeral 21222 USA or Items 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status efter 1 Never Married 2 Married Saltimore, Maryland 21215-0020 1□ Yes 2□ No Specify Specify White à 3 Widowed 4 □ Divorced 'natural', Year or Dates Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Hygiene. College (1-4or 5+) Elemantary/Secondary (0-12) 7th other t Housewife Own Home permit. Peges 1 end 2 should be file Depertment of Health end Mantel Hy Important: If Item 27 is marked othe any Injury or other traumatic avant 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Ambrose George Mary Jane Frederick 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Edgar R. Fellers, Jr./son 8146 Midhayen Road Dundalk, MD 21222 20b. Place of Disposition (Name of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) Oak Lawn Cemetery 7/22/97 Baltimore, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, MD 21222

23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or haart failura. List only one cause on aach lina. Approximate Interval Betwean Onset end Death **Physician** Immediate Causa (Final disease or condition resulting in death) CAPLIMOMA OF LUNG WITH METASTASIS /Medical UNKLIOUM Examiner Examiner MALIGNAMI Wilcom The law requiras thet the death certificate be executed physician and is the buriel-trent Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in death) Last P.O. Box 68760 Physician/Medical Due to (or es e consequence of) USB BS attending p Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 □ Probably 4 □ Unknown Records, þ 24b. Wara autopsy findings eveilable prior to Completed 24a. Was an autopsy peen completion of cause of deeth? paga 2 s has 1 ☐ Yes 2 ☐ No certificate 1 Yes 2 No Division of Vital Attending Physician: Be 25. Was cesa referred to medicel examinar? 26. Place of Baath (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 41 Nursing Home 5 □ Residence 6 □ Other (Specify) 1 Yes 2 No 10 this s efter death.
I Director: After this
od in by the funeral d 27. Manner of Death 28c. Injury et Work? 28e. Date of Injury (Month, Day Year) Certification: 28b. Time of 28d. Dascribe how injury occurred 5 Pending investigation 1 Natural Injury 1 Yes 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 24 hours efter of 4 Homicide Funeral Dire 29a. Certifier 1 Cartifying Physician: To the bast of my knowledge, death occurred at tha tima, data and place, and dua to tha cause(s) and mannar as statad.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) and manner stated. edical To the Hosp within 24 hou To the Fune completaly fi 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30/hama and address of parson who completed ceusa of daath (Item 23a) (Type, Print) lace arinder 1 Coulte 2 Market 32. Haristrar's Signature 31. Data filed (Month, Day, Year) state Registrar



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 7 22 1 3 5

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death July 18, 1997 **Physician** Mildred R. Forwood 9:30 a.m /Medical 4e. Fecility Neme (If not institution, give street end numbar) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Manor Care Health Services Towson Baltimore 5. Sociel Sacurity Number If Under 1 Yaar If Undar 24 Hrs. 7. Aga (In yrs. lest birthdey) 8. Date of Birth (Month, Dey, Year) May 30,1918 Birthplece (Steta or Foreign Country) **Funeral** Deys Hours 220-07-2281 1 M 200 Months 79 Yrs. Director Maryland Usual Residence of Decedant with the Maryland 10e. Stete 10b. County 10c. City, Town or Location itam 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, tra Medical Examinar must be notlined at 10d. Insida City Limits Director Md. Baltimore Lutherville 1 ☐ Yas 2 No 10e. Street end Number 10f. Zip Coda 10g. Citizen of Whet Country? 1708 Broadway Road 21093 U.S.A. death Funeral 11 Marital Stetus Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puerto Rican, atc.) 14 Race - American Indian Bleck, Whita, etc. filed within 72 hours aftar. Hygiane. other than "natural", or Ne 1 Nevar Marriad 2 Married 1 Yes 2 No Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: à Specify: White 3 Widowed 4 Divorced Yeer or Dates: Completed 16e. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) permit. Pages 1 end 2 should be filed with Depertment of Health and Mentel Hygian important: if Itan 27 is marked other that any injury or other trauments. Homemaker 11 Housewife 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumema) Be Joseph Harold Scott Olive Mabel Robinson 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Kathleen Bohn 30 Hebron Dr., Baltimore, Md. 21220 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, State ⊌ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 Donation 5 ☐ Other (Specify) Carrolls Chapel Cem. July 21, 1997 Lutherville, Md. 21. Signature of Funeral Service Licenses 22. Name end Address of Fecility Eckhardt Funeral Chapel 11605 Reisterstown Rd. Owings Mills, Md. 21117
be disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, if eliure. List only one cause on each line.

11605 Reisterstown Rd. Owings Mills, Md. 21117

Approximate Intervel Between Onset end Death **Physician** /Medical Immediete Ceuse (Finel HSCUD E diseese or condition resulting in death) Examiner Physician/Medical Examiner The law requires that tha daath certificata be axecuted burial-trensit Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest and Due to (or es e consequance of): physician s the burial Division of Vital Records, P.O. Box 68760, Dua to (or as e consequance of): attending ö Part II. Other significent conditione contributing to death but not resulting in the underlying cause given in Pert I. the 23b. Did tobecco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24e. Wes an eutopsy peen performed' 1 ☐ Yes 20 No certificata 1 ☐ Yes Hospital or Attending Physician: 24 hours after death. director. 25. Was cese referred to medical exeminer? Be 26. Piece of Death (Check only one) Hospital: Other: Suursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this After this 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Naturel 5 Pending investigation 2 Accident 1 Yes 2 No Director: / 3 Sulcida 6 Could not be determined Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide in 24 hour. the Funeral Direct Property of the International Internation Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es stated.

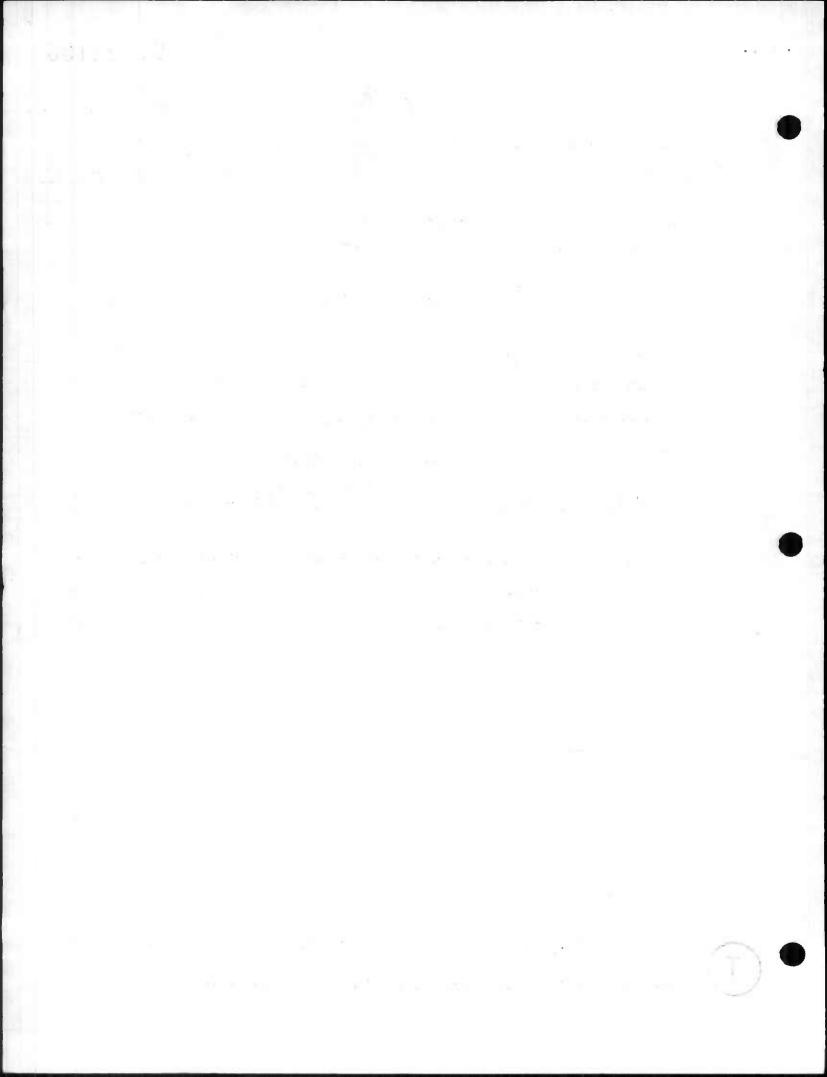
2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end manner steted. Medical 29a. Certifier (Check only one) within 2 To the the th 29b. Signature and title of certific 29c. License number 29d. Date signed (Month, Dey, Yeer) 0 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) JAMES QUINCON MD 7801 normol YORK PD 31. Date filed (Month, Dey, Yaar) 32. Registrer's Signeture State Tulia Davidson JUL 2 2 1997 Registrar

1000 Paraller agent agent agent agent agent

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 22136

							C	ertifica	ate of	Death		Reg. I	No.	-	Norm 8	
	Division		1. Decedent's Nem	e (First, Middle, Li	ast)						2. Dete of De Month	eth	Dev	Vana	3. Tim	e of Deeth
	Physici /Medic		George			F	OLKS				July 1	8,1	997	Yeer	5:2	5 P.M.
	Examir		4e. Fecility Name (	If not institution, gi	ve street end number)					4b. City, Town, or	Location of Dee	h .	c. County	of Deeth		
1			Franklin	Square	Hospital (	Cente:	r			Rosedale			Balt:	imore		
	Funeral Director		5. Social Security N 218-03-548		.D., .D.	je <i>(In yrs. l</i> i 31	es <i>t birthd</i> a Yrs.	Month	der 1 Yea s Deys			By, Yes	15	9. Birthpl Count Baltin	ece (Sta try)	ate or Foreign Maryland
	pu *		Usuel Residence of 10e. Stete	Decedent 10b. County		100 City	, Town or	Location							0.4.1	02.41.4
	aryle shor	5		•										10		le City Limits Yes 2 2 No
	he N	Director	Maryland	Baltimore		Batt	more	County		,						03 2 X 140
	23a or		4213 Cardw						Zip Code 236			_	SA	Whet Coun	try?	
020	permit. Pages 1 end 2 should be filed within 72 hours efter death with the Marylend Department of Health end Mental Hyglene. Important: if Item 27 is marked other than "natural", or itams 23a or 28a-f show any injury or other traumatic event, the Medical Evanting must be notified at once.	by Funeral	11. Marital Status  X⊠ Never Marri 3 □ Widowed	ied 2□ Marrled 4□ Divorced	12. Wes Decedent Armed Forces? 1 X Yes 2 1 If Yes, Give Yeer or Dates:	No			cedent of pecify Cu 2 🔯 No	Hispenic Origin? (S ben, Mexican, Puer Specify:	Specify Yes or Noto Rican, etc.)	0-		e - America ck, White, o	etc.	١,
0	2 ho	be	10	15. Decedent's E	ducetion		16a. Dec	cedent's U	sual Occi	upation		16b.	Kind of B	usiness/Ind		
218	thin 7	Completed	(Spec	cify only highest gr andery (0-12)	ede completed) College (1-4or !	5+)	(Git	ve kind of the DO NOT	work doni use retir	e during most of wo ed)	rking					
2	d wil	Š	8	, (* 1)	N/A	/	Engin	eer				Cit	y Hosp	oital		
pu	al Hy orth	3e (	17. Fether's Neme		")						me (First, Middle		en Sumen	10)		
<u> a</u>	uld b Went	To Be	Gearg	je Folks						Lula Esta	elle Carte	r				
, Maryland 21215-0020	and 2 sho laith end ? 1.27 is me er traume		19e. Informent's Na Lula Raines		(Type, Print)					et e <i>nd N</i> um <i>ber or R</i> V <b>enue</b> Balti					Code)	
altimore,	Pages 1 nent of He int: If Item iny or oth				Removel from Stete	CE	metery, c	position (A remetory o <b>Cemet</b> e	r other pl	July 23, 19	Dete			City or To		
Balti	permit. Departrimports any inju		21. Signeture of Fu	neral Service Lice	nsee		Lin	Lassah	n Fur	ress of Fecility peral Home,						
	Physician /Medical		Immediate Ceuse (	(Finel	plicetions that cause one ceuse on eech li		. Do hof e	enter fhe m	ode of dy		c or respiretory	erresi,			Approxi Intervel Onset e	Between and Deeth
П	Examiner		diseese or conditio resulting in death)	n	<sub>a.</sub> Probable			arryt equence d		with res	sulting	hyp	oxemi	a Z	4 da	ys
ш		ner			, Probable			oquerioe c	<i>,</i> ,,						2 3-	
	outec nd rensi	Examiner	Sequentially list co	nditions	D	Due to (or		equence o	of):						da	ys
o,	rificate be executed ng physician end ses the buriel-trensit	Ä	Sequentially list confidence in the confidence i	nmediete orlying	Pulmonar	v ede	ma								day	***
68760,	nysici he bu	Medicai	thet initieted events resulting in death) I		0.	Due to (or		equence o	f):						i ua	ys
	and and		Tooding in Coatin)		d											
Box	death ce ie ettendi ad for use	Physician/														
P.O.	the d	ysi	Part II. Other signif	Icant conditions	contributing to death b	ut not resu	tting In the	underlying	g ceuse g	iven in Pert I.						ise of death?
	es that the death ce igned by the ettend be deteched for uso										1	Yes	2. No	3 Prob	ably 4	4 Unknown
Division of Vital Records,	aw requir ts been s 2 should	Completed by									24e. Wes	ormed		cor	eileble pr	osy findings rior to of ceuse
Œ	The law ate has b pege 2 s	6									1.DE	Yes	2 🗆 No	1,50	Yes	2□ No
ita	certificate rector, peg	Be	25. Wes case refer	red to medical						26. Place of De	ath (Check only	one)				
>	ysici is cel direc	10	exeminer? 1 ☐ Yes 2 🔯	No	Hospital: Inpatie	ent 2 🗆 8	R/Outpeti	ient 3	DOA O	thor:	Home 5 ☐ Res		6 □Oth	er (Specify	()	
o uo	Attending Physician: or death. actor: After this certific by the funeral director.		27. Menner of Deeth 1 ⊠Natural 2 □ Accident		28e. Dete of Inju (Month, De		28b. Time Injury	of	28c. Inji		28d. Describe				<u></u>	
Divis	5 th th	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined		ury - At hor c. (Specify)	ne, farm,	street, fect	ory, office		28f. Location City or To			er or Rure	Route N	Vum <i>ber</i> ,
	e Hospital 24 hours e Funeral deteiy filled	edical (	29a. Certifier (Check only one)	1 Certifying Pt 2 Medical Exam	nysician: To the best of miner: On the basis of end menner sta	examinati	rledge, dea on end/or	ath occurre Investigation	ed at the i	ime, date end plece opinion, death occ	e, end due to the urred et the time	ceuse date e	(s) end me and place,	enner es st end due to	eted. the ceu:	se(s)
	To the Ho within 24 To the Fu completei	X	29b. Signature and	title of certifier	1/			2	9c. Licer	se number		29d. [	Date signe	d (Month, L	Dey, Yee	ir)
			) (	John	no				RD	01926			July	18,19	97	
	(T	1	30. Name and add	ess of person who	completed cause of d	eeth (Item	23e) (Turv	e Print)								
3		/	John Kim		ranklin Sq				more	Marvlan	d 21237					
	Sta	te	31. Dete filed (Mont						WO I G	, mary ran	- 212J/	_				
	Registr:	_		2 1997	32. Registr	doon-A	andell	6								



Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Dev GARNET -50P.M EDWARD /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner KESWICK MULTI-CARE CENTER BALTIMORE 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) 5. Social Security Number 6. Sex 1 M 2 ☐ F Birthpiece (State or Foreign Country) **Funeral** Yrs. Director 250 09 6005 AUG. 22.1916 SOUTH CAROLINA Usuel Residence of Decedent the Maryland 10e State 10h County 10c. City, Town or Location permit. Peges 1 end 2 should be filed within 72 hours effer death with the Marylan Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinat must be notified. 10d. Inside City Limits Director N/A 1 Yes 2 □ No MD. BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4400 BELVIEU AVENUE 21215 Funeral U.S OF A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐No It Yes, Give Yeer or Deles: Was Decedent of Hispenic Origin? (Specify Yes or No-it Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indien, Black, White, etc. 1 Never Merried 2 Married 21215-0020 1 ☐ Yes 2 No Specify: ģ Specify: BLACK 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind ot Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) N/ATRUCK DRIVER CONSTRUCTION altimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be FRED GARNETT LUCINDA SHINE 19e. Intorment's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) MARY V. GARNETT (WIFE) 4400 BELVIEU AVENUE BALTIMORE, MD. 21215 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stete Burial 2 Cremetion 3 Removal from State NAT. MEM. PARK 7/25/97 LAUREL, MD. P.G. CO. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funaral Service Licenses GWYNName end Address of Fecility LEWIS T. LEWIS T. GWYNN FUNERAL HOME 21215-639 23e. Pert1. Enter the disease, or complications the caused the death. Do not enter the mode of dying, such as cardiac or espiratory arrest, shock, or heert teilure. List only one ceuse of each line. BALTO Approximate Intervel Between Onset end Deeth **Physician** /Medicai Immediate Ceuse (Finel 2YLS HEROTO CELLULAR CAZC. DOMA diseese or condition resulting in deeth) Examiner Due to (or es e consequence ot) The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting In death) Lest pue Due to (or es e consequence of): P.O. Box 68760, Physician/Medical the Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 20 No 3 Probably 4 Unknown DIABLES MELLITUS Division of Vital Records, þ 24b. Were eutopsy tindings eveilable prior to completion of cause of deeth? Completed 24e. Wes en autopsy performed? HYPERTEUS. 6.1 certificate hes (PZELME) demost. a 1 Yes 2 No 1 ☐ Yes 2 No Attending Physician: Be 25. Wes cese reterred to medicel examiner? 26. Place of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Medical Certification: To After this s efter deeth.
i Director: After this
ad in by the funeral d 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Couid not be determined 3 ☐ Sulcide 28e. Place of injury - At home, tarm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide ò To the Hospital o within 24 hours of To the Funeral D 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

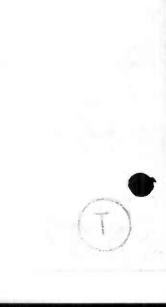
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier (Check only one) 29b. Signeture end title of codifice 29c. License number 29d. Date signed (Month, Dey, Year) 12399 JULY 20, 1997 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 700 W. 4ch ST BOLTIMORE M) 21211 (HAZLES adoNOVAN ID KESWICK 22. Registrar's Signeture 31. Dete tiled (Month, Day, Year)

**DHMH 16 Rev 6/95** 

State

Registrar

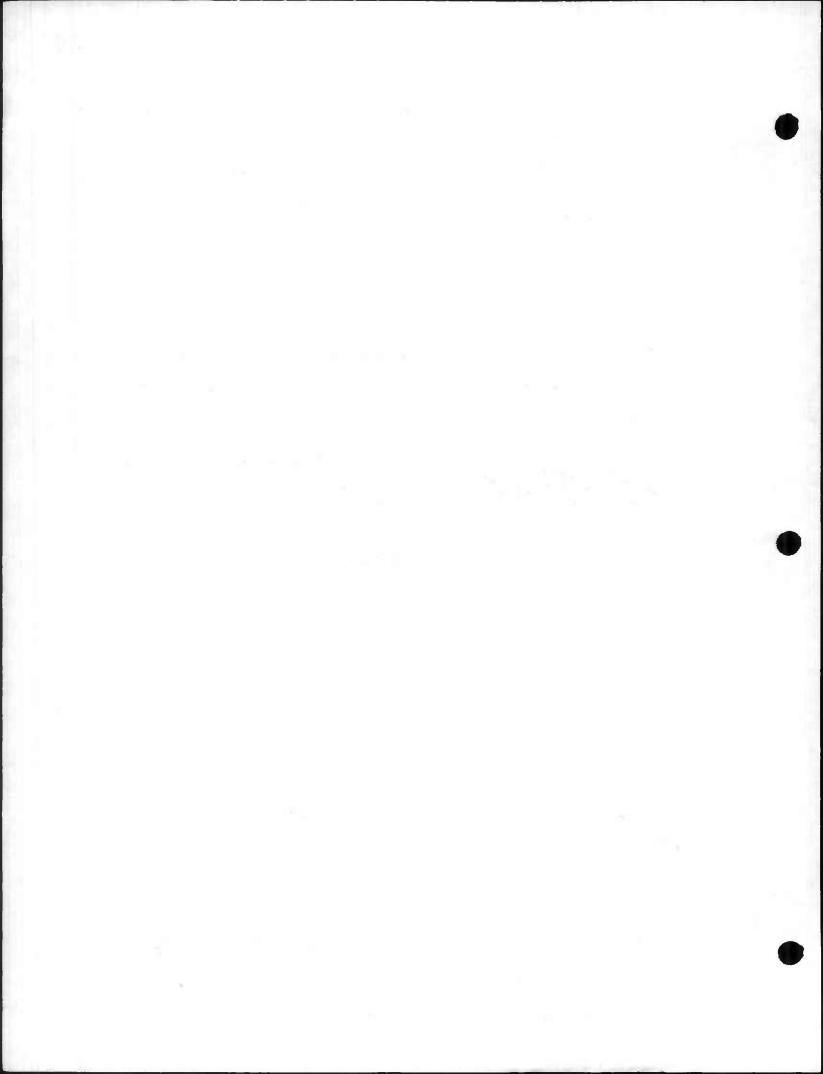
JUL 2 2 1997



× ,

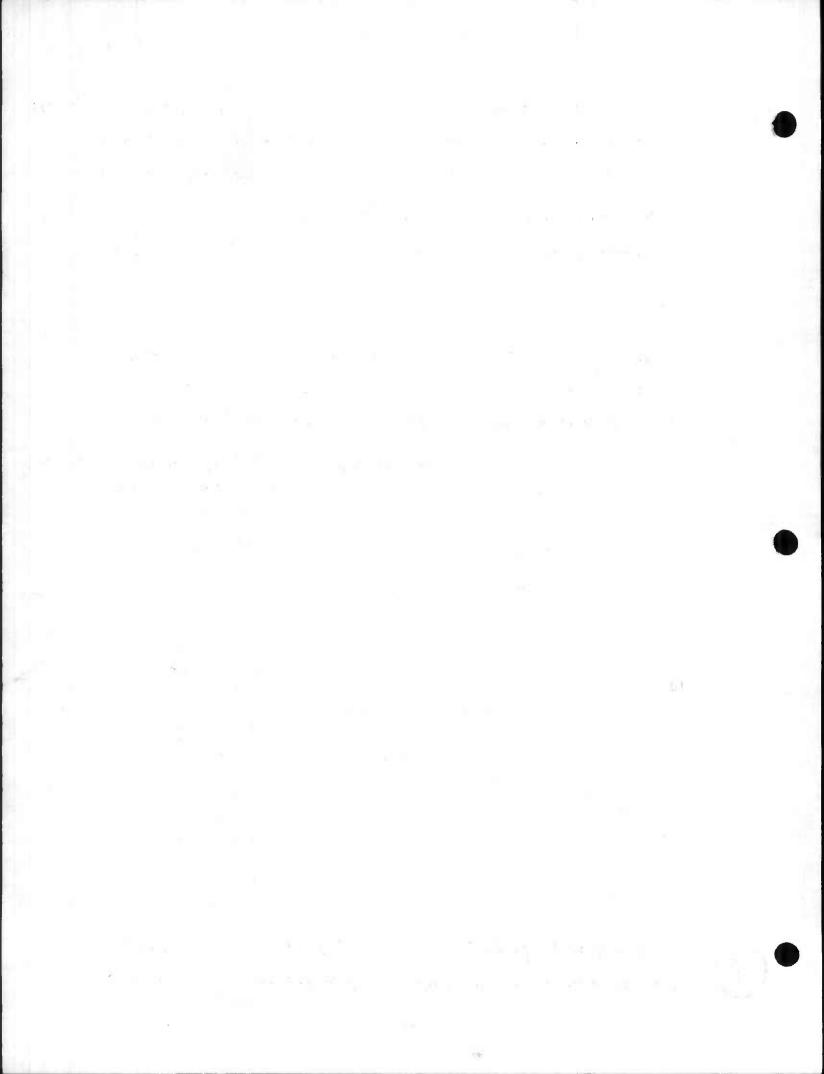
- 1

			S	tate of Maryland		irtment of F tificate of			giene / Reg. No.	los los	100
	Blood		1. Decedent's Name (First, Middle, Last)					2. Dete of De Month		Vens	3. Time of Deeth
	Physic /Medi		Stanley Flo	rian Glanv	ille			JULY		Year 997	8:15 am
	Examir		4a. Fecility Name (If not institution, give stre	et and number)			lb. City, Town, or L	ocation of Death	4c. County	of Death	
			Frederick Villa			W. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Catons			timor	
	Funeral		5. Sociel Security Number 6. Sex	7. Age (In yrs. le	ast birthday). Yrs.	Months Days	If Under 24 Hrs. Hours Min.	8. Date of Bin (Month, Da	y, Year)		ece (State or Foreign ry)
	Director		Usual Residence of Decedent	80	113.			DEC 21,	1916	Mary	land
	ylend		10a. State 10b. County		Town or Lo	cation				10	d. Inside City Limits
	a-fs	ctor	MD Anne Ar	undel Pa	saden	ıa					1 ☐ Yes 2 No
	or 28	ire	10e. Street and Number			10f. Zip Code			10g. Citizen of V	What Count	ry?
	23a	rai	608 Laurel Drive			2112	2.2		USA	Λ	
	ar de	Funeral Director		Was Decadent Ever in U.S Armed Forces?		Vas Decedent of H Yes, specify Cuba	ispanic Origin? (Sp in, Mexican, Puerto	ecify Yes or No Rican, etc.)		e - America ck, White, e	
20	rs of		1 ☐ Never Married 2 ☐ Married  X☐ Widowed 4 ☐ Divorced	l OXYes 2 □ No lfYès, Give WW I Year or Dates:	I 1	☐ Yes 2 No	Specify:		Specify	· W	hite
9	tural	Be Completed by	15. Decedent's Educati		16a. Deced	ent's Usual Occup	ation		16b. Kind of Bu		
215	hin 7	plet	(Specify only highest grade co	mpleted) College (1-4or 5+)	(Give i	kind of work done OO NOT use retired	during most of work	ing			
21	giene giene er tha	mo.	12	3011ege (1-401 3+)	Deput	y US Mar	shall		Federa	1 Gov	ernment
pul	be file d ofth	Be (	17. Father's Name (First, Middle, Last)				18. Mother's Nam	e (First, Middle,	Maiden Sumam	10)	
<del>S</del>	Men Marke Marke	ို	James Willia						May D		
Ma	d 2 st th end 7 is n traun		19a. Informant's Name/Relationship (Type, Frances C. Sturgeon,			g Address <i>(Street</i> aurel Dr	and Number or Run	a <i>l Route N</i> um <i>b</i> na, MD		State, Zip (	Code)
a,	Heel Heel em 2		20a. Method of Disposition	20b. Pia	aca of Dispos	sition (Name of		Date Date	20c. Location -	City or Tow	vn. State
JO TH	eges ent of it: If it		1 ☐Burial 2 ☐Cremation 3 ☐Remo	vei from State	-	Momowi o	1	7/22/0			
Baltimore, Maryland 21215-0020	permit. Peges 1 end 2 should be filed within 72 hours effer death with the Meryland Department of Heelth end Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23a or 28a-f show any injury or other traumatic event, if a Medical Examinat must be notified at once.		21. Signature of Funeral Service Losenshe	//	22	Name and Addre	1 Gardens			ttsv1	IIe, MD
ä	Depariment of the part of the		Edward A. Gregor	ob i Ir	Ma	acNabb Fu	neral Ho	me, P.A		21.000	
			23a. Part1. Enter the disease, or compliceti shock, or heart failure. List only one c		Do not ente	or the mode of dyin	ick Rd. g, such as cardiac	or respiratory a	re, MD a		Approximete
	Physician		Shock, of field failule. List only one c	ause on each line.						1	fritervel Between Onset and Deeth
7	/Medical Examiner		Immediate Ceuse (Final disease or condition	Alzhemes	s Di	sease					
X L		<u>.</u>	resulting in death) a.		as a conseq	uence of):					
<i>y</i> –	nsit	Examiner	b			,					
,	execu n end iel-tre	Exa	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury c	Due to (or	es a conseq	uence of):				İ	
68760,	icate be executed physicien end s the buriel-trensit	edicai	that initieted events	Due to (or	as a consequ	uence of):					
			resulting In death) Last	,		,				į	
Box	leath certific ettending p	Physiclan/M	d							1	
	tt the dea by the el	/sic	Part II. Other significant conditiona contrib	iting to deeth but not resul	ting in the un	derlying cause giv	en in Part I.	23b. Did	tobacco uee co	ntribute to	the cause of death?
P.0	requires that the death certif seen signed by the ettending hould be deteched for use e							10	Yes 2□No	3 Prob	ably 450 Unknown
ds,	signe of be	d by						24a Was	en eutopsy	24b. Wer	re autopsy findings
COL		lete						perto	med?	evai	ilable prior to apletion of cause eath?
Re	The law ate hes b page 2 s	Completed						10	Yes 2 No		Yes 2□ No
ta		0	25. Wes case referred to medical				26. Place of Deat			10	165 2 10
\_	2 00	To B	examiner?	ital: 1 ☐ Inpatient 2 ☐ E	R/Outpatient	3□ DOA Oth	or:		dence 6 □Oth	er (Specify)	)
D O	ding Ph h. After th funeral		27. Manner of Death 1 Section 2 1 Pending	8a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Injur Wor	v at k?	28d. Describe	now injury occur	red	
sio	eat or:	cati	2 Accident investigation				Yes 2□No				
Division of Vital Records,	or Att efter d Direct d in by	Certification:	4 Homicide determined	8e. Place of Injury - At hor building, etc. (Specify)	ne, farm, stre	et, factory, office		28f. Location (: City or To	Street and Numb vn, State)	er or Rural	Route Number,
_	24 hours Funeral stely filled		29a. Certifier 1 Certifying Physicia	n: To the best of my know	ledge death	accurred at the tim	o date and place	and due to the	nauen(e) and me	nnor na ata	atod
1	Fun Fun	edical	(Check only 2 Medical Examiner:	On the basts of exemination of manner stated.	on and/or Inv	estigation, in my o	pinion, death occur	red at the time,	date and place,	and due to	the cause(s)
4	Within 2 To the compie	Me	29b. Signature and title of certifier			29c. Licens	e number		29d. Date signe	d (Month, D	Pey, Yeer)
			Raymuna Millie	MO		D	47683		7/2	1/47	
	10	-	30. Name and address of person who compl			Print)	_			,	
_	\		Raymond Miller 3	5 main	street	Reisk	rtown 1	Cim	21131	6	
	Sta	-	31. Date filed (Month, Day, Year)	32. Registrar's Signatu	ure So	4.00					
	Registr	ai	JUL 2 2 1997	icha Dayd	101-101	la Fac					



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** 1997 July 18, Ruth A. Gross /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Glen Burnie 52 Glen Ridge Road, Apartment B-4 Anne Arundel Hours Min. 8. Dete of Birth (Month, Dey, Year)

Dec • 15 , 19 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) 9. Birthplece (Stete or Foreign **Funeral** Months 1 M 2 TF Days 215-01-7337 Director 80 1916 Maryland Usual Residence of Decedent with the Maryland 10b. County 10c. City. Town or Location Show 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shor traumatic event, the Medical Examinar must be notified at Maryland Anne Arundel Glen Burnie 1 ☐ Yes 2√ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21061 United States 52 Glen Ridge Road, Apartment B-4 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14 Race - American Indian Bieck, White, etc. filed within 72 hours efter Hygiene. Wher than "natural", or ite 1 ☐ Never Merried 2 ☐ Married ☐ Yes 2☐ No Yes, Give X Saltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: white à 3 ₩ Widowed 4 Divorced Completed Decedent's Usuel Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 10 waitress restaurant permit. Pages 1 and 2 should be file Department of Health end Mental Hy Important: If Item 27 is marked other any Injury or other traumatic event. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Lillian E. Thompson Martin F. Juister 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informant'a Name/Relationship (Type, Print) Peggy Ann Bourque / niece 52 Glen Ridge Road Glen Burnie MD 21061 20a. Method of Disposition 20b. Plece of Disposition (Neme of Date 20c. Location - City or Town, State July 21 1 □ Burlal 2 □ Cremation 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore, Maryland Western Cemetery 1997 21. Signeture of Funeral Service Licenspe 22. Name end Address of Fecility McCully-Polyniak Funeral Home 23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. 21122 Approximete Interval Between Onset end Deeth Physician /Medical immediate Cause (Final · Advanced parcher Tiz concon disease or condition resulting in death) Examiner Due to (or es a consequence of): AMAL RIBMUATION the buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting In deeth) Last Due to (or es e consequence of) P.O. Box 68760, ding physicien Physician/Medical Due to (or es a consequence of): been signed by the should be deteched Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown Records, g 24b. Were eutopsy findings evelleble prior to completion of ceuse of deeth? Completed 24e. Wes an autopsy performed? 200 No certificate Division of Vital Hospital or Attending Physician: 24 hours after death. 25. Was cese referred to medicel examiner? Be 28. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospital: 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of Certification: 28e. Date of Injury (Month, Dev Year) 28c. Injury et Work? After Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident Director: 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital of within 24 hours a To the Funeral Completely filled Medical 29a. Certifier Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the ceuse(s) and menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name end eddress of person who completed ceuse of deeth (Item 23a) (Type, Print) H mm mon DS 606 31. Dete filed (Month, Dey, Yeer) 32. Registrar's Signature State Julia Davidson Rande 12 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 1 4 0 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death 6:52 PM HARLES GETT 1997 JUL HOSPITAL BALTIMORE CITY Dever last birthday) If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Day, Year)

Months Days Hours Min. June 23, 1997 4a. Facility Neme (If not institution, give street and number) 4c. County of Death Baltimore HOPKINS 5. Social Security Number 6. Sex 1 M 2 ☐ F 9. Birthplace (State or Foreign Country) Hershey Pennsylvania 7. Age (In yrs. last birthday) 208-76-1207 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits York 1 ☐ Yes 2 No ork 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2633 N. Therman 17402 5A 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 D No If Yes, Give Year or Dates: 11. Marital Status 13. Was Decadent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indian, Black, White, etc. Never Married 2 Married 1□ Yes 2No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry NONE Elementary/Secondary (0-12) College (1-4or 5+) Child Zero 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Charles heresa 19a. Informani's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2633 York Charles Sherman 20a. Melhod of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) Dale 20c. Location - City or Town, Stete Burial 2 Cremetion 3 Removal from State York 7-18-97 Rose Cemetery 4 ☐ Donation 5 ☐ Other (Specify) John W. Keffer Funeral Home 21. Signature of Funeral Service Licansee 22. Name and Address of Facility York PA 17403 902 Mt. Rose Ave. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final ONGENETAL disease or condition resulting In death) 21 DAYS Due to (or as a consequenca of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last Due to (or as e consequence of) Due to (or as e consequenca of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown HEMORRIAGE OCCIPITAL 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 25. Was case referred to medical 26. Place of Death (Check only one) examiner? 1 Yes 2 No Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 5 Pending investigation Natural 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

15 Certifying Phyalclan: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

MI

29d. Date signed (Month, Day, Year)

Examiner The law requires that the death certificete be executed Records, P.O. Box 68760, Division of Vital or Attending Physician: To the Hospital or Attendir within 24 hours after deeth. To the Funeral Director: At

**Physician** 

/Medical

Examiner

**Funeral** 

Director

re 23a or 28a-f show

7 is marked other than "neturel", or iten traumatic event, the Magical Examiner

Hygiene.

Pages 1 and 2 should be

Department of Health er Important: If Itam 27 is any injury or other trau

**Physician** /Medical

burial-transit

signed by the attending p

funeral director, page 2 certificate

filled in by the

completaly

this

After

Director

Funeral

Completed by

Be

Physician/Medical Examiner

þ

Completed

Be

Certification: To

Medical

the Maryland

filed within 72 hours after death with

21215-0020

Baltimore, Maryland

PETER 31. Date filed (Month, Day, Year) State Registrar

29a. Certifier

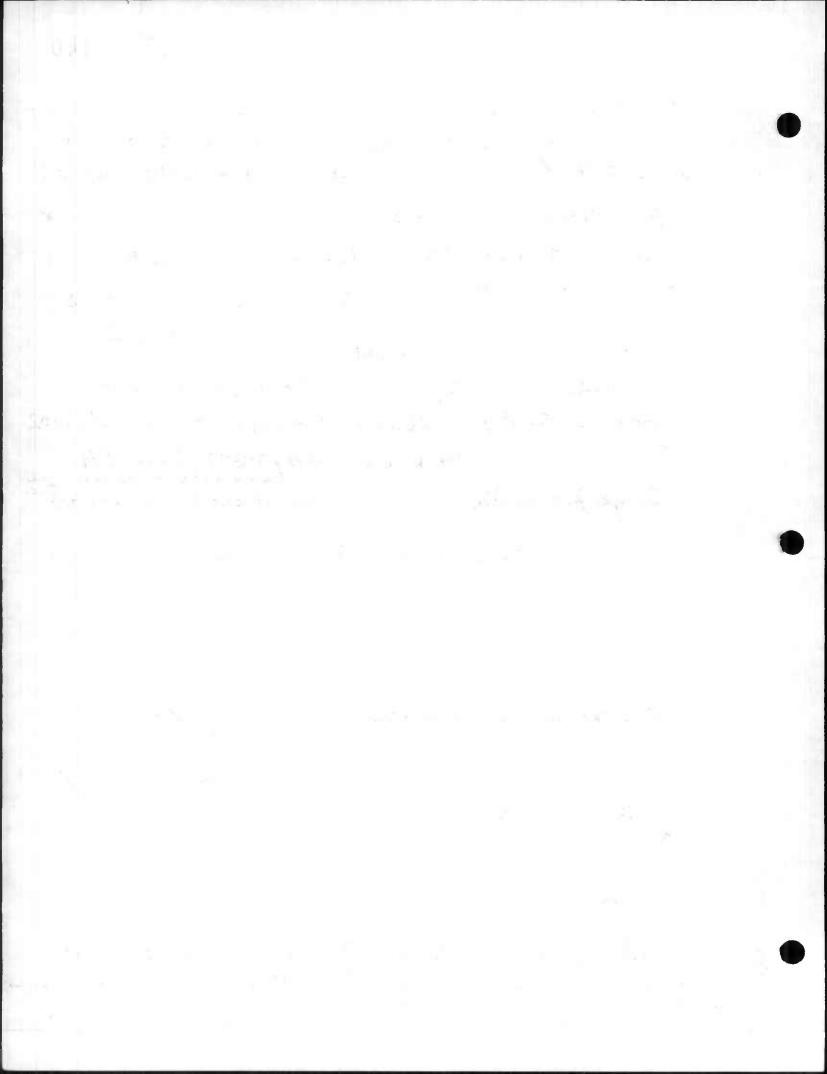
(Check only one)

29b. Signeture end title of certifies

30. Name and address of person

LITE 32. Re istrar's Signature

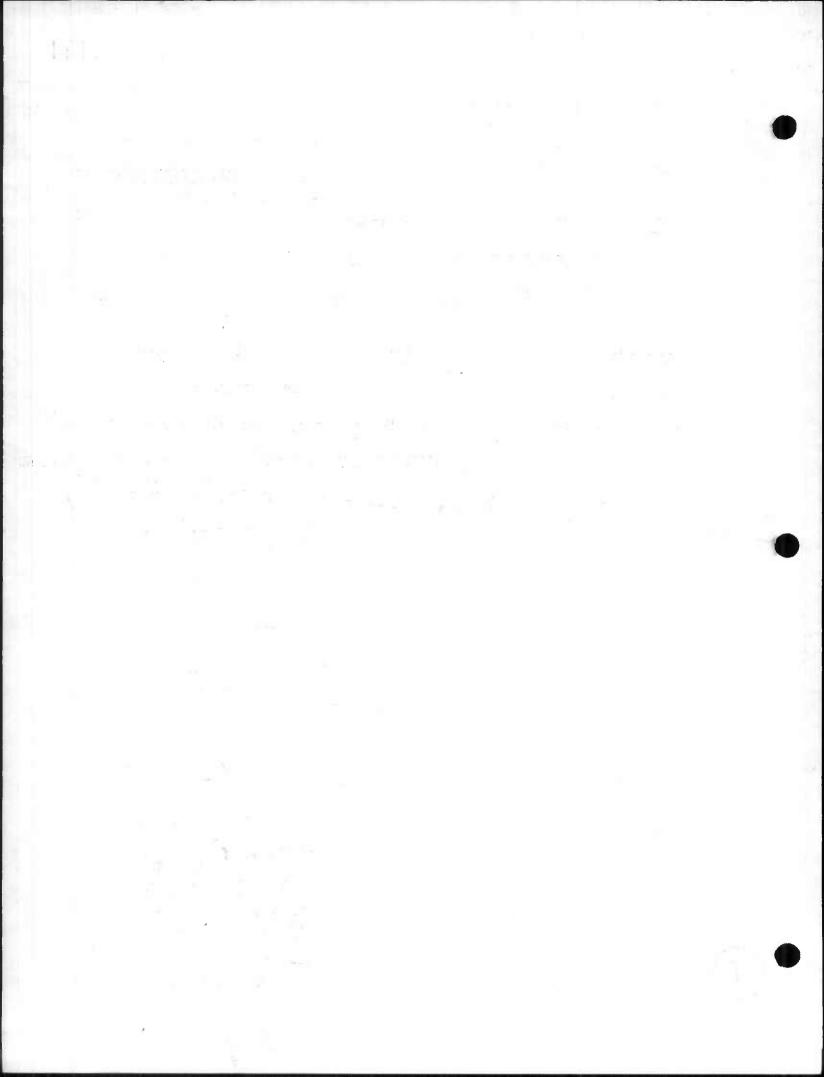
of death (Item 23a) (Type, Print)



MA

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

JOI	R F.HAI	RR.	1. Decedent's Name (First, Middle, Las	45		Cer	tificate of	Death	10.8	Reg. No.		
	Physici /Medi		MAJOR F.	HARRIS	3				2. Date of D	Dey	Yeer 97	3. Time of Deeth 3:50 Al
	Examir		4a. Facility Name (If not institution, give					4b. City, Town, or		151 25211		
	Francis		501 DOLPHIN ST. 5. Sociel Security Number 6. S		e (In vrs. le	st birthday)	If Undar 1 Year	BALTIM			A Ridhel	ace /State or Foreig
1	Funeral Director			ØM 2□ F	8(		Months Deys			ey, Year) 2 1917	VIRG	eca (State or Foreig try) INIA
	how		10a. Stete 10b. County		10c. City,	Town or Loc	ation				10	Od. Inside City Limits
	Sa-f s	Director	MARYLAND N/A			BALT	IMORE					XX Yes 2□ No
	with th	Dire	10e. Street end Number				10f. Zip Code			10g. Citizen of	Whet Count	try?
	leath	Funeral	501 DOLPHIN STR	EET APT 11 12. Wes Decedent E		. 13. W	21217		Specify Yes or N	U.S.	A. e - America	an Indian
Baltimore, Maryland 21215-0020	s 1 and 2 should be filed within 72 hours efter death with the Maryland Health and Mental Hygiene. tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at	þ	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces?  ▼ ☑ Yes 2 □ N  The Yes, Give Yeer or Dates:	lo	lf .	Yas, specify Cub ☐ Yes 2 📈 💥 o	Hispenic Origin? (\$ pan, Mexican, Puer  Specify:	to Rican, etc.)	Bla Specif	ck, White, e	etc.
5-0	72 ho	Be Completed	15. Decedent's Ed (Specify only highest gre	ucetion de completed)		(Give k	ent's Usual Occu	during most of wa	orkina	16b. Kind of B	usiness/ind	ustry
121	within	mpi	Elementary/Secondary (0-12)	College (1-4or 5	+)	life. D	O NOT use retire	d)	and g			
d 2	Hygie ther ant,	မ Co	9th grade  17. Father's Name (First, Middle, Last)			NURSE		18. Mother's Ne	me (First, Middle	HEALT , Malden Sumer		
lan	2 should be filed with and Mental Hygiene, is marked other that aumatic event, the	ToB	unknown						RETT JAC			
lan	2 should have		19e. Informant's Neme/Relationship (7	ype, Print)		19b. Mailing	Address (Street	t end Number or R			Stete, Zip	Code) 21217
6,	1 and 2 Health em 27 I		Naomi Harris/Wife		OOL DI-		olphin S	Street, A				ryland
nor	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if Item 27 Is marked other than marked other than ance.		20a. Mathod of Disposition 1X Burial 2 ☐ Cremation 3 ☐		cer	netery, crem	etory or other ple		Date	20c. Location		12.1107
İţi	artme artme ortant injury		4 Donetion 5 Other (Specify 21 Signature of Emeral Service Licen		SARI			ETERANS				MARYLAN
Ba	Depa Impo any ii		80/1. h	X	100	2				. BROWN ORTH AVE		NITY F/H
			23a. Part1. Enter the disease, or comp shock, or heart failure. List only	Matiens thet caused	tha death.	Do not ente	tha moda of dyi				ITOL	Approximata Interval Between
68760,	icete be executed physician and physician and sthe buriel-transit	edicai Examiner	disease or condition resulting in deeth)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting In deeth) Last	b	Due to (or a	es e consequas e consequas e consequas	ence of):	ular VI	gear			
Box	requires that the deeth cerifii. een signed by the attending I hould be detached for use es	Physician/Me	Part II. Other significent conditions co	d	it not result	ing in the und	lerlying ceuse gi	van in Part I.	23b. Did	tobacco use co	ntribute to	the cause of death
P.0	that the		Chronic a	Lichelvan					10	Yes 2 No	3 Prob	ably 42 Linknow
of Vital Records,	uires tha n signed uld be de	d by							24a. Was	s an autopsy	24b. We	ra eutopsy findings
CO		Completed							perf	ormed?	CON	ilable prior to apletion of ceuse leath?
R	The law rate hes t page 2 s	Com							/	¥es 2□No	VE	Fyes 2□ No
Vita	Physician: The ribis certificate ral director, par	Be	25. Wes cese referred to medicel examiner?	Manaital					ath (Check only	one)		
to	Phys ral di	5	XXYes 2 No 27. Menner of Deeth	Hospital: 1 Inpatier		R/Outpatient 8b. Time of	3LI DOA			idence 6 Oth		)
ion	after and	ation	1 ■Natural 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Dey	Year)	Injury	28c. Inju Wo M 1	rk? ]Yes 2□No	200. Doscribe	now injury occur	100	
Division	of Attendi effer death Diractor: A d in by the f	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injubuilding, etc.	ry - At hom . (Specify)	e, farm, stree	et, factory, office			(Street end Numl wn, Stete)	per or Rurel	Route Number,
	To the Hospital or Atti within 24 hours efter de To the Funeral Direct completely filled in by t	edical (	29a. Certifier (Check only one)  1☐ Certifying Phy 2☐ Medical Exem	sician: To the best of iner: On the basis of and manner stat	examinatio	edge, death on and/or inve	occurred at the ti stigation, in my o	me, date end place opinion, death occu	e, end due to the urred at the time,	ceusa(s) end ma date and place,	anner as sta and due to	ated. the cause(s)
	To the To the Complex	Σ	29b. Signature end title of certifier	0 40			29c. Licans	se number		29d. Date signe	d (Month, E	Dey, Year)
			Dennis	1. Chut	- m		0.	C.M.E.		JULY 1	7,19	97
	(T)		Dennis J. Chu	ompleted ceuse of de				Baltir	nore, N	Marylan	d 21	201
	Sta Registr		31. Dete filed (Month, Dey, Yeer)	32. Registre	r's Signetu	son-Rang	delle					
DH	MH 16 Rev 6/9		701 62 100	0			2					
2.1												

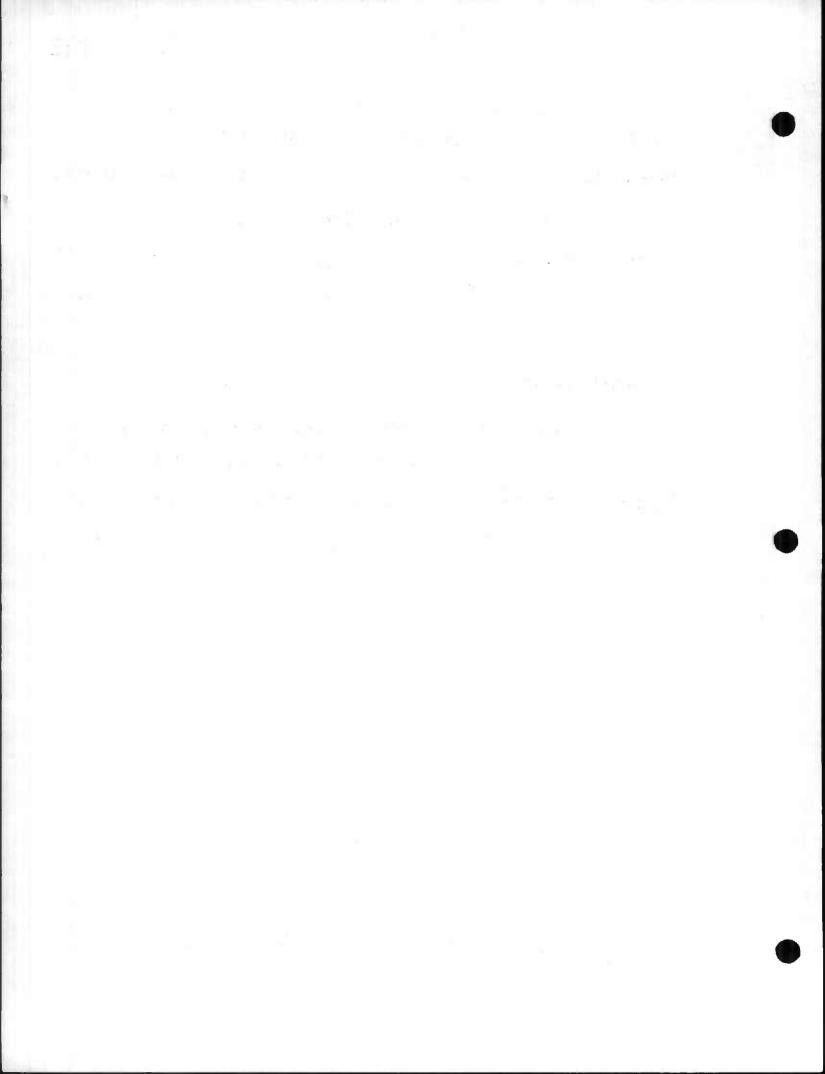


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 1 4 2

Certificate of Death

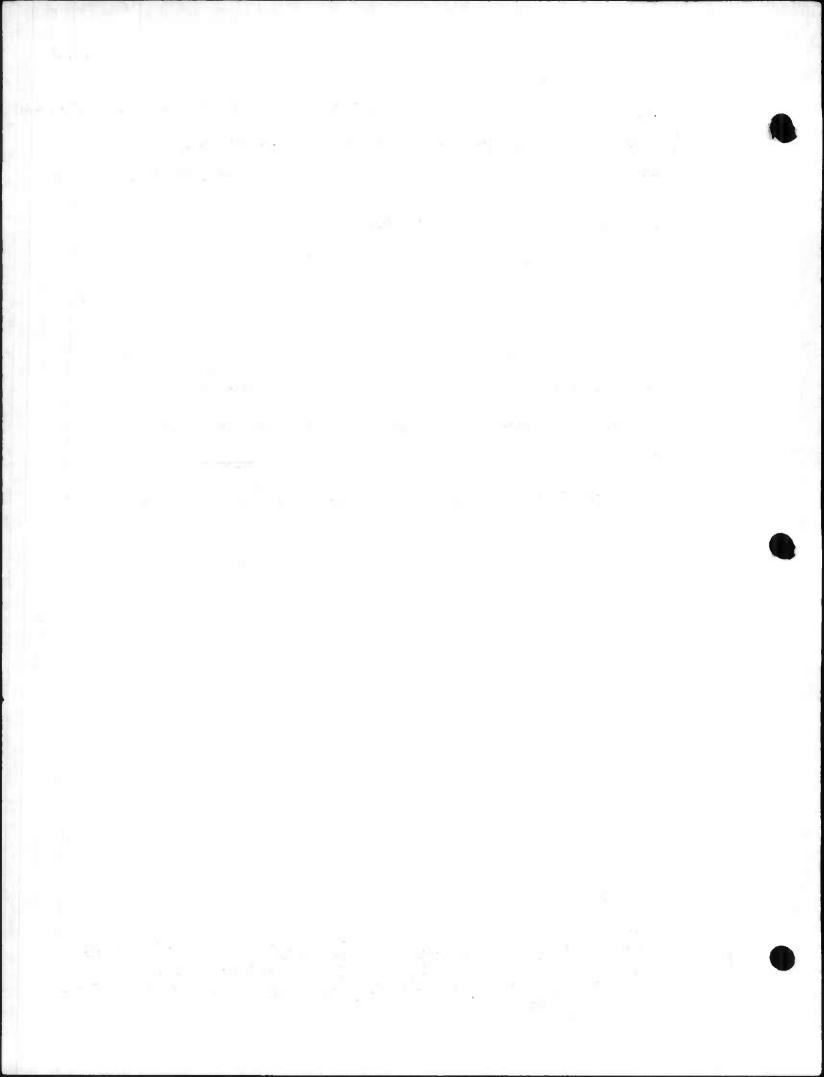
							Cei	rtificat	e of	Death			Reg. No.				
			1. Decedent's Nam	ne (First, Midd	le, Last)							2. Dete of D	eeth	215.0	3. Tim	e of Death	-
-	Physic		RIITH		LOUIS	F	HZ	ARRIS	3			Month	Dey	1997		2:58	,
	/Medi Examii			'If not institutio	n, give street end n		112	31/1/1		4b. City, To	wn, or Lo	JUL ocation of Dea		Dunty of Dee	th		-
	LAGIIII	ICI	6626	VINC		NE apt.	102			BA	LTI	MORE		n/			
-	e dili		5. Sociel Security 1		6. Sex	7. Age (In yrs.		If Under	1 Year				irth			to or Foreign	
ı	Funeral Director		169-22-	-1525	1□ M 2√X	93	Yrs.	Months	Days		Min.	8. Date of B (Month, D OCT . 1			ARYL	AND	
	show		10e. State	10b. County		10c. City	y, Town or Lo	ocation							10d. Insid	e City Limits	
	the Maryle 28a-f sho	ō	MD	r	ı/a		BΔ	LTIM	ORE						XZ.	Yes 2 □ No	
	the M	9	10e. Street end Nu		., a		D11	10f. Zip					10a. Citize	n of Whet Co			
	with or	Ö											UNIT		STATI	7 0	
	eath w	era	6626 11. Maritel Status	VINCE		E cedent Ever in U.	S 13 1	Was Decar	toni 2	1 215	igin? (Sn	ecify Ves or N		. Race - Ame			-
_	ter des Items Iner.m	'n.	1 Never Men	ried 2□ Mar	Armed F	orces?	3.	If Yes, spec	cify Cub	an, Mexical	n, Puerto	ecify Yes or N Rican, etc.)		Black, Whit		',	
21215-0020	hours efter death with the Maryland ural; or items 23a or 28s-f show al Examiner must be notified at	Completed by Funeral Director	X3x Widowed		H Von C			1 ☐ Yes	2 <b>XXX</b>	Specify:			S	pecify:	BLACE	7	
ŏ	72 hours natural', alcal Ex	B	AA		t's Education	Dates.	16e. Deced	dent's Heur	al Occur	netion			16h Kind	of Business	Industry		_
15	C 1 8	olet		cify only highe	st grede completed		(Give	kind of wo	rk done	during mos	t of work	ing		TERN		RE	
12	within ene. than "	E	Elementery/Second 12 t		College	(1-4or 5+)		ANAGI		-,						-Reson	r
	htal Hygie od other event, II	Ö	17. Fether's Name		Last)		1712	ANAG	ČK.	18. Mothe	er's Name	e (First, Middle				,600	_
an	D 5 0 0	Be c	JOSE		VANS							MARTH		ONES			
>	2 should be end Menta is marked eumatic ev	P P	19a. Informent's N				10h Mailie		/Ctrans	A monet A to come to	D.				7:- 0		_
Maryland			13a. Illiolillelii 3 14	ame/nelations	mp (rype, rmii)		190. Maili	ig Address	(30/00)	ena rvanio	er or mur	al Route Numi	oer, City or 1	own, Stete, a	zip Code)		
	os 1 end of Health item 27 other to		MART 20a. Method of Dis	PHA W	AGNER-	DAUG.	lece of Dispo	26 sition (Ner	VIN	CENT	LAN	E BA	LIMOF	RE, MD	2121	5	_
õ			_		3 □Removal from		emetery, crer	netory or o	tner pie	ice)							
Ħ	thent the part of		4 Donation				BALTI	MORE	N	OITA	NAL	CEM.7	-22-9	7 BA	LTO.	MD	
Baltimore,	permit, Page Department of Important: If any injury or once.		21. Signature of Fo	uneral Service	Lioensee O	(1)	) 22	2. Name en	d Addre	ess of Facili	ty						
ш	20239		X	ann	9001	V100-	WI	M. C	. М	ARCH	FH.	-4300	WAE	BASH	AVEN	IUE	
		1	23a Part1. Enter t	the disease, or	complications that only one ceuse on	caused the death	. Do not ent	er the mod	e of dyi	ng, such es	cerdiac	or respiretory	errest,		Approxi	mate Between	_
a	Physician		citotil, of the	ir randro. Elot											Onset e	and Deeth	
М	/Medicai		Immediate Ceuse diseese or condition			COLDI	N CI	4NC	-9	R					16	2115	
	Examiner		resulting in death)	A1	a		r es e consec	-		<i>U</i>						- 4	-
_		Je				200 10 (01	00 0 0011000	140,100 017.							1		
	ertificate be executed ling physician end e es the buriel-trensit	Examiner	Sequentially list on	nditions	b	Due to (or	r es e conseq	wence of).	_					_			_
oʻ	exection and an er	EX	if eny, leeding to in ceuse. Enter Under	nmediate				, 20.100 0.,									
68760,	ysicie	Medical	Sequentially list co if eny, leeding to in ceuse. Enter Unde Ceuse (Diseese or that initieted events	lnjury s	c	Due to (or	es a conseq	uence of)									_
89	g ph	P	resulting in death)	Lest			00 0 00004										
Вох	ndin use	2			d												_
m	death o	icla	Pert II. Other signit	ficent condition	ne contribution to	heath but not rock	lting in the u	ndarbina o	oueo si	von in Dort I		22h Dia	I tobacco ue	o contribute	to the cou	se of death?	_
0	that the death certific ed by the ettending p deteched for use es	Physician.	or in outer organi		one contributing to t	300011001110011050	inting in the ti	ilderlying c	euse gr	VOIT HIT FOIL			Yes 2X			4 □ Unknow	
<u> </u>	es that igned be be det	by P										''	108 45	no 3□F	TODADIY .	• _ Olikijowi	•
Records,	requires reen sign hould be	D D										24a, We	s en eutopsy	24b.	Were eutop	sy findings	
Ö	v require been si should	lete										peri	ormed?		eveilable pr completion		
Re	hes ye 2	Completed											~ \	2	of deeth?		
<u>=</u>												1 🗆	Yes 250	Йo	1 🗆 Yes	2□ No	
Vital	Physician: The this certificate rel director, pag	Be	25. Wes cese refer examiner?	red to medica					04		of Deat	h (Check only	one)				_
P	S 0 0	2	1 Yes 2 X	V			ER/Outpetien		JA		irsing Ho		idence 6 [		city)		
Ę.	fter t	on:	27. Manner of Deet	h 5 ☐ Pendin	28e. Date (Moi	of Injury nth, Dey Year)	28b. Time of Injury		8c. inju Wo	ryet rk?		28d. Describe	how Injury o	occurred			
Sio	Attending or death.  sector: After by the fune	cati	2 Accident	investi	ant ha			М		Yes 2□	No						
Division	l or Attendi efter death. Director: A d in by the f	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could determ	ined 28e. Plac	e of Injury - At ho ding, etc. (Specify	me, farm, str	eet, factory	, office			28f. Location City or To	(Street end f wn, Stete)	Vumber or R	ural Route I	Vumber,	
	Ital o	S															
	To the Hospital or Attending Phys within 24 hours efter death.  To the Funeral Director: After this completely filled in by the funeral director.	edical	29a. Certifier (Check only	1 Certifyin	g Phyelclan: To th Examiner: On the l	e best of my know	viedge, death	occurred	et the ti	me, date en	d place,	end due to the	ceuse(s) er	nd menner es	s steted.	00(0)	
	the F in 24 the F iplet		one)		end mai	nner stated	.011 0110/01 1111	restigation	, iii rary s	opinion, dec		od ot the time					
	To To	Σ	29b. Signature end	title of certifie	- 1	N V	m	290	Licens	se number	)	1 -	29d. Date s	signed (Mont	th, Dey, Yee	or)	
			P ( ' )	MXV	OChr	NA	7	V	D	32	101	+	1-'/	14	1		
			30. Name and adds	ps of person	who completed cau	ide of deathythem	23а) (Туре,	Print)	V		0	10	0	1	1 . 9	Alle and inte	
			IW.	/ Neil	Inron	lington	W M	1)	1 1	1014	tu 4	tatel)	12h	90.	MA		
	Sta	te	31. Dete filed (Mon	th, Day, Year)	32.1	Registrar's Signet	ture	1							-673		
/	Registr		1111 20	1007	1.0. K						*						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

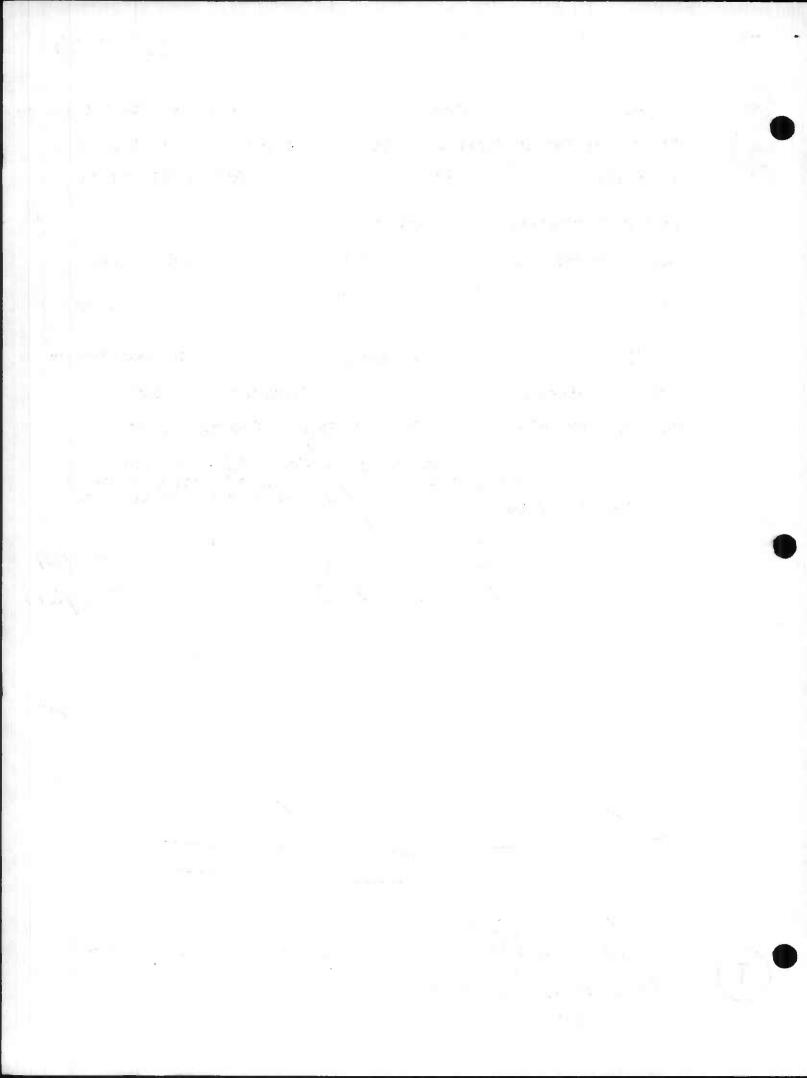
State of Maryland / Department of Health and Mental Hygien 2 2 1 4 3

		ITEM#20b PER F.H. I 1. Decedant's Neme (First, Middle, I		/98 J.	A. Certifica	ale of L	Jean	2. Date of De	Reg. No.		3. Time of Death
Physician	1	GEORGE			14	ARRIS	mal	Month	Dey	Yeer	7:12 AM
/Medical Examiner		le. Fecility Neme (If not institution, g	iva street and number		- ETF		b. City, Town, or L	ocation of Deat		997	1.12 AP
-xaiiiiiei		JUHNS HOPK	1 1		NMEDC		0	TMOR			
uneral			Sax 7. Ag	· ·	ast birthdey) If Und	der 1 Yaar	il Undar 24 Hrs.	8. Date of Bir (Month, De		9. Birthpiec	a (Steta or Foreign
rector		213-64-5260	1 ☐M 2 ☐ F	41	Yrs. Month	ns Deys	Hours Min.	April			yland
*	- 1-	Usual Residence of Decedent  10a. Stata 10b. County		10c City	. Town or Location					104	Incide City Limite
iten 27 is marked other than "natural," or items 23s or 28s-f show other treumstic event, the Medical Exposiner must be notified at To Be Completed by Funeral Director				100. 01.						100.	Inside City Limits 1 No 2 No
mer numbe noutled Funeral Director	6	Maryland None  10a. Street end Number			Baltimore	Zip Code			10g. Citizen of	What Country	
4	i	2612 N. Calvert	C+			212	10		- 1111	vinot Country	•
lera E	0	11. Maritel Status	12 Was Daradant	Ever in U,S	5. 13. Wes De		spanic Origin? (Sp n, Mexican, Puarto	ecify Yas or No	USA 14. Rec	e - Amarican	
by Fur		1 ☐ Never Married 2 Amarried 3 ☐ Widowed 4 ☐ Divorced	Armed Forces?  14DYes 2   If Yes, Giva Yaer or Datas:	No		pecify Cuba 2X No		Rican, atc.)		ck, White, atc. y: Blacl	
Completed		15. Decedent's (Specify only highest g	Education		16a. Decedent's U (Giva kind of lifa. DO NO)	suel Occupa work done o	ation during most of work	ing	16b. Kind ot B	usiness/Indus	try
d duc		Elementery/Secondary (0-12)	Collaga (1-4or	5+)	Scaffold				Unk	nown	
event, Be C	3	17. Fether's Neme (First, Middle, La	st)				18. Mother's Nem	a (First, Middle,			
To B	2	George Harrison	n Sr.				Virgi	nia Pe	aker		
SE L		19e. Intorment's Name/Ralationship	(Type, Print)		19b. Meiling Addre	ess (Street a	and Number or Rui	ral Route Numb	er, City or Town	State, Zip Co	ide)
any injury or other tre		Johnna Harrison	/ Wife		2612 Cal	Lvert	St. Balt	imore,	Marylan	d 21218	8
y of	1	20e. Mathod of Disposition 1 ØBurial 2 ☐ Cremetion 3	□ Ramovel Irom State		ace of Disposition (fi ematery, crematory of	vama of or other plec	e)	Dete	20c. Location	City or Town	, Stete
lury		4 ☐ Donetion 5 ☐ Other (Spec			Mt. Zion		7	363/97	Landsd	owne, l	Maryland
any In		21. Signature of Funaral Service Lic	ensee		The I	end Addras	s of Facility k C. Jon	es Fune	ral Home	e	
a d		23a. Part1. Enter the disaase, or co shock, or heart failure. List on	Grayso	~	4611	Park	Heights	Ave. Ba	ltimore		21215
use as the buriel-trensit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	b. HUMAN	J [M] Due to (or	es e consequence o	A I	DS-	RUS IN	NFECTION	)	
d for use	-	Port II. Other elgoifloant canditions	and the stine to do sto to		taloon to About on doubter		na la David	not plu	*******		
d be detached for use		Pert II. Other significant conditions				g cause give	en in Parti.		Yes 2 No	3 ☐ Probab	e cause of death: ly 4 □ Unknow
by P		CHIO MEGA	=VIRUS	INFE	CTION				100		.,
Completed		ANEMIA							en autopsy ormed?	evaile	eutopsy lindings ble prior to letion of cause ath?
E C								10	Yes 2 No	1 U Y	es 200 No
Be C		25. Wes casa ratarred to medical exeminer?					26. Pleca ot Deal	th (Check only o	one)	1	
일	2	1 ☐ Yes 2 No	Hospitel:		R/Outpatient 3		4 LI Nursing Ho	oma 5□ Rasi	dence 6 □Ott	ner (Specify)	
ion:	H	27. Manner of Deeth  1 SNaturel 5 □ Pending	28e. Dete of Inju (Month, De	ry y Year)	28b. Time of Injury	28c. Injury Work		28d. Describe	how Injury occur	red	
cat		2 Accident investigeti 3 Suicide 6 Could not	be 28e. Place of Inj	ury - At hor c. (Specify)	ma, larm, street, tect		Yes 2□No	28t. Location (. City or To	Street end Numi wn, Steta)	ber or Rural R	oute Number,
d in by		4 ☐ Homicide determine									
etely filled in by the funeradical Certification:		29a. Certifier Certifying P	hysician: To the best ominer: On the basis of	examinati-	rledge, deeth occurre on end/or investigati	ed at the tim on, in my op	a, date end plece, pinion, deeth occur	end due to the red at tha tima,	cause(s) end me data and place,	enner es steta end dua to the	d. a cause(s)
Medical Certifi		29a. Certifier (Check only	hysician: To the best	examinati-	on end/or investigati	ed at tha tim on, in my op 29c. License	oinion, deeth occur	red at tha tima,	cause(s) end medata and place,	end dua to the	a cause(s)
completely filled in by the funeral director, page 2 should  Medical Certification: To Be Completed		29a. Certifier (Check only one)  Certifying F	hysician: To the best ominer: On the basis of	examinati-	on end/or investigati	on, in my op	oinion, deeth occur	red at tha tima,	data and place, 29d. Date signe	end dua to the	a cause(s)
completely filled in by Medical Certifil	4	29a. Certifier (Check only one)  Certifying F	hysician: To the best miner: On the basis of end menner str	ph.	on end/or investigati	on, in my op	oinion, deeth occur	red at tha tima,	data and place, 29d. Date signe	end dua to the	a cause(s)
To the Funeral Director: A completely filled in by the fi	4	29a. Certifier (Check only one) 2 Medical Example 29b. Signature and titla of certifier	hysician: To the best miner: On the basis of end menner str	ph.	on end/or investigati	on, in my op 29c. License	oinion, deeth occur	The state of the s	data and place, 29d. Date signe	end dua to the	a cause(s) v, Year) 7



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 22 14

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death Month Day **Physician** 19, Hutchins Julv 1997 10:50 pm /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Manor Care Health Services-Towson Towson Baltimore Co. if Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. lest birthday) If Undar 1 Yaar 9. Birthplaca (Stata or Foraign Country) **Funeral** 1 □ M 2 1 F Months Days Director 78 217-05-2110 October 6.1918 Maryland Usual Rasidance of Dacedant deeth with the Maryland 10a Stata 10b. County Show 10c. City. Town or Location 10d. insida City Linkits tem 27 is marked other than "natural", or items 23e or 28e-f show other traumatic event, the Medical Examiner must be notified at 1 Yes 2 XNo Directo Maryland | Baltimore Co. Parkville 10e Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1823 Wildwood Avenue 21234 Funeral United States 12. Was Dacedant Evar in U,S. Armad Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) Raca - Amarican Indian, Black, Whita, atc. 11 Marital Status permit. Peges 1 and 2 should be filed within 72 hours after or Deportment of Health end Mental Hygiene. If them 27 is merked other than "natural", or flest any injury or other traumatic axes? 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: þ Specify. 3 Widowed 4 □ Divorced White Completed 15. Decedant's Education 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Businass/Industry (Specify only highast grada complated) Elemantary/Secondary (0-12) Collaga (1-4or 5+) 12 Secretary Insurance Company 17 Father's Name (First Middle Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be 2 John Gianotti Josephine Boggio 19a. informent's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) Mr. James C. Hutchins/Son 242 North Millersburg, PA. Street 17061 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of camatary, cramatory or other placa) 20c. Location - City or Town, Stata 1 ☐ Burial 2 X Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 7/21/97 Hilltop Service Corporation Towson, Maryland 21. Signatura of Funaral Sarvica Licensaa Brian A. Willem 22. Nama and Addrass of Facility Leonard J. Ruck Funeral Home, Inc. 5305 Harrford Road man Baltimore, Maryland 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata intarval Batween Onsat and Daath **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in deeth) Examiner as a consequence of): Examiner attending physician and for use as the buriel-transit requires that the deeth certificate be executed Saquantially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Diseasa or Injury that initiated avents resulting in daath) Last Due to (or es a consaquance of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings availabla prior to complation of ceuse of daath? Completed 24a. Was an autopsy Sec certificate 1 ☐ Yas 2 INO 1 Yas 2 No Hospital or Attending Physician: 25. Was casa rafarrad to medicei exeminar? Be 26. Place of Daath (Chack only ona) Othar: 4 Nursing Homa 10 1 Yes 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 5 ☐ Rasidance 8 ☐ Othar (Specify) 27. Mannar of Deeth 28a. Dete of Injury (Month, Day Yaar) Certification: 28b. Time of 28c. Injury et Work? 28d. Dascribe how injury occurred Aftar 10 Natural 5 Panding Investigation deeth. 1 ☐ Yas 2 ☐ No 2 Accident Director: 6 ☐ Could not be detarmined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Straet and Number or Rural Routa Number, City or Town, Steta) efter 4 - Homicide 24 hours e 29a. Cartifian 🕊 CertifyIng Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha ceusa(s) and menner es stated. Medical (Check only one) 2 Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, daath occurred et the time, data and place, and dua to the causa(s) and mannar statad. To the Within 2 To the 29b. Signatura and title of certifian 29d. Data signed (Month, Day, Year) 30. Name and address of causa of daath (Itam 23a) (Type, Print) AY MAN barson who complain 0 6 31. Data filed (Month, Day, Year) 32. Ragistrar's Signatura State Davidson JUL 2 2 1997 Registrar



State of Maryland / Department of Health and Mental Hygiene Q 22145 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month HERGET 20, JULY 1997 5:23 PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Saint Joseph Medical Center Towson Baltimore | Hunder 1 Year | Hunder 24 Hrs. | 8. Dete of Birth | Months | Deys | Hours | Min. | 10/17/1898 5. Sociel Security Number Birthplece (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** 1□M 2☑F 214-40-5897 98 Yrs Director Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show must be notified at MD Baltimore Towson 1 ☐ Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g, Citizen of Whet Country? 8 21286 Homs 23a 800 Southerly Rd., Edenwald USA Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. filed within 72 hours after thy thygiene. ther than "natural", or ite 1 ☐ Yes 2 X No If Yes, Give Year or Dates: 1 XNever Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Etementary/Secondery (0-12) College (1-4or 5+) Secretary Baltimore City 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Pages 1 and 2 should be 1 nent of Health and Mental I not: If Hem 27 is marked of Margaret Trutschell Edward C. Herget important: If health an important: If health an eny injury or other traumonce. 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2117 Eastham Rd. Timonium, Md. Lorena H. Allers (friend) 20b. Plece of Disposition (Name of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State 7/24/97 Parkville, MD. Parkwood Cemetery Donetion 5 Other (Specify) 22. Name end Address of Fecility Ruck Towson Funeral Homr, Inc. 21. Signature of Funeral Service Lines 1050 York Rd. Towson, MD. anall un Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, heart failure. List only one cause on each line. Approximete Intervet Between Onset end Deeth **Physician** SEPSIS /Medical Immediate Cause (Final HOURS disease or condition resulting In death) Examiner Due to (or es e consequence of) Examiner PROBABLE ACUTE DIVERTICULITIS 24 HOURS that the death certificate be executed Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest pue Due to (or es a consequence of) physician ar Box 68760. Physician/Medical Due to (or es e consequence of): ettending p for use as P.O. ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown should be det DEHYDRATION Records, by The law requires 24b. Were eutopsy findings evelleble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? Completed CHRONIC OBSTRUCTIVE LUNG DISEASE ate hes ALZHEIMER'S DISEASE 2X No 1 ☐ Yes 2X No Division of Vital or Attanding Physician: 25. Wes cese referred to medicel examiner? director, Be 26. Place of Deeth (Check only one) Hospitel: 1K Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 28e. Date of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred After 1 Naturel 5 Pending death. 1 Tyes 2 No Investigation ofter death Director: A 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide in 24 hour. Hospital edical To the Hospi within 24 hou To the Funer completely fil 29a. Certifier 🖄 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end manner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name end eddress of person who completed cause of drain (ttem 23e) (Type, Print)

State Registrar

31. Date filed (Month, Day, Year) JUL 2 2 1997

DIZON,

BEATRIZ P.



TOWSON.

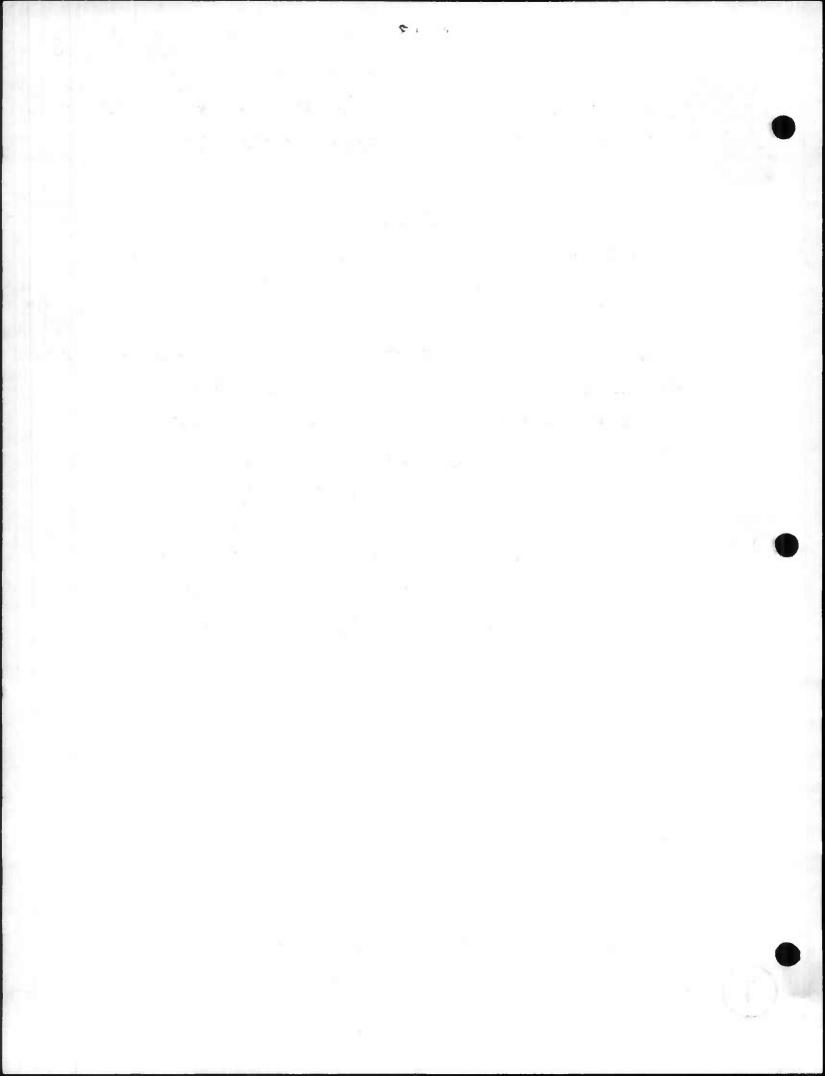
MARYLAND 21204

M. D.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygien 9 7 22 1 4 6

The part of the pa					Otate of Ivi	aryland / t	Certificate of			g. No.	too too 1	
Committee   Comm				EDWARL	)		HASKI	IN5		Day	Yeer	4
Security Number   Security Number Number   Security Number Number   Security Number	ă.	Examir	ner					4b. City, Town, or L	ocation of Death	1		
21.3-52-10.11  22.3-52-10.11  23.5-70.11  24.8 Yes Morthal Days Hours Man Office Programmed Company Ho						AL	ENTER	BAL7	MORE	Ī	-	
The state of the control of the cont				213-52-1011			Months Days		8. Date of Birth Month, Day,	48)	9. Birthplace (Ste	ite or Foreign
Type of the property of the pr		yland				10c. City, Tow	n or Location				10d. Insid	e City Limits
Type of the property of the pr		e Ma	ctor	MD N/A		BALTI	MORE				1 🛱 🗎	res 2□No
Type of the property of the pr		き 2g と	Dire						10			
Type of the property of the pr		ath w	rai	608 BAKER SIRE	ET					U.S.	Α.	
Type of the property of the pr	020	urs efter da il', or itema		1 ☐ Never Married 2 ☐ Married	Armed Forces?  1 ☐ Yes 2 ☑ If Yes, Give				pecify Yes or No- p Ricen, etc.)	Blac	k, White, etc.	
Type of the property of the pr	9-0	2 hou	ted	15. Decedent's		16a.	Decedent's Usual Occur	pation	1	6b. Kind of Bu		INTOAN
Physician   Phys	2121	iena. than "n	omple	Elementery/Secondary (0-12)	College (1-4or 5	1+)		during most of work d)		RAL TO	PIIRI TC S	SCHOOL S
20. Remote of Disposition (Person and Disposition) (Person and Disposit						1 67	IONEN O MID	18. Mother's Nam				OHOOLS
20. Remote of Disposition (Person and Disposition) (Person and Disposit	<u>lar</u>	Venta	TOE	HOWARD L. HASKIN	S			LILLIE	HASKINS			
20. Remote of Disposition (Person and Disposition) (Person and Disposit	lar	2 sho end is me									State, Zip Code)	ie.
Complete   Complete					MOTHER)							
Physician   Phys		t of		1 Burial 2 ☐ Cremation 3				1				9
Physician   Phys						KINGS					STOWN MD	
Physician (Micalcal Examiner)  The physician (Mical	Ba	Depe Impo any i		21. Signature of Purely Service Lice	1 Osto	D	ESTEP BRO 1300 EUTA	THERS FUN W PLACE B	NERAL HOM BALTO. MD	E P.A. 21217		
Physician (Medical Examiner)    Medical Examiner				23a. Part1. Enter the disease, or co shock, or heert failure. List on	mplications that ceuse ly one cause on each	the death. Do	not enter the mode of dyle				Approxi Interval	mate Between
Due to (or as a consequence of):    Due to (or as a consequence of):		/Medical			IARGE	and.	Small B		_		_	
Correct (Disease or Influence desired in the cause of death) Lest  Due to (or es e consequence of):  Due to	Ш	Examiner		resulting in deeth)				wer yo				
Correct (Disease or Influence desired in the cause of death) Lest  Due to (or es e consequence of):  Due to	٦	ed sit	ulne		.Intest	inal	Obstruci	tion as	nd Adt	10101	770	245
Correct (Disease or Influence desired in the cause of death) Lest  Due to (or es e consequence of):  Due to		ai-trar	xan	Sequentially list conditions, if eny, leading to immediate	_ ^	1 11			. /			-
O (1) The proposed of the prop	760	s be a		Ceuse (Disease or Injury thei initieted events	G			iver C	irtho	515	-	
Part II. Other algrimeant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.    1   Yes 2   No 3   Probably   1   24a. Was an autopsy performed?   24a. Was an autopsy performed?   24a. Was an autopsy performed?   24b. Were autopsy findings available prior to completion of ceuse of death?   1   Yes 2   No		* D 05		resulting in death) Lesi								
Part II. Other algrimeant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.    1   Yes 2   No 3   Probably   1   24a. Was an autopsy performed?   24a. Was an autopsy performed?   24a. Was an autopsy performed?   24b. Were autopsy findings available prior to completion of ceuse of death?   1   Yes 2   No	30×	ith ce tendii or use	lan/		d						1	
Sprood of the state of the stat		the at	slc	Part II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.						sacco uae cor	tribute to the cau	se of deeth?
25. Wes cese referred to medical sexaminer?  26. Place of Death (Check only one)  27. Menner of Death  28. Date of Injury  28. Date of Injury at Work?  28. Date and Number or Rural Route Number.  29. Certifier (Check only one)  29. Date signed (Month, Dey, Year)  29. Date signed (Month, Dey, Year)  29. Date signed (Month, Dey, Year)  29. Date signed (Month, Dey, Year)  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at	۵.	that the need by a detac							1 □ Ye	8 2□ No	3 Probably	Unknown
25. Wes cese referred to medical sexaminer?  26. Place of Death (Check only one)  27. Menner of Death  28. Date of Injury  28. Date of Injury at Work?  28. Date and Number or Rural Route Number.  29. Certifier (Check only one)  29. Date signed (Month, Dey, Year)  29. Date signed (Month, Dey, Year)  29. Date signed (Month, Dey, Year)  29. Date signed (Month, Dey, Year)  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at Work?  29. Date of Injury at	ecords	aw requiras is been sign 2 should be	pleted b						24a. Was an	autopsy ed?	available pr completion	for to
The color of the control of the color of t	č	Tha I	Com						1/2(Yes	s 2 No	1 Yes	2□ No
The color of the control of the color of t	/ita	clan: ertific						26. Plece of Deal	th (Check only one	)		
1   Natural   2   Accident   3   Suicide   4   Homicide   1   Accident   3   Suicide   4   Homicide   1   Accident   3   Suicide   4   Homicide   4   Homicide   5   Pending investigation   6   Could not be determined   28e. Place of Injury - Al home, farm, street, factory, office   28f. Location (Street end Number or Rural Route Number, City or Town, State)   29a. Certifier (Check only one)   29a. Certifier (Check only one)   29a. Certifier (Check only one)   29a. Certifier (Check only one)   29a. Certifier (Check only one)   29a. Signature and fuel of certifier (Check only one)   29a. Signature and fuel of certifier (Check only one)   29a. C	of	hyslo this c	<b>-</b>	1 Yes 2 No	1 X Inpatie		tpatient 3 DOA	4 LI Nursing Ho				
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the ceuse(s) and manner as stated.  29b. Signature are time of certifier (Check only one)  29c. License number  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)	nc	Ing Afta Tune	ion	1 Naturai 5 ☐ Pending	(Month, Day				28d. Describe how	w Injury occurr	ed	
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the ceuse(s) and manner as stated.  29b. Signature are time of certifier (Check only one)  29c. License number  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)	isi	eat or:	fical	3 ☐ Suicide 6 ☐ Could not	be Ose Blees of Init	urv - Al home, fa		163 2 140	28f. Location (Str.	eet end Numb	er or Rural Route f	Vum <i>ber</i>
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the ceuse(s) and manner as stated.  29b. Signature are time of certifier (Check only one)  29c. License number  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)  29d. Date signed (Month, Dey, Year)	Ö	or lor lor lor lor lor lor lor lor lor l	erti	4 ☐ Homicide			, anoon motory, onloo		City or Town,	State)		
30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print)  Line R. Arguillano Md. 3001 South Hanever St. 13 alf. MD.		Hospita 24 hours Funeral etely fille		(Check only 2 Medical Ex	aminer: On the basis of	examination en	, death occurred at the til d/or investigation, in my d	me, date and place, ppinlon, death occur	and due to the cer red at the time, de	use(s) and ma te and place, a	nner as stated. and due to the ceu	se(s)
30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print)  Line R. Arguillano Md. 3001 South Hanever St. 13 alf. MD.		o the	M		1	1	29c. Licens	se number	29	d. Date signed	i (Month, Dey, Yea	(r)
30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print)  Line R. Arguillano Md. 3001 South Hanever 5t. 13alf. MD		->-0		1 Paulle	and 111	0	P2	8988		. /		
Line R. Arguillano Md. 3001 South Hanever 5t. To alt. MD  31. Dete filed (Month, Day, Year)  32. Registrar's Signature  21225	,			1.11		eeth (Item 23a)	Trans Drint)		-			-4 4
31. Dete filed (Month, Day, Year) 32. Registrar's Signature 32. Registrar's Signature	1	T)		14	Mano M	d. 30	201 South	Hance	ver 5t.	13-	14. 1	10
AND A RESIDENCE OF THE PROPERTY OF THE PROPERT			222	31. Dete filed (Month, Day, Year)	32. Registra	ar's Signature	La 8/2.				0-1	440



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 7 22 14 7

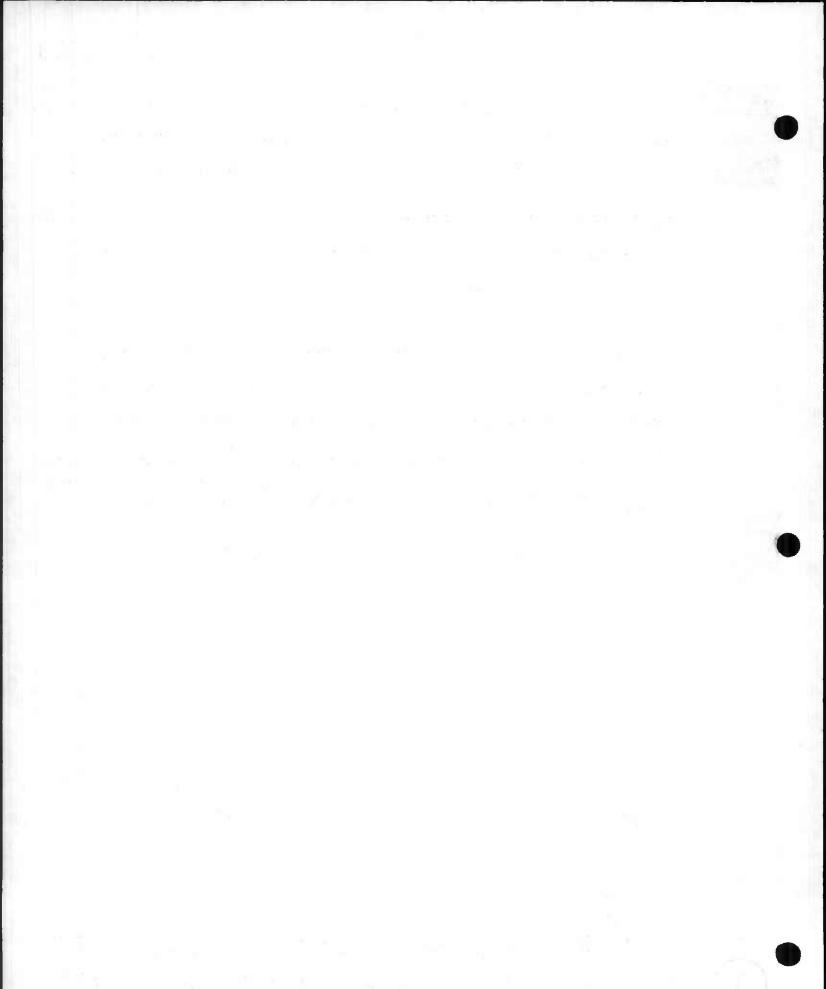
•						Cei	rtificate	of .	Death		Re	g. No.			
			1. Decedant's Nama (First, Middla,	Last)							2. Data of Daath	1		3. Tima of De	eath
Physician			William	De	eter		Holev	ri n	alei		Month Tag I ag 1	Day	Yaar	2.05	73.74
	/Medic		4a. Facility Nama (If not institution,				потем			own orla	July 1 ocation of Death	9 199 4c. County		2:05	AM
	Examir	er			01)					7-1-	oution of Doutin				
			6817 Brentwoo		Ama (In	land fallet eland	If Undar 1		Dund if Undar		0.0-1	Balt			
	Funeral			6. Sax 7. XXXM 2□ F	Aga (In yrs.	Yrs.		Days	Hours	Min.	8. Data of Birth (Month, Day,	Year)	9. Birthp Coun	iaca (Stata or F try)	oraign
	Director		218-07-5471 Usual Rasidanca of Dacedant		77	113.			1	<u> </u>	May 22	1920	Mar	yland	
	p ≱ _		10a. Stata 10b. County		10c. City	, Town or Lo	cation						1	0d. Inside City I	Limite
	sh o	7	70.20											1 □ Yas 🏋	
	n the Maryland r 28a-f show	Sct		timore	Du	ndalk									
	£ 25	Dir	10e. Street and Numbar				10f. Zip (	Code			10	g. Citizan of \	What Coun	try?	
	23a	'a	6817 Brentwood	d Ave.			212	222				USA			
	within 72 hours after death with the Maryland ana. than "natural", or items 23a or 28a-f show he Modicel Examiner must be notified.	Funeral Director	11. Marital Status	12. Was Dacada Armad Forca	int Evar in U,	S. 13. \	Was Dacada f Yas, specif	ant of H	lispanic Or	igin? (Sp	ecify Yas or No- Rican, atc.)		ce - Amaric ck, Whita,		
0	or h		1 ☐ Navar Married 2 🔀 Marrie				1 □ Yas 2		Specify					NO.	
21215-0020	ours Fet.	by	3 ☐ Widowed 4 ☐ Divorced	Yaar or Data	s: WW	II	100 2	740	Specify.			Specify	Whi	te	
5-0	72 hours "netural",	Completed	15. Decedant's			16a. Deced	lent's Usual	Occup	ation	at at most	(00	6b. Kind of B	usinass/inc	iustry	
21	nin	pje	(Specify only highast Elementery/Secondary (0-12)	Collage (1-4d	or 5+)	lifa. l	kind of work DO NOT use	a retired	d)	SI OI WOIK	ing				
21	77 75 6	no:	9th			Fork	lift	Op	erat	or		Brew	erv		
PC	be filed stal Hygie d other event, the	Be	17. Fathar's Nama (First, Middla, L.	ast)				-			a (First, Middla, M	leidan Suman	na)		
<u>a</u>	0 0 0	ToE	Andrew		Hole	winsk.	i		An	na			Rose	1	
Maryland	d 2 should be f th and Mental ! 7 is marked of traumatic eve	-	19a, Informant's Neme/Ralationshi	p (Type, Print)		19b. Meilir	ng Address	(Street	end Numb	ar or Run	ai Routa Number,				
Ž	20 00 00		Helen C. Hele												
စ်	ges 1 and 2 it of Haalth If Item 27 is or other tra		Helen C. Holes 20a. Mathod of Disposition	/Inski/wi	20b. P	laca of Dispo	sition (Name	a of	ood_	Ave.	Dunda Data 2	Dc. Location	City or To	222 wn. Stata	
2	Pages 1 and mant of Haalt ant: If Item 27 ury or other		1 ☐ Burial 2 € Cramation		ita G	amatary, cran	natory or our	iar piac	ca)	i					
===	t. P.		4 Donation 5 Othar (Spe		HI		-				7/21/9	/ T	owso	n, MD	
Baltimore,	permit. Page: Depertment of Important: If I any injury or ance.		21. Signatura of Funarai Sarvice Li	censaa			. Nama and								
	00260		Marco Contract	and		D	uda-F	luc	k Fu	nera	1 Home	of Di	unda	lk, In	IC.
10			23a. Part1. Entar tha disaasa, or c	omplications that caus	sad tha daath	. Do not ant	er the mode	of ayin	g, such as	Cardiac	or respiratory afre	gt, MD	2122	Approximata Intarval Between	00
Л	Physician	23a. Part1. Entar tha disaasa, or complications that causad tha daath. Do not anter the mode of dying, such as cardiac or respiratory afrest, shock, or haart failura. List only one cause on each line.											1	Onsat and Dea	ath
4	/Medical		Immediata Causa (Final	mediata Causa (Final lassa or condition sulting in death)  a. Coronary Artery Disease  Due to (or as a c)nsequance of):											
	Examiner		rasulting in death)	a	Dun to (a)		unnon of	PC 1	7	Vi	secs		1		
		je l			Due 10 (0)	as a cyrisec	uarice or).	-	)						
	icate be axecuted physician and s the burial-trensit	Physician/Medical Examiner	On the Park and th	<b>b</b> .	Due to /or	as a conseq									
,	ertificate be axecul ling physician and a as the burial-trer	Exa	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Due to (or	as a conseq	uance or):						1		
68760,	sicia bur	20	Cause (Disease or Injury that initiated avents  Dua to (or as a consaquance of):									1			
89	ifficate g phy as the	8	rasulting in daath) Last		Dua to (or	as a consaq	uance of):						1		
×	ding	Š		■ d									1		
Bo	eath certif ettending for usa a	clar													
0	es that the death cer igned by the ettendin be datached for usa	ysi	Part II. Other significant conditiona contributing to death but not resulting in the underlying cause given						an in Part	I.	23b. Did tot	obacco usa contribute to the cause of death?			death?
0	that the										1 □ Ye	s 2 No	3 Prot	pably 100 Un	known
ဟ်	res ti	by				-									
Records,	v requires been sign should be	Completed									24a. Was an perform	autopsy led?	ava	ara autopsy find ailabla prior to	
ပ္မ	BW Is b	pie									,		of e	mplation of caus daath?	SØ
ď	0 5 0	E									1 □ Ya	2000	10	]Yas 2□No	0
Vital	ician: The cartificate rector, peg		25. Was casa refarrad to medical						OF Dies	e of Death		~			
>		o Be	axaminar? 1 ☐ Yas 2 ☐ No	Hospital:		ED/0.4		Oth	ar		h (Check only one				
o	Phys rel di	<b>⊢</b>	27. Mannar of Deeth	1 □ tnpa		ER/Outpatian 28b. Tima of		1	4LI NI	ursing Ho	28d. Dascribe ho	nca 6 □Oth		"	
- L	After fune	흔	1 Natural 5 ☐ Panding	28e. Data of Ir (Month, I	Day Year)	Injury	м	c. Injur	k? Yas 2□			jary occar	, , ,		
S	Attending ir death. ector: After by the fune	cal	3 ☐ Suicida 6 ☐ Could no	t be	latina Alban				185 2	-	Opt Leasting (Cts	and and blumb		/ Doute Musels	
Division	or Attendiate death.  Director: A in by the f	Certification:	4 ☐ Homicida detarmin	ed 28e. Placa of building,	atc. (Spacify	me, rarm, stra ')	aat, tactory,	опісе			28f. Location (Str. City or Town,		er or Hure	Houta Number	Γ,
	hours a meral L														
	Hoss 24 ho Fune etely i	edicai	(Uneck only 2 Medical Ex	Phyalcian: To the best camtner: On the basis	of axaminet	vledge, death ion and/or Inv	occurred et rastigation, l	tha tin	na, dete er pinion, daa	nd plece, ath occurr	end due to the car ed at the time, da	usa(s) and ma ta and placa,	anner as st and dua to	ated. tha causa(s)	
	To the Hospital or Attending Phillin 24 hours after death.  To the Funeral Director: After the completely lilled in by the funeral	Med	Ottey	end mannar	stated.										
	0 000	•	29b. Signature and title of certifier	×	. 111.		29c.	Licans	a number	11/.	Q 29	d. Data signe	d (Month, I	Jay, Year)	
	( T)		bowtun	n short	WW	~		V	44	14	7	7/20	19-	/	
	( 1 )		30. Nama and address of person w	no complated causa o	f daath (Item	23e) (Type, I	Print)		-	1	) ,/		1		
			Drothy A.	Snou)L	10 10	N. a	rees	ne.	Dt	1	salt.	MI	21	201	
	Sta	e	31. Data filad (Month, Day, Year)	32. Ragi	strar's Signal	ura									
	Registra	Nr.	1111 9 2 1997	guliand	widson-	Mandelle									

Asset Section 1991

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 22148

						Cer	tificate of	Death		Reg.	No.			
			1. Decedent's Name (First, Middl	e, Last)					2. Date of	f Death			3. Time	of Death
п	Physici			DIANE	CAROL	HORSE	EMAN		JULY		1997	Year	5:45	P.M.
	/Medio Examir		4a. Fecility Name (If not institution 3621 DORSHIRE	n, give street and number				4b. City, Tow PASAD	n, or Location of E	Death	4c. County			
	Funeral Director		5. Sociel Security Number 218–36–8044		ge (In yrs. las	t birthday) Yrs.	if Under 1 Year Months Deys		Hrs. 8. Date of (Month)	f Birth	1939	Coui		or Foreign
			Usual Residence of Decedent		50				OODI	31	1333 1	<b>MARYT</b>	AND	
	/lanc		10a. State 10b. County		10c. City,	Town or Loc	ation					1	10d. Inside	City Limits
	Man Man	to	MARYLAND ANNE	ARUNDEL	PAS	ADENA							1 ☐ Ye	s XX No
	or 28	Director	10e. Street end Number				10f. Zip Code			10g. Citizen of What Country?				
	23a		3621 DORSHIRE	COURT			21122			UN	ITED S	STATE	£S	
Maryland 21215-0020	Juithin 72 hours efter deeth with the Maryland jiene. r than "natural", or itema 23a or 28a-f show to the Maryland Examiner must be notified at	by Funeral	11. Maritel Stetus  1 □ Never Married 2 ☑ Mari 3 □ Widowed 4 □ Divorced	IT YAS GIVA	? KNo	lf lf	Vas Decedent of Yes, specify Cul ☐ Yes 2 X No	ban, Mexican,	n? (Specify Yes o Puerto Rican, etc	r No- .)	Blec	e - Americk, White,		
0	2 ho	ted	15. Deceden	t's Education		16a. Deced	ent's Usual Occu	pation	4 . 45.	168	o. Kind of Bu	siness/In	idustry	
21	within 7 ene. than "n	Completed	(Specify only higher Elementery/Secondery (0-12)	college (1-4or	5+)	Iite. D	kind of work done OO NOT use retin	9d)	or working	B	ALTIMO	DRE		
2	e filed was Hygien other the	Co	12	0		LOBB?	Y RECEPT				AS ANI		ECTRIC	
pu	be fill d off even	Be	17. Father's Neme (First, Middle,	Last)					s Name (First, Mi				224	
3	should be and Mentel marked o	2	ERNEST COX						LLIAN DO					
Mai	47 th		19a. Informant's Name/Relations ROBERT L. HO				g Address <i>(Stree</i> DORSHIRE		or Rural Route N PASADE				21122	,
ē,	Health Health tarm 27		20a. Method of Disposition	KOLPHY HODDI	20b. Plac	e of Dispos	sition (Neme of		Date		. Location -			
Baltimore,	0 E = >		1 X Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S	pecify)	9	HAVEN	N MEMORI	AL PAR	JULY 2 K 199	1 7 GL	EN BUI	RNIE	, MAR	LAND
Bal	permit. F Departmo Importan any Injur		21. Signature of Funeral Servica	Licensee	^		Name and Addr		McCULLY- OAD PAS		NIAK I A, MAI			
			23a. Part1. Enter the disease, or shock, or heart failure. List	complications that cause	ed the deeth.	Do not ente	or the mode of dy	ing, such as ca	ardiac or respirato	ry arrest,			Approxima	ate
Ш	Physician		23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate Interval Between Onset and Decomplete Cause (Final disease or condition  Metastatic breast Cancer  7 WS											
	/Medical Examiner		fmmediete Cause (Final disease or condition	. Meta	13/91	16:	breas:	t (a	ncev				7 W	45
П	LAGITITIE	L	resulting in death)	u	Due to (or a									
	be sit	-ine		b. ———								!		
-6	wacut end el-tran	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying		Due to (or a	s e consequ	uenca of):							
68760,	eath certificete be executed attending physicien end for use es the buriel-transit	edicai	cause, Enter Underlying Cause (Disease or Injury thet initieted events resulting in deeth) Last	c	s a consequ	ience of):								
Box	anding use	M/UE	d											
	O O D	sicia	Pert II. Other afgnificant condition	ens contributing to death t	but not resulti	ng in the un	derfying cause g	iven In Part I.	23b.	Did toba	cco use cor	ntribute t	o the cause	of death?
P.O.	thet the death cened by the attendial	Physician/								1 🗆 Yes	2 No	3 ☐ Pro	bably 4	Unknown
	ires the signed d be de	þ												
Records,	sw requisites the second secon	Completed								Vas en e performed		av	lere autopsy vailable prior ompletion of death?	rto
	0 5 0	E O								1 ☐ Yes	2 No	1	☐Yes 2	No
ta	siclan: The certificate irector, peg	Bec	25. Was case referred to medical					26. Place o	f Death (Check o	nly one)				
>	SOD	o L	examiner? 1 ☐ Yes 2 ☐ No	Hospital: 1  Inpati	ient 2 EF	VOutpatient	3□ DOA O	ther: 4 🗆 Nurs	ing Home 521	Residence	e 6 🗆 Othe	er (Speci	fy)	
o uo	Attending Ph or death. ector: After th by the funeral	ation:	27. Manner of Death  Natural 5 ☐ Pendin 2 ☐ Accident investig		ey Year) 28	3b. Time of fnjury	28c. Inju Wd M 1[	uryat ork? ]Yes 2 □ No		ibe how i	njury occurr	ed		
Division of Vital	if or Attending effer death. Director: After d in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could r 4 ☐ Homicide determ	ined 289. Piece of in	jury - At home tc. (Specify)	e, farm, stre	et, factory, offica	M		on (Stree Town, S	t and Numb tete)	er or Run	al Route Nu	mber,
	To the Hospital or Attending Phwithin 24 hours effer death. To the Funeral Director: After the completely filled in by the funeral	edical C	29a. Certifier (Check only one) 1 Certifyin 2 Medical	g Phyaician: To the best Examiner: On the besis o and manner	of examination	dge, death and/or inve	occurred at the t estigetion, in my	ime, date end opinion, death	placa, and due to occurred at the ti	the caus	e(s) and ma end placa, e	nner es s end due t	iteted. o the cause	(s)
	To the within 2 To the comple	Me	29b. Signature and title of certified	11				se number			Dete signed			
	->-0		1 Golf	Mormey	MI		D	18587	7	-1	ULV	20	199	7
	(		30. Name and address of person	who completed cause of	death ( <u>It</u> em 2	3e) (Type, P	Print)							
	(T)		PAUL GORM	157 900	CATI	NA	VE	BACTI	n eres	MD	)	21	229	5
	Sta		31. Date filed (Month, Day, Year)		rar's Signatur				•					
	Registr	ar	.1111 2.2.1997	Frehic Da	vidson-A	anditte.	₹ }							

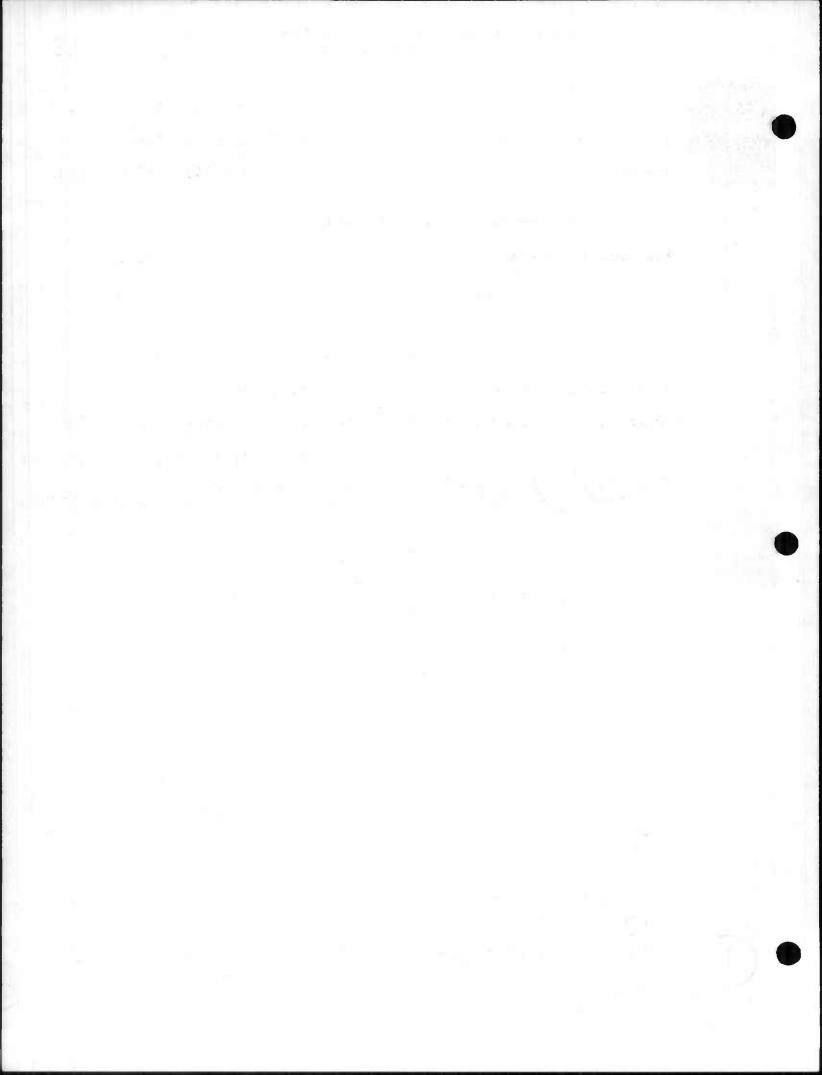


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygien 2 7 2 2 1 4 9

Certificate of Death 1, Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month Vaar Anna Agnes Hazard 16, July 1997 1:30 PM /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 162 Fairhaven Road Tracy's Landing Anne Arundel 5 Social Security Number If Under 1 Yaar | If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) Jan 11, 1911 7. Aga (In yrs. last birthday) 9. Birthplaca (State or Foraign **Funeral** Deys Hours 1 □ M 2√2 F 86 220-78-6054 Yrs. Director Maryland Usual Rasidenca of Decedant tha Marylend 10a Stata 10b. County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examinar must be notified at 1 ☐ Yes 2√ No Director Anne Arundel Tracy's Landing 10e. Street and Number 10f. Zip Coda 10a. Citizen of Whet Country? 162 Fairhaven Road 20779 U.S.A. filed within 72 hours after death Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 14. Race - Amarican Indien, Black, Whita, etc. 13. Was Dacedant of Hispenic Origin? (Specify Yes or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 Navar Marriad 2 Married 1 Yes 2 No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: þ Specify: White 3 Widowed 4 □ Divorced Completed 15. Dacedant's Education (Specify only highast grada complated) 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Businass/Industry permit. Pegas 1 end 2 should be filed within Dapentment of Health and Mantel Hygiane. Important: If Itam 27 is marked other than any injury or other traumetic. Elementary/Secondery (0-12) College (1-4or 5+) Co-Owner/Manager Paint 17. Father's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Gustav Carl Heinrich Agnes Wilde 19b. Mailing Addrass (Straet and Number or Rural Routa Number, City or Town, Steta, Zip Coda) 20779 19a. Informant's Name/Ralationship (Type, Print) Norman T. Hazard, Jr./son 160 Fairhaven Road, Tracy's Landing, MD 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20c. Location - City or Town, Stata 20a. Method of Disposition Data 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donetion 5 ☐ Other (Spacify) 7/18/97 Davidsonville, MD Lakemont Cemeterv 22 Name and Addrass of Facility Hardesty Funeral Home als 12 Ridgely Avenue, Annapolis, MD 21401 23a. Part1. Enter the disaasa, or complications t shock, or heart failure. Lint only one cause aplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Intervel Batween Onsat end Daath **Physician** /Medical Immediata Causa (Final diseasa or condition resulting in death) Examiner physician and tha burial-transit Saquantially list conditions, if any, laading to immediata causa. Enter Undarlying Causa (Diseasa or injury that initiated events rasulting in daath) Last Box 68760, Physician/Medicai Dua to (or as a consequence of): usa Ö Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, P.O. the 23b. Did tobacco use contribute to the cause of death? signed by t 1 | Yes 2 | No 3 | Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes en eutopsy performad? Completed page 2 s 1 ☐ Yas 2 Ø No 1 ☐ Yas 2 ☐ No cartificate Division of Vital or Attending Physician: Be 25. Was case refarred to medical exeminar? 26. Placa of Death (Check only one) Hospital: Other: 4 ☐ Nursing Homa 5 ☐ Pesidanca 6 ☐ Other (Specify) 1 Yas 2 No Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA funaral 27. Mennar of Death 28b. Time of 28d. Dascribe how Injury occurred 28e. Data of Injury (Month, Day Year) 28c. Injury at Work? After 1 Watural 5 Pending daath. 1 ☐ Yas 2 ☐ No Invastigation 2 Accidant after daath Director: / 6 Could not ba datarmined 3 ☐ Suicida 28f. Location (Streat and Number or Rurel Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicida hours. The control of the best of my knowledge, deeth occurred at tha time, dete end placa, and dua to the ceuse(s) end menner es steted.

The dical Examiner on the hasis of avamination and/or invastination in 29a. Certifier Medical (Check only one) Modical Examiner on the basis of axamination and/or invastigetion, in my opinion, daath occurred at the time, data and place, and dua to the cause(s) and prannar stated. 24 ilhin . 4 29b. Signature and title of certifie 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Name and addrass of person who completed causa of death (Itam 23a) (Type, Print) 31. Data filad (Month, Day, Registrar's Signatura State 2 2 1997 Registrar

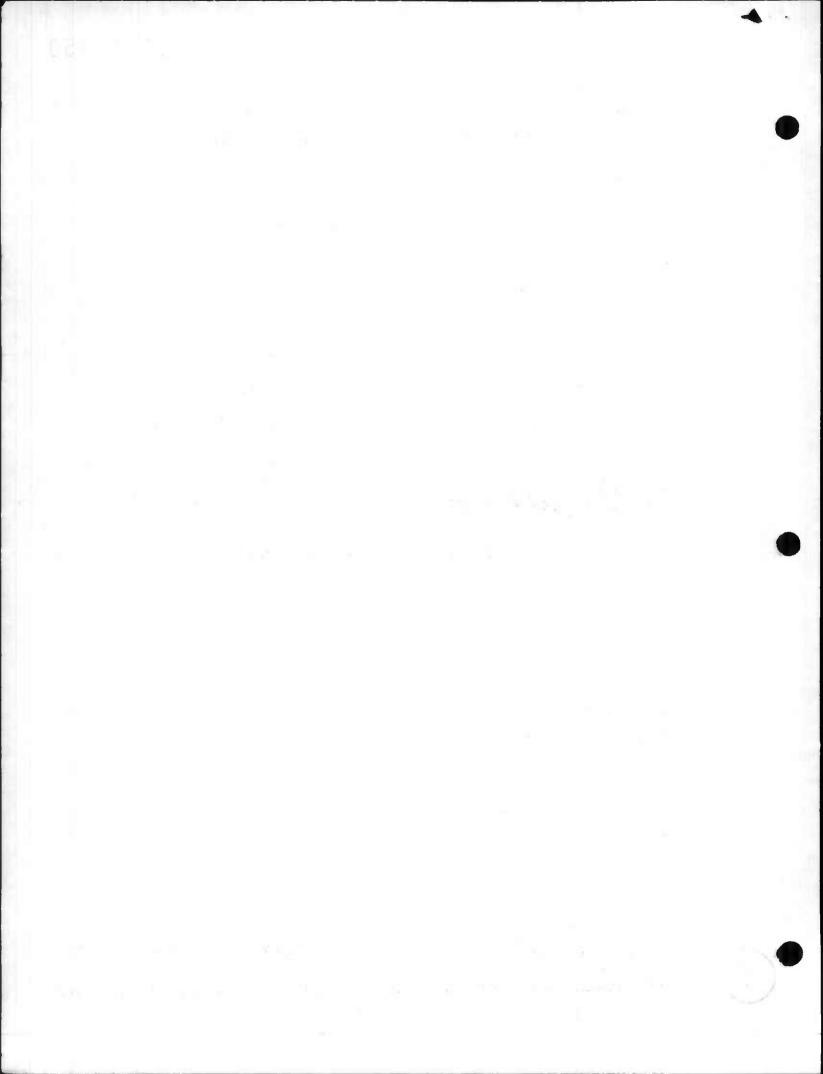


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 1 5 0

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** JULY Month 1997 SWANSON 17:31 /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 8. Date of Birth (Month, Day, Year) XXM 2□ F Yrs. Director 238-64-9442 10/21/1941 N. CAROLINA Usual Residence of Decedent filed within 72 hours efter death with the Maryland 10a. State 10b. County 10c. City, Town or Location "natural", or items 23a or 28a-f show adical Examiner must be notified at 10d. Inside City Limits Director 1□Yes 2ENO MD HOWARD COLUMBIA 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 10919 HARMEL DRIVE Funeral 21044 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 Yes 2 No if Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married 21215-0020 1 ☐ Yes a ☐ No þ Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Completed the Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) i. Pages 1 and 2 should be filed w tment of Health and Mentel Hygier tant: if Item 27 is marked other th yeary or other treumatic event, the ENGINEERING MANAGER ALLIED SIGNAL Baltimore, Maryland 17. Father's Name (First, Middle, Last) Be ERNEST IVEY FLORENCE WILKINS 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) VERONICA IVEY (WIFE) 10919 HARMEL DRIVE, COLUMBIA, MD 21044 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Bunal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Depertment of important: if any injury or CHRIST EPISCOPAL CEM7/19/97 22. Name and Address of Facility WITZKE FUNERAL HOME, INC. 21. Signature of Funeral Service Licensee 5555 TWIN KNOLLS ROAD, COLUMBIA, MD 21045 Ale 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical ADULT RESPIRATORY DISTRESS SYNDROME TWO WEEKS Examiner Due to (or es a consequence of) Attending Physician: The law requires that the death certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760, Physician/Medical Due to (or as a consequence of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Tyes 2 No 3 Probabiy 4 Unknown ACUTE LIVER FAILURE Division of Vital Records, ð ACUTE RENAL FAILURE 24b. Were autopsy findings eveilable prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? 1 ☐ Yes 2X No 1 ☐ Yes 2 ☒ No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) ၉ 1 ☐ Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: 27. Manner of Death 28h Time of 28c. Injury at Work? 28d. Describe how injury occurred After 1 DNaturel 5 Pending death. 1 TYes 2 No spital or Attendi lours efter death nerel Director: A filled in by the f investigation 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide To the Hospital or within 24 hours eff To the Funerel Di completely filled in 1 Certifying Physicien: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) end menner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) end manner stated. Medical 29a. Certifier 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) awall MD 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) GREG POWELL 600 NORTH WOLFE STREET JOHNS HOPKINS HOSPITAL BALTIMORE21287 31. Date filed (Month, Day, Year) State Registrar



State of Maryland / Department of Health and Mental Hygiene 97 22

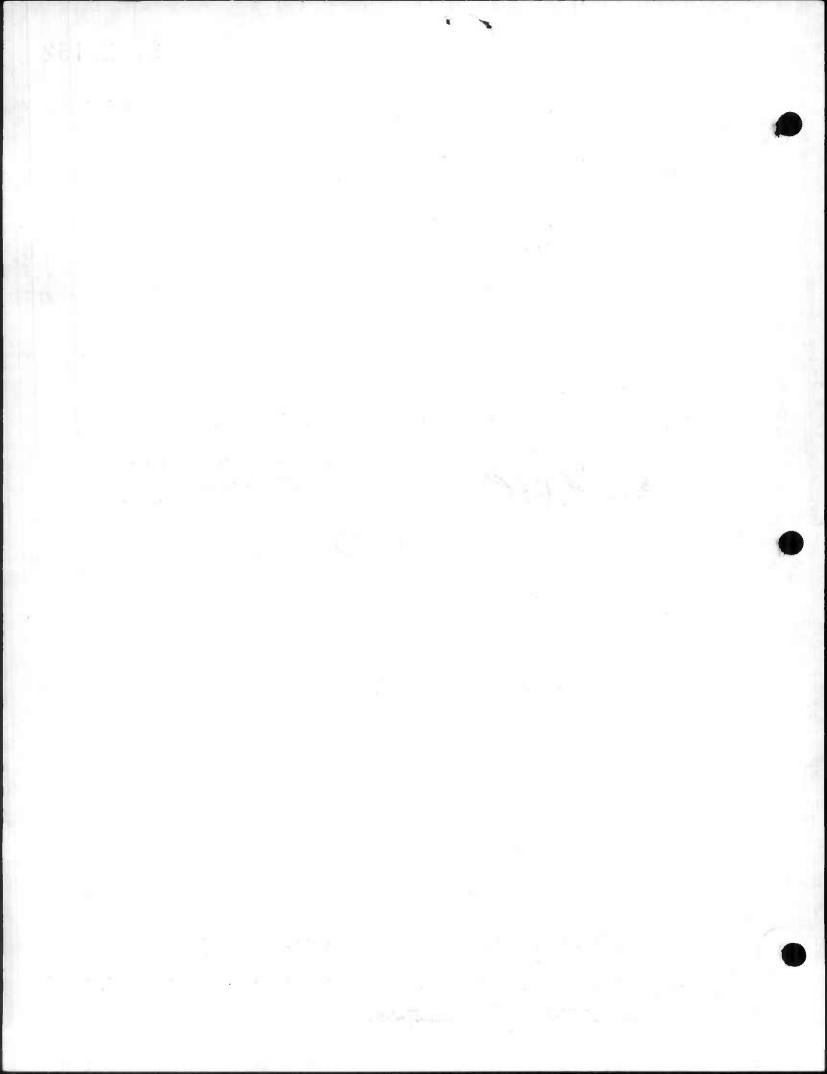
Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death **Physician** JARRETT Month CLIFFORI /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MEDICAL CENTER BALTIMORD If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Sacurity Number 6. Sex 8. Data of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days Hours 1₩ M 2□ F Director unknown 66 January 1, 1931 unknown Usuai Rasidence of Decedant the Maryland 10a, Stata 10b. County 10c. City, Town or Location 10d. insida City Limits 7 is marked other than "natural", or flems 23s or 28s-f show treumstic event, the Medical Examiner must be notified at Maryland Baltimore City Baltimore 1 Yas 2 No Director 10e. Street and Number 10g. Citizan of What Country? 10f. Zip Coda filed within 72 hours after death with thygiene. 1708 West North Avenue 21217 U.S.A. Funeral 12. Was Decedent Evar in U.S. Armed Forcas? UNKNOWN 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Biack, Whita, atc. 1[3] Navar Married 2 ☐ Married 1 Yas 2 No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 other than "natural", or 1 ☐ Yas 2 ☑ No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collaga (1-4or 5+) unknown unknown unknown unknown permit. Pages 1 and 2 should be file
Department of Heelth and Mental Hyr,
Important: If Nem 27 is marked other
eny Injury or other than 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) unknown unknown 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) unknown unknown 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☑ Othar (Specify) in state <sup>22.</sup> Nama and Addrass of Facility
State Anatomy Board, 655 W. Baltimore Street Wade, Director 23e. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximata Interval Between intarval Between Onset and Death **Physician** /Medical immediata Causa (Finai PREUMONLIA disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence of): Physician/Medical Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 brous after death.
To the Furneral Director: After this certificate has been signed by the ettending physician and completely filled in by the furneral director, page 2 should be deteched for use as the buriet-transit completely filled in 9th Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaase or injury that initiated evants rasulting in daath) Last Dua to (or as a consequance of): Box 68760, DRUG. 10488 Dua to (or as a consequance of): P.O. Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Desuppiciency -Records, þ 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed ELECTROLYTIC MALKUTRITION -IMBALANCE - METABOLIC 1 Yas 2 No Division of Vitai Be 25. Was casa refarred to medical 26. Place of Death (Check only ona) Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 ☐ Yas 2 No Certification: To 28a. Data of injury (Month, Day Year) 27. Manner of Daath 28b. Tima of 28c. injury at Work? 28d. Dascribe how injury occurred 1 Naturai 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datamined 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Spacify) 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigetion, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a, Certifiar 29b. Signatura and title of certifier elighter My D19088 30. Neme end addless of person who complated causa of death (Itam 23a) (Type, Print) CIRCRETY CORREN 1 BLAYO RIEDICR 31. Data filed (Month, Day, Year) Registrar's Signature

Davidson-Randall State JUL 2 2 1997 Registrar

State of Maryland / Department of Health and Mental Hygiene 9 /

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** JONES WI /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Gilchrist Center Towson Baltimore If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** 1∭ M 2□ F Deys Director 215-30-0789 AUG 25, 1935 Maryland Usual Residence of Decedent filed within 72 hours after deeth with the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Exerting maint be notified at MD N/A Baltimore **Funeral Director** 1X Yes 2□ No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 1616 Mountmor Court 21217 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ※ No if Yes, Give Yeer or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 21215-0020 1 ☐ Yes 2 No Completed by Specify: Black 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Peges 1 and 2 should be filed within nent of Health end Mental Hygiene. int: If Item 27 Is marked other than Elementary/Secondary (0-12) College (1-4or 5+) 10 Driver Taxi Service Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Charles Jones Beulah Mae Riddick 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Department of Health e Important: if Item 27 Ia eny injury or other tracence. Bryant D. Jones, Sr./son 2710 Beryl Ave. Baltimore, MD21205 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Metro Crematory, Inc. 7/18/97 Baltimore, MD 22. Name end Address of Fecility
Cremation Society of Maryland, Inc. 21. Signature of Euroral Service Latense Gregorchik 299 Frederick Rd. Baltimore, MD 21228 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** Immediate Cause (Final disease or condition resulting In deeth) /Medicai Examiner or Attending Physician: The law requires that the death certificate be executed the buriel-trensit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, ettending physician for use es the bune Physician/Medical Due to (or es e consequence of) ate has been signed by the e pege 2 should be detached t Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 24b. Were autopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? certificate 1 ☐ Yes 2 ☐ No Be ( 25. Wes case reterred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this Hospice within 24 hours efter death.

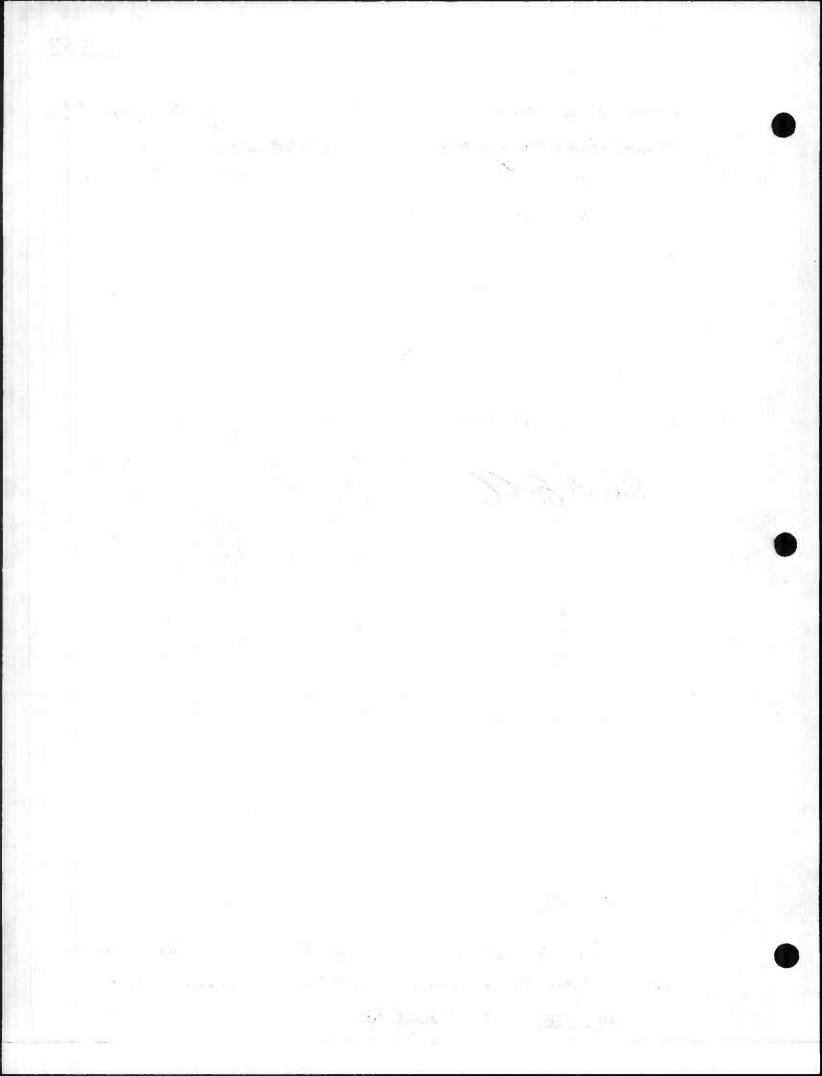
To the Funeral Director: After this completely filled in by the funeral of 27. Menner of Deeth Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: 1 Neturel 2 Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No Vone 3 Suicide 6 ☐ Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 Homicide Hospital Medical 29e. Certifier 📉 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the ceuse(s) and menner es steted. 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated. 9 29b. Signature and title of costille 29c. License number 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) Rile N. Charles St. BALTO. Md 2120X 6701 31. Date filed (Month, Dey, Year) 32. Registrer's Signature State chia Davidson Registrar



## Please Type or Print in Black Indelible Ink. Assure All Copies Are pegible 2 1 5 3 State of Marvland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Dete of Daeth 3. Time of Death **Physician** Month SANCET E. Jeffee 97 JUly 20 /Medical 4b. City, Town, or Location of Deeth 4e. Fecility Name (If not Institution, give street end numbar) 4c. County of Daath Examiner Beswick Multicore Center Bolfinore If Under 24 Hrs. 8. De N/A 5. Social Security Number If Undar 1 Year 8. Date of Birth (Month, Dey, Year) FEB 19 1909 6 Sex 7. Aga (In yrs. last birthday) Birthpleca (Stata or Foraign Country) **Funeral** 10 M 200F 218-68-6631 88 Yrs. Director Guyana Usuel Residence of Decedent death with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at MD Baltimore Baltimore 1 Yes X No Director 10e. Straet and Number 10f. Zip Coda 10g. Citizen of Whet Country? 2 Lindsay Lane 21212 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 11. Marital Status 13. Was Dacedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Raca - Amarican Indian, Black, White, etc. permit. Pagas 1 and 2 should be filed within 72 hours after to Department of Healin and Mental Hygiene.

Important: If item 27 is marked other than "natural", or ham any injury or other traumetra. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: Black þ 3 ☐ Widowad 4 ☐ Divorcad 15. Decedent's Education (Specify only highest grede completed) 16a. Decedant's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Cook Private Home 17. Fether's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be UNK. IINK. 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) F. Barton Harvey, Jr./employer 2 Lindsay Ln. Baltimore, MD 21212 20b. Pleca of Disposition (Neme of cemetery, crematory or other placa) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 XCremation 3 ☐ Removel from State Metro Crematory, Inc. 7/21/97 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore, MD 21. Signature of Europeal Service Licens <sup>22</sup> Neme end Addrass of Fecility Cremation Society of Maryland, Inc. Edward A. Gregorchik 299 Frederick Rd. Baltimore, MD 21228 23a. Part1. Enter the disaese, or complications that ceused the death. Do not enter the mode of dylng, such as cardiac or respiretory errest, shock, or heart fellure. List only one ceuse on each line. Approximeta Intarval Between Onset end Deeth **Physician** Immediate Ceuse (Final disaase or condition resulting in deeth) /Medical 5 YES MULT.PLE CEREBRAL TJ=AZCTS Examiner Due to (or es e consequence of): Examiner HYPERTENSINE CARDIO VALUE AL DEGASE the bunal-transit and Sequentially list conditions, if eny, leading to Immediata ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Due to (or as e consequence of): Box 68760. 8 Physician/Medical Due to (or es e consequence of) 98 jo P.O. | Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 ☐ Unknown Ischamic CARDIOINYOPOTHY Records, þ 9 24b. Were eutopsy findings availabla prior to completion of ceuse of deeth? Completed 24a. Was en eutopsy performad? peen hes certificate 1 Yas 2 No 1 ☐ Yes 2 No Division of Vital Attending Physician: 25. Wes cese referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No this 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth Medical Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 1 Naturel 5 Pending investigation after death. 1 Yes 2 No 2 Accident in by the 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Routa Number, City or Town, Stete) 4 ☐ Homicide Hönnitaled To the Horaca within 24 hours a To the Funeral C completely filled 29e, Certifier 12 Certifying Physicien: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.
2 Medical Exeminer: On the bests of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end mannar stated. 29b. Signature end title of partifier 29c. Licensa number 29d. Date signed (Month, Dey, Year) 12399 moran 5 JULY 20, 1997 30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) 0 700 W. 40 Tr ST. CHARLES Bactmore m.) discover 15 KESWICK m 31. Deta filed (Month, Day, Yeer) 32. Registrar's Signeture State Registrar Mia Davidson-Randell JUL 221997 **DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene 9 7 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Month June Johnson **Physician** HENRY 2:45 pm /Medical 4b. City, Town, or Location of Death 4a. Fecility Neme (If not institution, give street and number) 4c. County of Deeth Examiner Greenspring Nursing & Rehab, Center Boultimore, MD Baltimore City 7. Age (In yrs. lest birthday) If Undar 1 Yaar If Undar 24 Hrs.
Months Deys Hours Min. 5. Social Securify Numbar Birthplece (Stata or Foreign Country) **Funeral** 219-70-3953 73 Director Maryland Usuel Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or lients 23e or 28e-f show the Medical Examiner must be notified at Maryland Baltimore City Baltimore 1 No 2 No Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4615 Park Heights Avenue 21215 U.S.A. 11. Meritei Stetus unknown 12. Wes Decedent Eyer in U.S.
Armed Forces? UNKNOWN 13. Was Decedant of Hispanic Origin? (Specify Yas or NoIt Yas, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, Whita, etc. hours after 1 Nevar Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Giva Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify: Black à 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Spacify only highest grede completed) 16b. Kind of Business/Industry 2 should be filed within 72 thand Mental Hygians.
Is marked other than "natu Elementery/Secondary (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Fathar's Nama (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) unknown unknown 2 19e. Intorment's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) is 1 and 2 s of Health an Nam 27 la unknown unknown 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stata Pages 1 nent of H permit. Pages Department of Important: If the any injury or o 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel trom State 4□Donetion 5型Other (Specify) in state 21. Signature of Junerel Sarvica Licansee Ronald Wade, Director State Anatomy Board, 655 W. Baltimore Street Much Baltimore, Maryland 21201 Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cerdiac or raspiretory errest, shock, or heart teilure. List only one cause on each line. Physician Carcinoma & Enophasus 6 mms /Medical Immediete Cause (Final diseese or condition resulting in deeth) Examiner Due to (or es a consequença ot): home obshille pulning derece Examiner attending physicien end for use es the bunal-trensit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated avents Box 68760 The lew requires that the death certificate be Physician/Medicai Due to (or as a consequence of) resulting in deeth) Last Division of Vital Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 1 No 3 Probably 4 Unknown by 24e. Wes en eutopsy partormed? 24b. Were eutopsy tindings avellable prior to completion of cause of deeth? Completed pege 2 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician:
 24 hours efter death.
 Funeral Director: After this certifica 25. Wes case reterred to medical examiner? 26. Place of Deeth (Check only one) Be Hospital: Other: Nursing Homa 5 Residence 6 Other (Specify) ٩ 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA funeral 28e. Date of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Certification: 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 3 ☐ Suicide 28e. Plece of Injury - At home, tarm, street, tactory, offica building, etc. (Specify) 4 Homlcide Cartifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and mannar stated. 29a. Certiflet (Check only one) within 2 29b. Signeture end title of certitier 29d. Dete signed (Month, Dey, Year) RamoshSahapath > Sclamer 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

RETH SABARAM MD SUITE 308 F21 N. EO taw St BaltmemD2/20/

State Registrar tiled (Month Dela Year) 1997 32. Registrer's Signature Aandelle

State of Maryland / Department of Health and Mental Hygiene / Certificate of Death 2. Date of Death 3. Time of Death

**Physician** /Medical Examiner

Director

Funeral

þ

1997 1146 Am

1 Yes 2 No

AMERICAN

**Funeral** Director

ir than "natural", or items 23e or 28a-f show the Medical Examiner must be notified at e filed within 72 hours aftar al Hygiane. other than "natural", or ite

other traumatic event, permit. Pagas 1 and 2 should be file Department of Health and Mantal Hy Important: if item 27 is marked other any injury or other traumatic event 900.08. **Physician** 

Baltimore, Maryland 21215-0020 Completed Be /Medical **Examiner** Examiner physician and the burial-transit Box 68760 Physician/Medical use as i Division of Vital Records, P.O. þ Completed has page 2 cartificate al or Attanding Physician: T s aftar death. II Director: After this carificat od in by the funeral director, p Be Certification: To e Hospital o 24 hours af Funeral Di setely filled in To the Hosp within 24 ho To the Fune completely fi Medical

**DHMH 16 Rev 6/95** 

1. Decedent's Neme (First, Middle, Last) EDWARD JOHNSON JULY 17 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death HOSPITAL BALTIMORE CITY UNIVERSITY | If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth MAW onth, Dey. | 1948 5. Social Security Number 7. Age (In yrs. last birthdey) 9. Birthplace (Stete or Foreign 1**X**0M 2□F 49 Yrs. BALTIMORE, MD. 217-54-4430 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits MARYLAND BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? USA 510 ROSE HILL TERRACE 21218 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck. White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: AFRO 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) BROADWAY SERVICES INC. HOUSEKEEPER 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) BESSIE JOHNSON UNKNOWN 19a. Informant's Name/Relationship (Type; Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) DARLENE ROSE HILL TERRACE, BALTIMORE, MARYLAND 21218 JOHNSON WIFE 510 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1X Burial 2 Cremation 3 Removal from State 7/21/97 LANSDROWN, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) MT. ZION CEMETERY 22. Name end Address of Facility
ESTEP BROTHERS FUNERAL HOME, P.A.
1300 EUTAW PLACE, BALTIMORE, MARYLAND 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or hear failure. List only one ceuse on each me. Immediate Cause (Final disease or condition resulting in death) CERCERCEL LIFERIATION Due to (or as a consequence of): HEMOGRANGE TOTOTO VASCULAR Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting In death) Last Due to (or as a consequence of): HYPEROMAN Due to (or as e consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evellable prior to completion of ceuse of death? 24a. Was an autopsy 1 ☐ Yes 2 No 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospital: Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 ER/Outpatient 3□ DOA 27. Manner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 2 Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(s) and manner as steted.

Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier (Check only one)

Mus

29b. Signature end title of certifier COOK, JUSSON H MD <

XV4176435 C8668

29c. License number

29d. Date signed (Month, Dey, Yeer) 71797

( COOK, JUDSON H MD

30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

OSTEND AVE. BALTIMURE MID

31. Date filed (Month, Dey, Year)

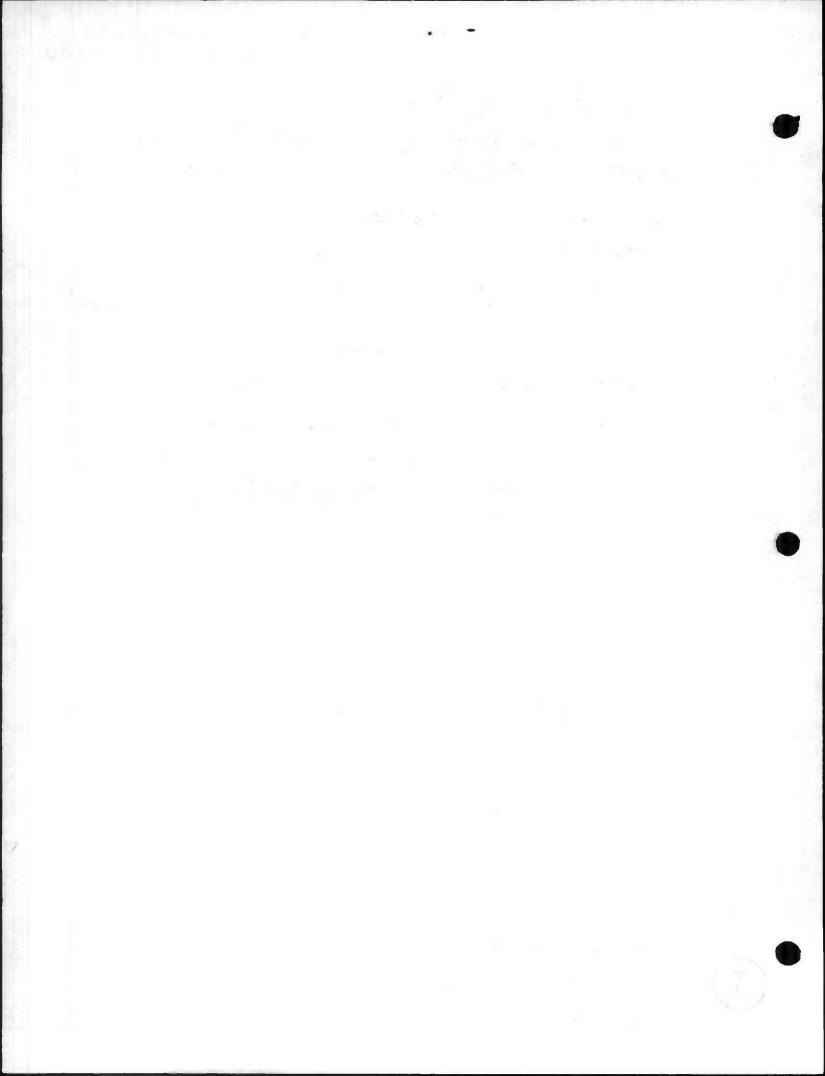
State Registrar c

ndi kan makansa gi ji sereti kan mes Mili kepaja anggaransa kan ji Tama Afa Silan inga dalam Mili kepaja anggaransa kan ji Tama Afa Silan inga dalam

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 1 5 6

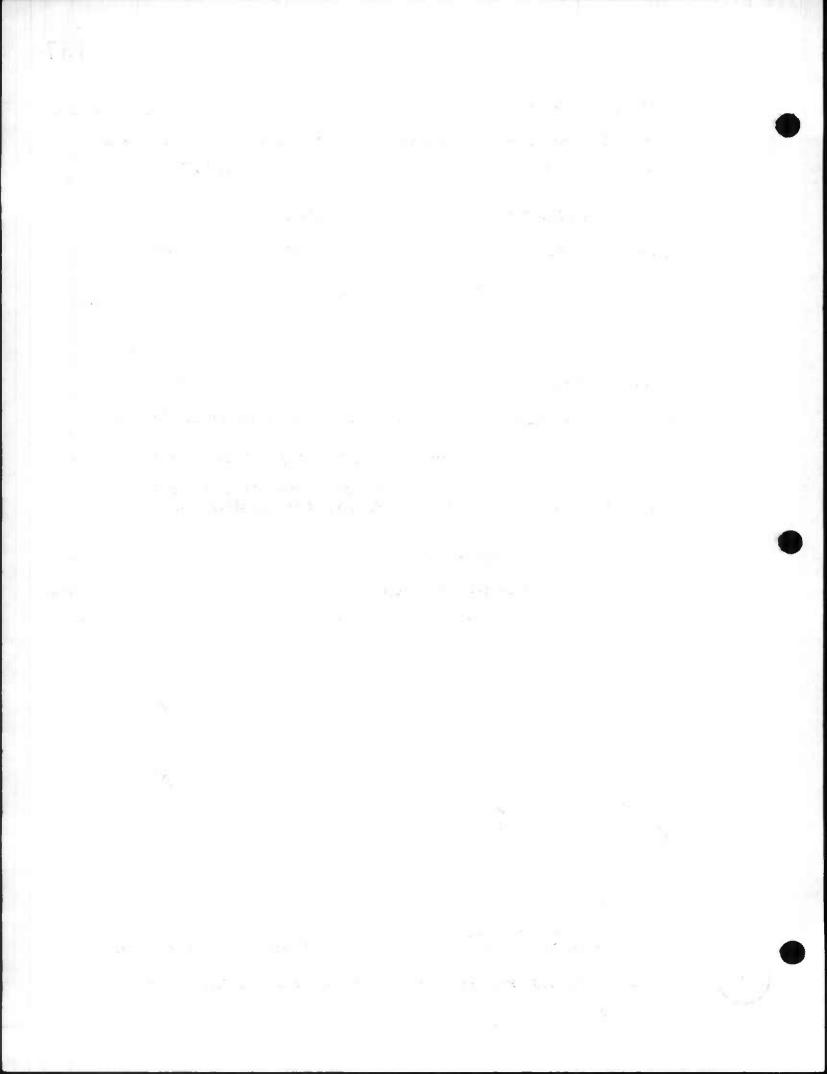
					Ce	rtificate o	f Death		Reg. No.		
	Dhuaia		1. Decedent's Nama (First, Middla, La	st)				2. Data of	Death	Vans	3. Tima of Death
	Physic /Medi		ELSIE JAMES	S				July	15 Pay 19	994	5:20 pm
	Exami		4a. Facility Nama (If not institution, giv					n, or Location of De	3,447	ty of Daath	
				ICAL CENTER				IMORE	N/		
	Funeral Director		5. Social Sacurity Number 6. S 214 54 7767	7. Aga (In )	yrs. last birthday) Yrs.	If Undar 1 Yas		Min. 10/2/	Birth Day, Year) 53	9. Birthp Coun	place (Stata or Foraign MD.
	dend dend		10a. Stata 10b. County	10c.	. City, Town or Lo	ocation				1	Od. Inside City Limits
	Mary Fed	to	MD. N/A		BALTIN	MORE					1 ∰ Yas 2 □ No
	with the Marylen a or 28a-f show	Director	10e. Street and Number	CID		10f. Zip Code			10g. Citizan of	What Cour	ntry?
	23a		2823 DENHAM	CIR.		212	25		US	А	
020	within 72 hours efter death with the Meryland ene. Then "neturel", or items 23a or 28e-f show the Medical Examiner must be notified at	by Funeral	11. Marital Status  1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Decadant Evar I Armed Forcas? 1 ☐ Yas 2 ∰ No If Yas, Giva Yaar or Datas:	1	Was Dacedant o If Yas, specify Cu 1 ☐ Yas 2 # N		n? (Spacify Yas or Puarto Rican, atc.)	No- 14. Ra Bl	ace - Amaric ack, Whita, ify: AMER	
5-0	"natur	sted	15. Decedant's Ed (Specify only highest gre		16a. Dece	dant's Usual Occ kind of work dor	supation	of working	16b. Kind of I	Businass/Inc	dustry
121	f within liena. r than "	Completed	Elamentary/Secondary (0-12)	College (1-4or 5+)	lifa.	DO NOT usa reti HOMEMAK	red)	a norming	Н	OME	
d 2	Hygi ther int, t	ပိ	17. Fathar's Nama (First, Middla, Last)	0		TOTILLIAM		s Nama (First, Midd			
lan	\$ E E S	To Be	RASSIE	WHITE				ROBENA	WHIT	,	
Maryland 21215-0020	d 2 d 7 ls 1 ls 1 ls 1 ls 1 ls 1 ls 1 ls 1 ls		19a. Informant's Name/Ralationship (	Type, Print)		ng Addrass <i>(Str</i> a		or Rural Routa Num		n, Stata, Zip	Coda)
Baltimore,	of Ha of Ha Fitem		20a. Method of Disposition  17 ☐ Burial 2 ☐ Cramation 3 ☐		b. Place of Dispo		301	Data	20c. Location	- City or To	wn, Stata
Ë	a 2 = >		4 □ Donation 5 □ Othar (Spacif	y)	MT. ZION			7/19/97	LANSDO		MD.
Bal	permit. Pag Department Important: I eny Injury o		21. Signatura of Funaral Sarvice Licer	P. Loo	22	ESTEP B	ROTHERS UTAW PL	FUNERAL BALTO.	HOME P./	A. 217	
			23a. Part 1. Entar the disaasa, or com shock, or haart ailura. List only	blications that dausad tha dona ceuse on sech lina.	laath. Do not ant						Approximata Intarval Batwaan
	Physician /Medical Examiner	er	Immediata Cause (Final disaasa or condition rasulting in daath)	Dua t	STA o (or as a consac		4105				Onsat and Daath
	uted d ansit	Examiner	Sequentially list conditions	b. Seps	o (or as a consec	mence of).				İ	
68760,	icete be axecuted physicien end s the buriel-transit		Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Cause (Diseese or Injury that Initieted evants	PCF	> PNR	Lunchia					
Box 68	requires that tha daath certificete be axecuted een signed by the attending physicien end hould be datached for use as the buriel-transi	an/Medicai	rasulting in daath) Last	Λ	o (or as a consequence of the co					1	
	daat he att	sicie	Part II. Other significant conditions of	given in Part I. 23b. Did tobacco use contribute to the cause of deat							
P.0	d by ti	Completed by Physician	some da	Ino				1[	⊒Yes 2□No	3□ Prot	bably 4 Unknown
3	signe d be d	by	70.00	<u> </u>						T	
Sor	w requires that been signed to should be date	etec						24a. W	as an autopsy rformad?	ava	ara autopsy findings ailabla prior to mplation of ceusa
Records,	has has	mp					464			of (	daath?
	olcien: The certificate h irector, page	ပ္ပ	25. Was cesa raferrad to madical						Yas 2 No	1 [	Yas 2010
of Vital		To Be	axaminar?	Hospital:	2 ☐ ER/Outpatier	nt 3 DOA	What	of Daath (Chack onl		than (Canal)	
0	aling Phys h. After this funeral d		27. Menner of Deeth	28a. Dete of Injury	28b. Tima o	IL SLI DOA	4 🗆 IVUIS	sing Homa 5 Re 28d. Dascrib	e how injury occu		/)
io	ath. r: Att	atio	1 Natural 5 Pending invastigation	(Month, Day Year	r) Injury		ork/ □Yas 2□No	0			
Division	or Atterda	Certification:	3 ☐ Suicida 6 ☐ Could not be 4 ☐ Homicida datarmined	28a. Place of Injury - A building, etc. (Spe	t homa, farm, str	eat, factory, offic	е		(Straet and Num Town, Stata)	ber or Rura	Routa Number,
	pital c	Ce	200 Codifica								
	To the Hospital or Attending P within 24 hours after death.  To the Funeral Director: After the completely filled in by the funeral completely filled in by the funeral parts.	Medical	29a. Cartifiar (Check only one)  Certifying Ph 2 Madical Exam	ysician: To the bast of my inner: On the besis of exem and mannar steted.	knowladge, death ninetion end/or In	n occurred at that vastigetion, in my	tima, data end opinion, death	plece, end due to the occurred at the time	na ceusa(s) and n a, data end place	ennar es st , end due to	atad. the ceuse(s)
	To the vithing To the complex	W	29b. Signature and titla of certifiar	Land ma	>		nsa numbar 3 7-207	3	29d. Data sign	sd (Month, I	Day, Yaar) 1997
_			30. Name end eddrass of person who	1 1 00	Item 23a) (Type,	Print) Baltm	100	md a	1215		
	Sta	_	31. Data filed (Month, Day, Yeer)	32. Ragistrar's Si	-						
	Registr	ar	JUL 2 2 1997	June David	son-yandel	To .					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

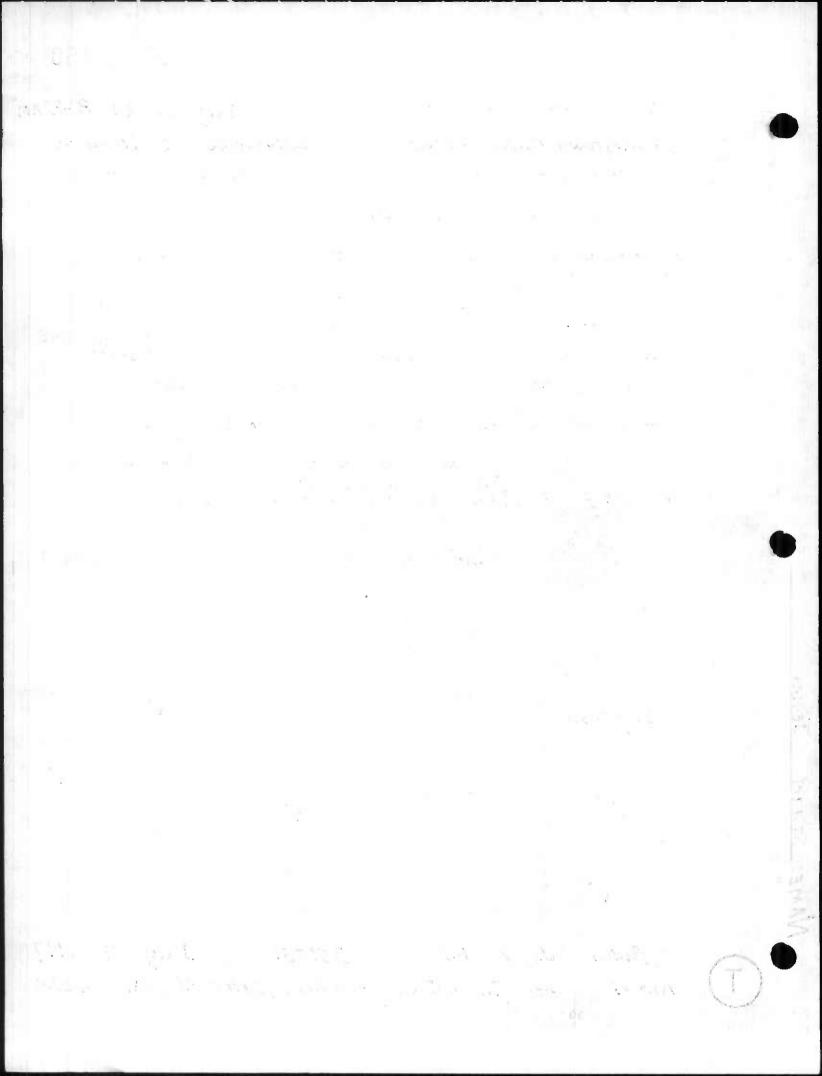
State of Maryland / Department of Health and Mental Hygiene 97 22 157

			Decedent's Neme (First, Middle,			Certificate of			Reg. No.	Note	2101			
ш	Physic	ian						2. Dete of De Month	Dey Dey	Yeer	3. Time of Deeth			
Н	/Medi			ONES			1	July	20 1997		7:20 pm.			
	Exami	ner	4e. Fecility Neme (If not institution,	and the second second	1 0		4b. City, Town, or							
_			FRanklin Sq 5. Social Security Number		al Cent		Rosedalo ar If Under 24 Hrs			ltimore				
	Funeral Director		213-01-3525 15 M 2 F 85 Yrs. Months Deys Hours Min. Sept. 39, 1911 Country)											
	and *		Usuel Residence of Decedent  10e. State 10b. County 10c. City, Town or Location								Od. Inside City Limits			
	sa-f eho	ector	Md. Balt	cimore			Essex				1 ☐ Yes 2 No			
	ath with the 23a or 2	Funeral Director	100. Street end Number 1008 Essex Ave	2.		10f. Zip Code	21221		10g. Citizen of V USA	Vhet Count	try?			
021	72 hours after death with the Maryland "naturel", or items 23a or 28a-f ehow folical Examinet must be notilled at	by Fune	11. Maritel Stetus  1 (XNever Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent E Armed Forces? 1		13. Was Decedent of If Yes, specify C	of Hispenic Origin? (Suban, Mexican, Puer No Specify:	Specify Yes or No to Ricen, etc.)	Specify	e - America ck, White, a				
71212-0020	ture	<b>P</b>	15. Decedent's		169	. Decedent's Usuel Occ	cupation		16b. Kind of Bu					
2	C * 8	Completed	(Specify only highest	grede completed)		(Give kind of work do	ne during most of wo ired)	orking	TOD. KING OF BU	isii less/ii lu	lustry			
7 7	F 2 4	mo	Elementery/Secondary (0-12) 8th	College (1-4or 5	+)	Clerk	· .		Ancho	or Pos	r Post			
	be filed that Hygie d other event, the	BeC	17. Father's Neme (First, Middle, La	st)		CIEIN	18. Mother's Na	me (First, Middle	, Maiden Sumem	(0)				
0	0 0 0	To B	John T. Jone	es			1	Anna Sig	rist					
Maryiand	2 should b and Ments Is marked aumatic o	-	19e. Informant's Name/Reletionship	(Type, Print)	198	o. Meiling Address (Stre	eet end Number or R	urei Route Numb	er, City or Town,	Stete, Zip				
	1 and 2 Health a em 27 ls		Edward Jones /	nephew		12609 Fal	ls Road Co	ockeysvi	lle Md.	2103	0			
panimore,	or or		1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from State							City or Tov				
	permit. Pa Departmen Important: any Injury		21. Signature of Funeral Service Lic		* 4	22. Name end Ade								
Š	Depa Impo	1	PR TIL	1/1	. 1/-	Connel.	ly Funera	1.Home of	Essex					
			23e. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only oper cause on each line.  Approximate Intervel Best No.											
	Physician		shock, or heart failure. List or	ly ope ceuse on each lin	θ.			,	,		Approximete Intervel Between Onset end Death			
	/Medical		Immediete Ceuse (Finel	,										
	Examiner		diseese or condition resulting in death)		oxemia	consequence of):				6	minutes			
-		ner				g Cancer				2				
	cuted	Examiner	Sequentially list conditions.	D		consequenca of):				Z	minutes			
5	an al		Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events	Angi	osarcom	a of Liver				2	months			
00100	ificate be executed g physician and as the burial-transit	edicai	thet initiated events resulting In deeth) Lest	c	Due to (or es a	consequence of):								
	E 0 8		rosulting in destiny Lest							į				
2	daath ce a attendir ed for usa	an		d										
	daa ha at ed fo	sici	Pert II. Other algnificant conditions	contributing to death bu	t not resulting i	n the underlying cause	given in Pert I.	23b. Did	tobacco uee cor	ntribute to	the cause of death?			
)	es that the daath cer igned by tha attendir be detached for usa	by Physician/M						1 🗆	Yes 20 No	3 Prob	ably 4 Unknow			
necolds,	requir	Completed							en eutopsy ormed?	con	re eutopsy findings ileble prior to npletion of cause leeth?			
	The law ata has b page 2 s	E						1 🗆	Yes 20 No		Yes 2□ No			
10		Be C	25. Wes case referred to medical				26 Place of De	eth (Check only						
		0	examiner? 1 ☐ Yes 20 No	Hospital:	nt 2□ER/O	utpetient 3 DOA	Other:		dence 6 □Othe	er (Specify	)			
	Attending Physic death.  ector: After this by the funeral d	Certification: T	27. Manger of Death 1.4 Natural 5 Pending 2 Accident Investigat	28a. Dete of Injury (Month, Dey	/ 28b.	Time of 28c. In y			how injury occurr		,			
2	Atten r dea ctor by the	ifica	3 ☐ Sulcide 6 ☐ Could not	be 28e. Pleca of Inju	ry - At home, fa	arm, street, factory, office	xe		Street end Numb	er or Rurel	Route Number,			
	afte Dire	erti	4 ☐ Homlcide	building, etc.	(Specify)			City or To	wn, Stete)					
ı	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edlcai C	29a. Certifier (Check only one)	Phyeician: To the best of aminer: On the basis of end menner stell	exeminetion en	e, deeth occurred et the d/or investigation, in m	time, date end plece y opinion, deeth occi	a, end due to the urred et the time,	ceuse(s) end ma dete end placa, o	nner es sta and due to	eted. the ceuse(s)			
	To the within 2 To the complex	Me	29b. Signature end title of certifier	1 -		29c. Lice	ense number		29d. Date signed	d (Month, I	Day, Year)			
	⊢≯⊢ŏ		all	KIM WAT			RD1917		July 20,					
		-	20 Nome and address	- 10 0)	-AL (II)		/ונותי		July 20,	177/				
1	T)		30. Neme end eddress of person wh				Raltimowa	Marrian	4 21227					
4	-	to	31. Dete filed (Month, Day, Year)	9000 Franki		are Diive,	barrimore,	riai y Lan	u 2123/					
	Sta Registr	_	JUI 22 1997		- Bare									



State of Maryland / Department of Health and Mental Hygiene 7 22 | 58

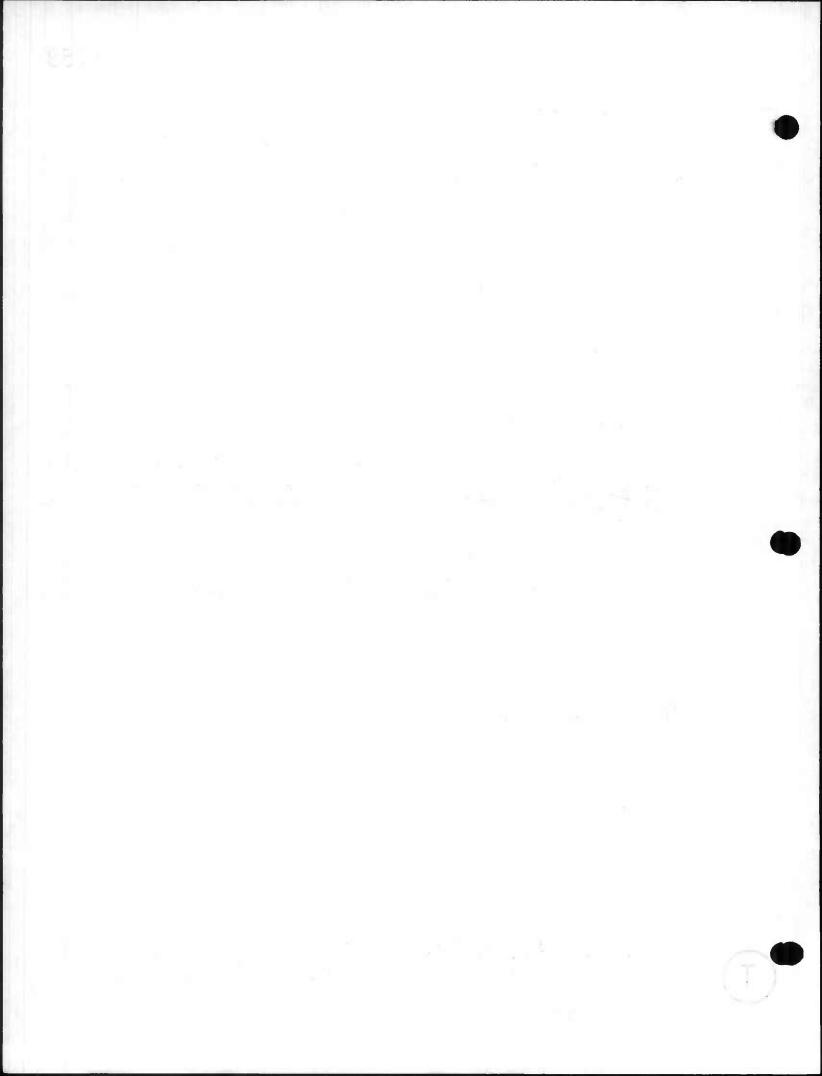
						Certifica	ate o	f Death		Reg. No.	Soon to	_ 1 0 0
			1. Decedent's Neme (First, Middle, La	est)					2. Dete of D		Vaa	3. Time of Deeth
	Physic /Medi		STUART EDWAR	RD JONES	Sr.				Jul		99	8:45 AN
	Exami		4a. Fecility Name (If not institution, give					4b. City, Town, or L			ty of Deeth	
			Charlestown	Care Ce				Caton			-	nore
	Funeral Director			Sex 7. Age (In 1 ☑ M 2 ☐ F 90	yrs. lest birt	hdey) If Und Month	s Dey		8. Date of B (Month, D	irth ley, Year) 1907		place (State or Foreign ntry) ryland
			Usual Residence of Decedent									
	h tha Marylan r 28a-f show	ctor	10a. State 10b. County 10c. City, Town or Location Catonsville									10d. Inside City Llmits 1 ☐ Yes 2 ② No
	th with th	Funeral Director	10e. Street end Number 701 Maiden Choice	125B-	1 Nont	,	2lp Code 2122			10g. Citizen o		ntry?
	sath w	era	11. Maritel Status	12. Was Decedent Ever					nacify Vas or N		ace - Americ	ican Indian
21215-0020	filed within 72 hours after death with the Maryland Hygiene. ther than "naturel", or flems 23a or 28a-f show ont, the Medical Examiner must be nothed at	by Fun	1 Never Married 2 Marrled  3 Widowed 4 Divorced	Armed Forces?  1 ⊠ Yes 2 □ No If Yes, Give Yeer or Dates: W		If Yes, sp		If Hispenic Origin? (Suben, Mexican, Puerto Io Specify:	o Rican, etc.)	Spec	lack, White,	, etc.
0-0	2 hou	8	15. Decedent's E	ducation		Decedent's Us	suel Occ	cupetion		16b. Kind of		
215	in 72 hc in "natur Medical	Completed	(Specify only highest gra Elementery/Secondary (0-12)	ade completed)  College (1-4or 5+)		(Give kind of v life. DO NOT	vork dor use reti	ne during most of wor ired)	king	Nation	al Ge	ographic
21	d withir giana. rr than	E	12th	College (1-40/ 54)	W	Triter				M	lagazi	ne
	be filed htal Hygi of other	Be	17. Fether's Neme (First, Middle, Last	*				18. Mother's Nen	ne (First, Middl			
Maryland	D = 0 0	To	Edward J(	ONES				Anne		KRATZ		
an	d 2 should be f th and Mantal I 7 is marked of traumatic eve		19a. Informent's Name/Reletionship (	(Type, Print)	19b.	Mailing Addre	ss (Stre	et end Number or Ru	irel Route Num	ber, City or Tow	n, Stete, Ziţ	p Code)
≥,	end a salth n 27 l		Stuart E. Jones,					Rd, Jamaic		Ť.		
altimore,	Pegas 1 nent of He int: If iten		20a. Method of Disposition  1  Burial 2  Cremetion 3   4  Donetion 5  Other (Specia	Removel from State	cemeter	Disposition (A y, cremetory of CEM-C	rotherp	1	Date 7/21/97	20c. Location		
Balt	permit. Pegas 1 end 2: Department of Health as Important: If Item 27 is any Injury or other trau		21. Signeture of Funeral Service Lice	O Shan	ner-			tess of Facility UNERAL HO		re. MD	2122	9
			23a. P v11 Enter the diseese, or com show or heert failure. List only	plications that caused the	death. Do n							Approximete Intervel Between
	Physiclan		Since of fleet failure. List only	one cease on each line.								Onset end Deeth
A	/Medical		Immediete Ceuse (Final diseese or condition	Fha	1 5/2	110.	00	mentil	7			Years
н	Examiner		resulting in deeth)	e. Due	to (or es e c	sequence o	of):	menti				J - 1,1 J
-	P #	ine.		h							1	
	ecute end -trens	Examiner	Sequentially list conditions,	Due	to (or es e c	onsequence o	f):					
50,	clan clan	E	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initieted events	C							1	
68760,	death certificate be executed e attending physician end ed for use as the burial-trensit	Medical	thet initieted events resulting in deeth) Lest	Due	to (or es e c	onsequence o	f):				1	
×	ding p	Me	L	d								
00	attend attend	Physician/										
o.	the day	ysic	Pert II. Other significant conditions of	contributing to death but no	ot resulting In	the underlying	cause	given in Pert I.	23b. Di	d tobacco use		to the cause of death?
۵.	requires thet the daatt seen signed by the atte hould be detached for	P.	Depresion	)					10	Yes 207No	3 □ Pro	obably 4 Unknown
ds,	sign d be	d by							24a We	s en eutopsy	24b. W	Vere eutopsy findings
ord		Completed							pe	formed?	6/	veilable prior to ompletion of cause
Rec	8	dm								_/		f deeth?
									10	Yes 21 No	1	Yes 21/2 No
Vital	Physician: The this certificata and director, pag	Be	25. Was case referred to medical exeminer?	Hospital:				26. Plece of Dee				
of	this aldi	-T	1 ☐ Yes 212 No 27. Manoer of Deeth	1 L Inpatient	2 ER/Out	tpetient 3	DOA	4 Nursing H	_	sidence 6 🗆 C		ify)
5	fing F	lon	1 Neturel 5 ☐ Pending	28e. Date of Injury (Month, Dey Ye	ar) Ir	njury		njury et Vork? ☐ Yes 2 ☐ No	200.000.12			
Division	Attending r daath. ector: Attai	Certification:	3 ☐ Suicide 6 ☐ Could not b	De Diese of Leiver	At home fer				28f. Location	(Street end Nu	n <i>ber</i> o <i>r Rur</i>	rel Route Number,
<b>≥</b>	after Direct	er.	4 ☐ Homicide determined	building, etc. (S	pecify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o.y, o		City or T	own, Stete)		
	Hospita 24 hours Funeral taly filled	edicai C		hysician: To the best of my miner: On the besis of exa end manner stated.								
	within 2 To the comple	Mec	29b. Signeture end title of certifier	GIG III AII II SIALEG.	•	2	29c. Lice	ense number		29d. Date sig	ned (Month,	, Dey, Year)
	F ≥ F 8		11 1	/	10		^	-11				
	1		James Ja	maar 1	עו		D	51051 Lane, C		July	11	177/
	(T	1	30. Neme end eddress of person who	completed ceuse of deeth	(Item 23e) (	Type, Print)		. 1		1/2	40	21270
				2ar 711 N	naide	nche	ice	rane, c	atons	VILLE 1	YU,	41660
	əti Regist	ate	31. Dete filed (Month, Dey, Yeer)	Sulle Dave	Bon-Ra	ndell						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q 7

			Certificate of Death		Reg. No.	22159			
ı	Physici	an	Decedent's Name (First, Middle, Lest)	2. Dete of Month	Day Ye	3. Time of Death			
	/Medio	cal	Jean Baptiste Kpangni		3,1997	3:55am			
	Examir	ner		Town, or Location of D	MOUT	GOMBRY			
	Funeral		5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) If Under 1 Year If Under	der 24 Hrs. 8. Dete of	Birth 9.				
	Director		217 33 7569 1 1 2 F 32 Yrs. Months Days Hours	s Min. (Month	Birth Poer Year) 45 J	Birthplece (State or Foreign Country)  VORY COAST			
	yland		10a. Stete 10b. County 10c. City, Town or Location			10d. Inside City Limits			
	e Mar Sa-f si	ctor	MD MONTGOMBRY SILVER SPRING			1 Yes 2 No			
	23e or 26	Funeral Director	8+16 12th Wenne 20903	3	10g. Citizan of Wha	A- COAST			
020	within 72 hours efter death with the Maryland ene. than "naturel", or items 23e or 28a-f show the Mudical Exertitur must be rectified at	by	11. Maritel Stetus  1 Never Married 2 Married  3 Widowed 4 Divorced  12. Wes Decedent Ever in U,S. Armed Forces?  1 Yes, 2 No If Yes, specify Cuben, Mexical In Yes 2 No Specify Year or Dates:			American Indian, White, etc.  APRICAN			
5-0	72 hours "naturel",	eted	15. Decedent's Education 16e. Decedent's Usual Occupetion (Specify only highest grade completed) (Give kind of work done during mo	ost of working	16b. Kind of Busin	ass/industry			
21215-0020	filed within 72 ho Hygiene. rther than "natur	Completed	Elementery/Secondary (0-12)  College (1-4or 5+)  LABOR		N	4			
Maryland	od itai	To Be C		ther's Name (First, Michael ANSAN /	ddle, Meiden Surneme) 44.NES K	ASSI			
lan	2 6 6 6		19a. Informent's Name/Relationship ( <i>Type, Print</i> )  19b. Mailing Address ( <i>Street end Num.</i>						
	from 27 other tr					1.40 20903			
Baltimore,	007		20a. Method of Disposition  20b. Place of Disposition (Neme of cemetery, cremetory or other place)  20c. Method of Disposition (Neme of cemetery, cremetory or other place)	Dete	20c. Location - City				
Itin			4 Donation 5 Donation (Specify)  21. Signeture of Fundant Person Laborate  22. Name and Address of Facility	) NEK 7/19/	III WEST HYZI	Buille, 40			
Ba	Deperting Importa any Inje		Handli & Bearchi 9	FURERA!	Jervice	0 20007			
	-		23a Part 1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such e shock, or heard feilura. List only one ceuse on each lina.	es cerdiac or respireto	ry errest,	Approximete			
6	Physician					Intervel Between Onsat and Death			
1	/Medical Examiner	Tooditing it doubtil							
	D. Con	ner	Argunized Inganizae Malicus	ency Sync	lomo	1079-			
	ificete be executed g physician end es the burial-transit	Examiner	Sequantially list conditions,  Dua to (or es e consequence of):	my squice	e o , e	Stancy			
60,	cian e		Sequantially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or injury	*					
68760,	ficete	edicai	thet Initiated evants resulting In daeth) Lest Due to (or es e consequence of):						
Box (	eath certifi ettending I for use es	lan/Me	d						
	death e ette	icia	Part II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Per	ort   23b	Old tobacco use contril	bute to the cause of death?			
P.0	that the de led by the e detached f	Physici	Raposi Saroma			□ Probably 4□ Unknown			
of Vital Records,	v requires been sign should be	Completed by			Ves en eutopsy erformed?	4b. Were eutopsy findings eveileble prior to completion of ceuse of deeth?			
Re	icien: The law certificate hes b rector, page 2 s	omp			□Yas 2€No	1 ☐ Yes 2 ☐ No			
ital	ien: T	BeC	25. Wes cese referred to medical 26. Pier	ece of Deeth (Check o					
) t	S S D	10	axeminer?  1 Yes 2 No Hospital: 1 mpatient 2 ER/Outpetient 3 DOA Other: 4 No	Nursing Home 5 ☐ F	Residence 6 Other	Specify)			
	ding Phy h. After thi funeral		27. Manner of Deeth 1 ☑Naturel 5 ☐ Panding 28a. Data of Injury (Month, Day Year) 28b. Time of Injury at Work?	28d. Descr	ibe how injury occurred				
sio	Attending or death. actor: After by the fune	cati	2 Accident Investigation M 1 Yes 2						
Division	al or Attences effer death	Certification:	4 ☐ Homicida datarminad datarminad 28a. Place of Injury - At home, ferm, straat, factory, offica building, atc. (Specify)	City of	on (Street and Number of Town, Stete)	or Hural Houta Number,			
	To the Hospital or Attend within 24 hours efter deati To the Funeral Director: completely filled in by the	edical	29a. Cartifier (Check only one)  1 Certifying Physician: To the bast of my knowladga, daath occurrad at tha tima, data a companient of the	and placa, and due to leeth occurred et tha ti	the cause(s) end menna ma, dete end place, and	ar as stated. dua to the ceuse(s)			
	within 2 To the comple	Me	29b. Signeture end title of certifier 29c. Licensa number	er .	29d. Dete signed (A	Aonth, Dey, Year)			
			by Vaul Fielt MD 12214.	35	July 3	,1997			
(	T)		30. Neme end addrass of parson who complated sales of seeth (them 24a) (Type, Print)  No. Pipe Print)  No. Pipe Print)	cal Park	Drive S	clue-Syrmy			
	Sta Registr		31. Date filed (Month, Day, Year)  32. Registrar's Signeture						



## MISSING DEATH

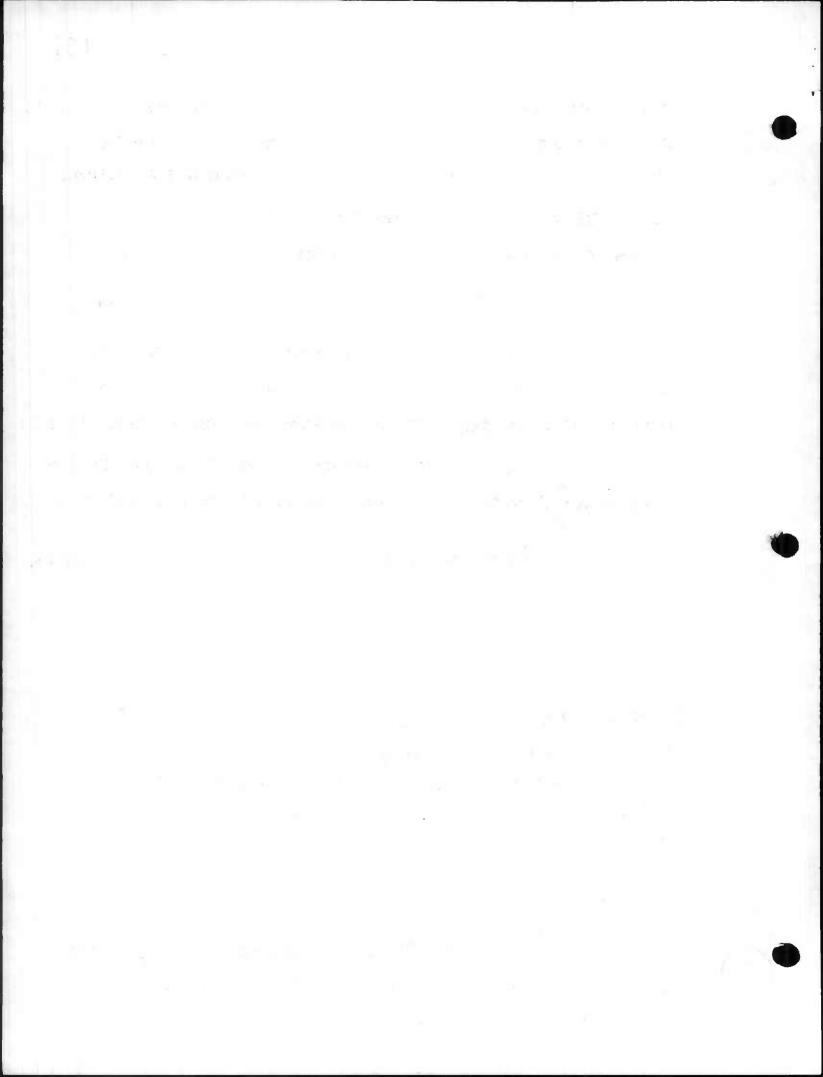
certificate no.: 97-22160

DEATH

97-22/60

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien 2 2 1 6 1

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death July **Physician** 1997 18, Margaret Teresa Keeler 3:10 PM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner St. Martin's Home Catonsville Baltimore if Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) October 17, 1902 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** Days 1 M 20XF 94 Vrs Director 577-52-3996 Illinois Usual Rasidance of Dacedant 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yas 2 ☑ No Director Maryland Baltimore Catonsville 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 601 Maiden Choice Lane 21228 USA death Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status filed within 72 hours efter 1 ☐ Navar Marriad 2 ☐ Marriad 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: þ Specify: 3 ₩ Widowed 4 Divorced White Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry marked other than Elementery/Secondary (0-12) Collega (1-4or 5+) Teacher & Homemaker Education permit. Peges 1 and 2 should be file Department of Health end Mental Hy, Important: If Nem 27 is marked othe any injury or other traumatic event 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Malden Sumama) Patrick Joseph Conway Julia Agnes Kennedy 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) William Cardinal Keeler (Son) 320 Cathedral Street, Room 704, Baltimore, Md. 21201 20b. Place of Disposition (Name of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 X Burial 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) New Cathedral Cemetery 7/23/1997 Baltimore, Maryland 21. Signatura of Funeral Service License 22. Nama and Addrass of Facility Leonard J. Ruck, Inc. 5305 Harford Road, Baltimore, Md. 21214 23a. Part f. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrast, shock, or heart failure. List only one cause on each line. **Physician** /Medicai Immediata Causa (Final neumonia disaasa or condition resulting in death) Week Examiner Dua to (or as a consequance of): physician and s the buriei-transit The law requires that the deeth certificate be executed Sequantially list conditions, if eny, laading to immediata ceuse. Enter Undarlying Causa (Disaasa or Injury that initiated avants rasulting in daeth) Last Dua to (or as a consequence of): P.O. Box 68760, Physician/Medical Dua to (or as a consaquanca of): use as Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contribute to the cause of death? signed by the 1 ☐ Yas 2 ☐ No 3 Probably 4 ☐ Unknown aortic Stenosis Records, Be Completed by 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Broncheictasis ate has ight Stroke. hronic Obstructive lung dil Yas
26. Place of Death (Orack only ona) this certificate 1 ☐ Yas 2 ☐ No Division of Vital 25. Wes cess refarred to madical examinar? or Attending Physician: Hospitel: 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 2 1 Yas 2 No s efter death.
I Director: After this ed in by the funeral di Certification: 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Pending investigation 1 Netural 1 ∏Yas 2 □ No 2 Accidant 6 Could not ba 3 ☐ Suicida 28e. Place of Injury - At home, farm, straat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Hospital within 24 hours e To the Funeral C Hospital 1 Cartifying Physician: To the bast of my knowledge, death occurred at tha tima, data and piace, and dua to tha ceusa(s) and manner as steted.
2 Madical Examinar: On the basis of axamination and/or invastigation, in my opinion, daath occurred et the tima, data and placa, and dua to the causa(s) and manner stated. 29a. Certifier edical completely (Check only 29b. Signatura and titla of certifiar 29d. Data signed (Month, Day, Yaar) kanalle rangue 30. Name and addrass of person who completed causa of death (Itam 23a) (Type, Print) 3455 Wilkens Avenue, Suite 308, Baltimore, Maryland 21229 Komal K. Dang, M.D. 31. Data filed (Month; Day, Yaar) -32. Ragistrar's Signatura State whia Javidson Registrar JUL 2 2 **199**7



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 3 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month

Towson

**Physician** /Medical 4a. Facility Neme (If not institution, give street end number) Examiner

Margaret Bishop Klein

Manor Care Health Services

**Funeral** Director

ettanding physician and for use as the burial-trensit

Division of Vital Records, P.O. Box 68760,

5. Social Security Number If Under 1 Year If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) 1□ M 2□ F 214-74-4628 Yes June 15,1906 Usual Residenca of Decedent with the Marylend 10a State 10b. County 10c. City, Town or Location 7 is marked other than "neturel", or items 23a or 28a-f show traumstic event, the Medical Examinet must be notified at MD **Baltimore** Lutherville Director 10e. Street and Number 10f. Zip Code 21093 1013 W. Seminary Avenue deeth 1 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours after or Depertment of Heelith and Martel thygiene. Important: If item 72 is marked other than "neturel", or iter eny injury or other thaumatic event, the Medical Examine 1 Never Married 2 Marrted 1 ☐ Yes 20 No If Yes, Give Yeer or Dates: 1 ☐ Yes 2√ENo ρ 3√2Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grada completed) Elemantary/Secondary (0-12) Coltage (1-4or 5+) Secretary 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Bishop James Rose Giebel 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Numbar or Rural Route Number, City or Town, State, Zlp Coda) Raymond Klein 23 Manor Avenue Baltimore, Maryland 21206 20b. Piaca of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Stete 7/24/97 4 ☐ Donation 5 ☐ Other (Specify) Parkwood Cemetery 22. Name and Address of Facility The Dippel Funeral Home Inc. 23a. Pert 1. Enter the disease, or complications that caused the seath. Do not enter the mode of dying, such es cardiac or respiratory arrest, Approximate shock, or haart failure. List only one cause on each tine. **Physician** /Medical immediate Ceuse (Final disease or condition resulting in death) Examiner Due to (or es a consequence of) Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last Due to (or as a consequence of) Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the undarlying causa given in Part i. þ 24a. Was an autopsy performed? Completed 1 Yes 2 No 25. Was case raferred a medical examiner? Be 26. Place of Death (Check only ona) Hospitat: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 27. Manner of Death il or Attending Pl eftar death. | Director: After th 28c. Injury at Work? Medical Certification: 28d. Describe how injury occurred 1 Naturat 5 Panding Investigation 1 Yes 2 No 2 ☐ Accident 6 Could not be determined 3 ☐ Suicide Place of Injury - At home, farm, straet, factory, office building, etc. (Specify) 4 Homicida 24 hours e 1 Certifying Phyaician: To tha best of my knowledga, daath occurred at the tima, data and place, and due to tha causa(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifian (Check only one) within 2 To the Complet 29b. Signature end title of cartifier v ciap

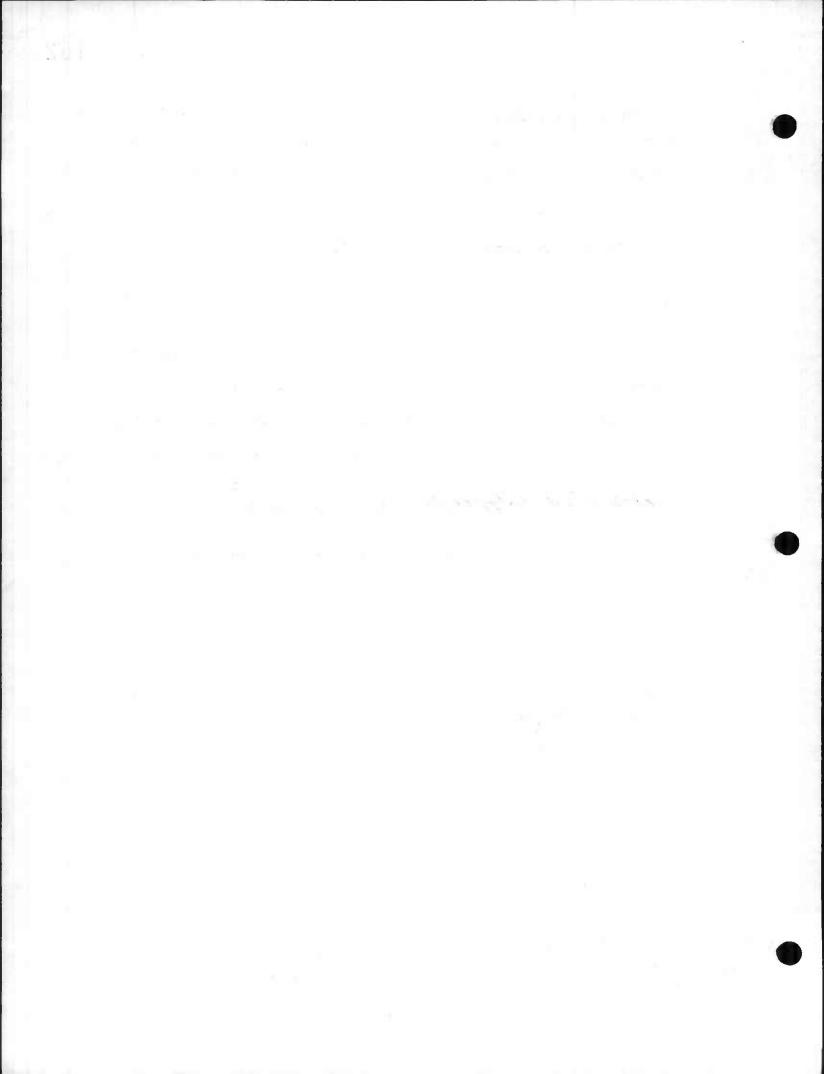
Julia Davidson

July 21, 1997 12:30 AM 4b. City, Town, or Location of Deeth 4c. County of Deeth Baltimore Btrthplaca (State or Foreign Country) D.C 10d. Inside City Limits 1 ☐ Yes XX No 10g. Citizen of What Country? U.S.A. 14. Race - American Indian, Btack, White, etc. Specify: White 16b. Kind of Bustness/Industry Red Cross 20c. Location - City or Town, State Baltimore, Maryland 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Ware autopsy findings eveilable prior to complation of cause of death? 1 ☐ Yes 2 No 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) 30. Name and addrass of person who complated causa of death (Itam 23a) (Type, Print) 8903 HARTON PORD

SCACO (C. DATC) 60

31. Date filed (Month. Day: Year) 32. Registrar's Signature BACTI HORE MARYCAUD > 1236

State Registrar



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Months

10f. Zip Code

Deys

1 Yes 2 No Specify:

CEMETERY

Hours

Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexicen, Puerto Rican, etc.)

BETSY

22. Name and Address of Fecility
VAUGHN C. GREENE FUNERAL SERVICE 5151 BALTO. NATL PIKE, BALTO. MO.

18. Mother's Neme (First, Middle, Meiden Surneme)

EMPLOYED

State of Maryland / Department of Health and Mental Hygiene 9 7 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician HRANCINA** JRAVES 1997 10:20 PM FILLIS JULY /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner HOLY CROSS HOSPITAL SPRING MONTGOMERY SILVER If Under 1 Year If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Dey.) 7-18-5 Birthplece (State or Foreign Country)

VA

7. Age (In vrs. lest birthdev)

**Funeral** Director

filed within 72 hours after death with the Maryland r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

I Hygiene. .. Peges 1 and 2 should be filled w tment of Health and Mental Hygien tant: If Item 27 is marked other th Jury or other traumatic event, tha Department of Important: If any injury or

21215-0020

Baltimore, Maryland

P.O. Box 68760,

of Vital Records,

Division

Hospital

**Physician** /Medical Examiner

The law requires that the death certificate be executed the burial-tran for use es ete hes been signe pege 2 should be or Attending Physician: this After after death.

Examiner Physician/Medical þ Be Completed Medical Certification: To filled in by the funeral 24 hours a To the

5. Sociel Security Number 225-88-1329 Usuel Residence of Decedent 10a. Stete Director MD 10e. Street end Number 43 Funeral 11. Marital Status þ Completed 12 TH GRADE Be TELIX KEGINALO L 20e. Method of Disposition Immediete Ceuse (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury thet Initieted events resulting in deeth) Lest

6. Sex 10 M 20 F 10b. County ROSEWOOD 1 Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced Elementery/Secondery (0-12) 17. Fether's Name (First, Middle, Last) GRAVES 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signefure of Funerel Service Licensee

40 Yrs. 10c. City. Town or Location BALTIMORE UWINGS 12. Was Decedent Ever in U,S. Armed Forces?

1 Yes 2 10 No If Yes, Give Year or Dates: 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 19e. Informent's Name/Relationship (Type Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) ROSEWOOD LANE, OWINGS HUSBAND 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State HORT 23a. Pert 1. Enter the deade, or complications that called the deal shock, or heert failure. List only one ceuse on each line. Head Injuries Due to (or es e consequence of):

Due to (or es e consequence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

> 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28c. Injury et Work? 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 1 ☐ Yes 2 2 No

7-13-97 2120 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

Street

Mentgomery County, Maryland

1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

27 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29c. License number O.C.M.E. 29d. Date signed (Month, Dey, Yeer) JULY 14,1997

Automobile accident

28f. Location (Street end Number or Rural F City or Town, State) Beltway

10d. Inside City Limits

Approximate Intervel Between Onset end Deeth

24b. Were eutopsy findings evellable prior to completion of ceuse of death?

1 DYYes 2 □ No

10g. Citizen of Whet Country?

USA

16b. Kind of Business/Industry

MILLS, MD. 2117 20c. Location - City or Town, Stete

23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

7-19-97 LYNCHBURG,

24a. Wes en eutopsy performed?

12 Yes 2 □ No

28d. Describe how injury occurred

Race - American Indian, Black, White, etc.

Specify: BLACK

1 Yes 2 No

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Radiniz 111 Penn Street, Baltimore, Maryland 21201 5tephen 5.
31. Date filed (Month, Day, Yeer) 5.

State Registrar

JUL 2 2 1997

25. Was cese referred to medical

29b. Signeture end title of certifier

5 Pending investigation

6 Could not be determined

examiner?

27. Manner of Deeth

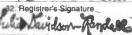
1 Netural

2 Accident

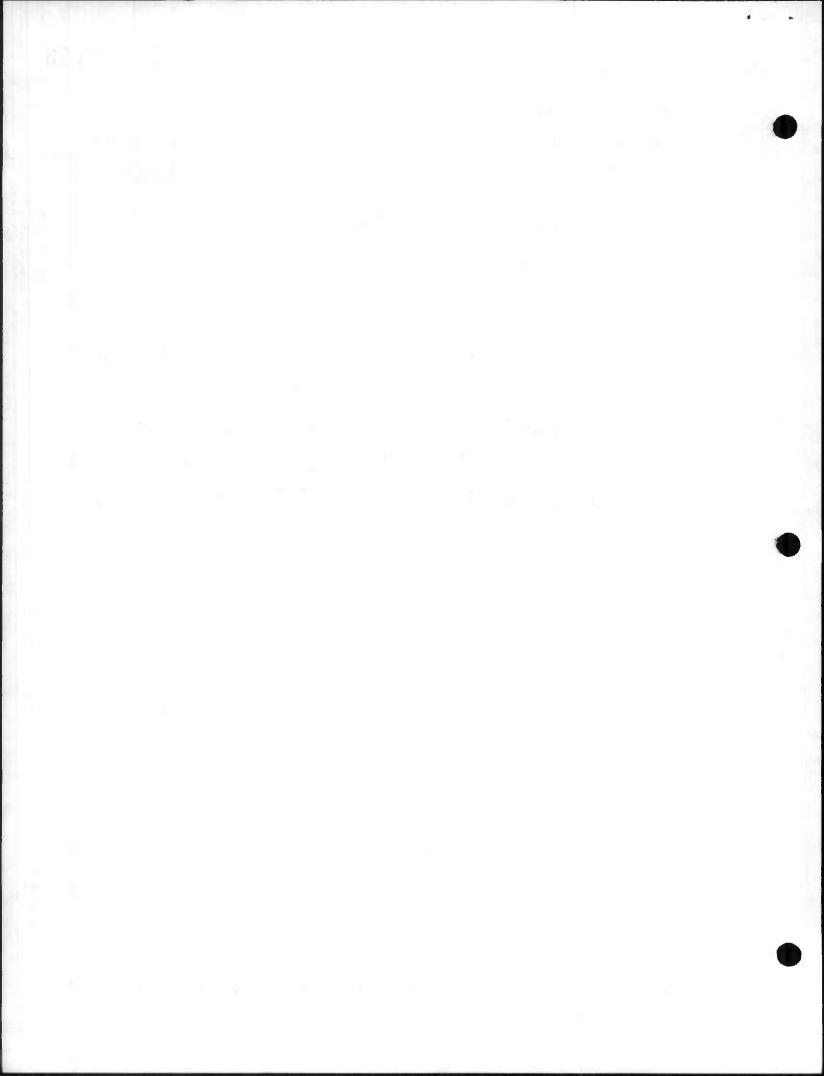
3 Suicide

29a. Certifier

4 I Homicide

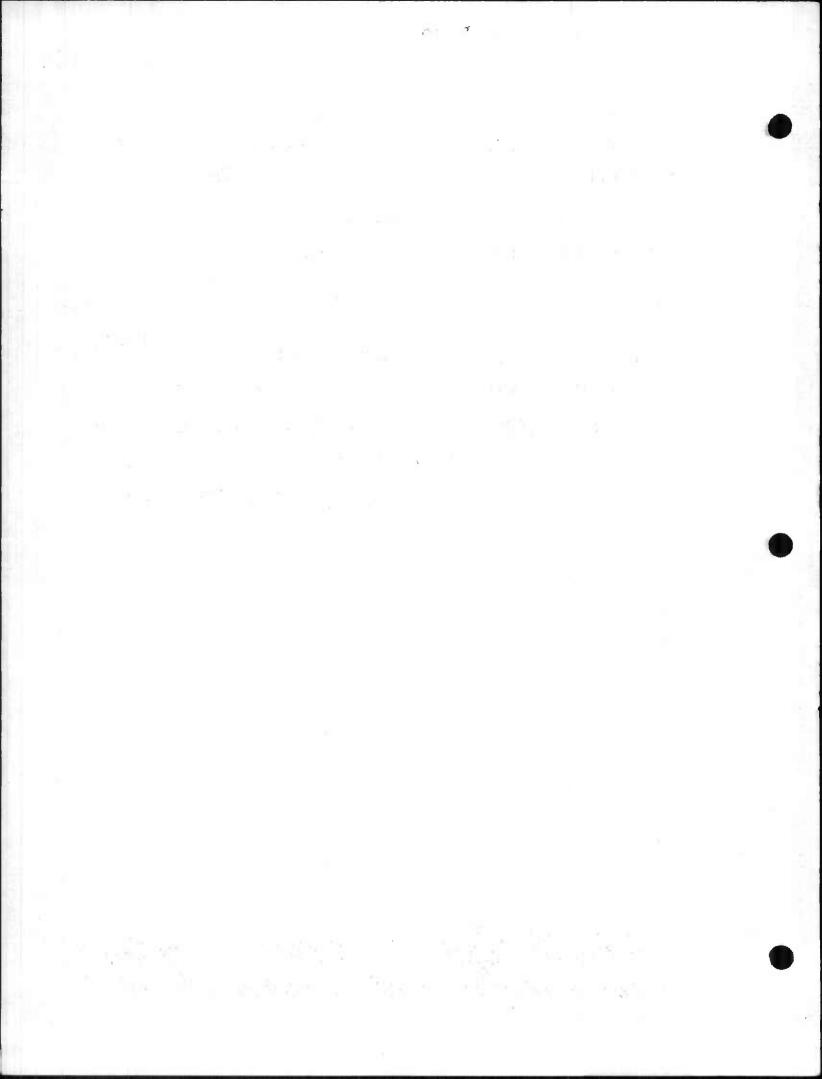


**DHMH 16 Rev 6/95** 



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

			State of Marylar		irtment of F tificate of			giene 9 7 Reg. No.	22164
	Physici /Medic		1. Decedent's Neme (First, Middle, Last)  HeleN		Lak		2. Dete of De Month	16th 19	3. Time of Death
	Examir	ner	4a. Fecility Neme (If not institution, give street end number)  JOSEPH RICHY HOSPICE  5. Sociel Security Number 6. Sex 1 M 2 H F 73	. last birthdey) Yrs.	If Under 1 Yeer Months Deys	BALTIMOR  If Under 24 Hrs.  Hours Min.		N/	
	Director	ľ	Usuei Residence of Decedent  10a. Stete 10b. County 10c. Ci	ity, Town or Loc			2/28/	24	10d. Inside City Limits
	n with the Ma 3a or 28a-f	al Director	MD. N/A  10e. Street end Number  2632 W. LAFAYETTE AVE.	BAL	TIMORE  10f. Zip Code 21	216		10g. Citizen of Wh	1 ∰ Yes 2 □ No et Country?
020	within 72 hours after death with the Maryland ene. then "netural", or items 23s or 28s-f show to Medical Examine must be notified at	by Funeral	11. Mentel Status  12. Wes Decedent Ever in U Armed Forces?  1  Never Married 2 Merried 3  No If Yes, Give Yeer or Detes:			tispanic Origin? (Spr en, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)	- 14. Rece - Bieck,	American Indien, White, etc. AFRO AMERICAN
Maryland 21215-0020	filed within 72 hours Hygiene. ther than "natural", int, tre Medical Ext	Completed	15. Decedent's Education (Specify only highest grade completed)  Elamantary/Secondery (0-12)  Coilege (1-4or 5+)  12		ent's Usuel Occup kind of work done O NOT use retired ERICAL W	petion during most of works ORKER	ing	16b. Kind of Busi	ness/Industry
ryland	d 2 should be filed th and Mental Hygie 7 Is merked other traumetic event, to	To Be	17. Fether's Nema (First, Middle, Last)  AARON WHITE  19e. Informent's Nema/Reletionship (Type, Print)	10h Malija	Address (Street	18. Mother's Name MAM end Number or Rura	IE W	HITE	7. (2.4)
Baltimore, Ma	gas 1 and 2 of Haaith a filtern 27 is v other trans		ANNIE WHITE SISTER  20e. Method of Disposition 20b. 1	600 Plece of Dispos	LIGHT Sinistence of settory or other place	T. BALTO.	MD. 21		ty or Town, Stete
Balti	permit. Pag Department Important: i any Injury o		21. Signeture of Europerel Service Licensee		Name end Addre				
	Physician /Medical Examiner	er	23e. Pert1. Enter the disease, or complications that caused the deel shock, or heart failure. List only one cause on each line.  Immediate Cause (Finei disease or condition resulting in death)	th. Do not ente	or the mode of dylin	ng, such es cardiac d	or respiretory en	rrest,	Approximete Intervel Between Onset end Death
Box 68760,	daeth certificata be executed e attending physician and of for use es the burial-transit	an/Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Undartying Causa (Disease or Injury that initiated events resulting in death) Lest	or as a consequ	vence at):	GETS.	en e,		1411
ords, P.O. B	es that tha igned by th be detache	by Physician/M	Pert II. Other significant conditions contributing to death but not res	sulting in the un	derlying cause giv	en in Pert I.	10	Yee 2010 3	ibute to the cause of death?  Probably 4 Unknown
at Record	as been 2 shoul	Completed						med?	24b. Were eutopsy findings evellable prior to completton of cause of daath?
sion of Vita	Attending Physicant The radath. r death. ector: After this cartificete he by the funeral director, page	ation: To Be	27. Menner of Deeth  1 Neturel 5 Pending investigation  28e. Deta of Injury (Month, Dey Year)	ER/Outpatient 28b. Time of Injury	28c. Injur Wor	4 LI Nursing no	me 5 Resid	1/	110-416
Division	Patte	il Certification:	3 Suicide 4 Homlcide  6 Could not be detarmined  28e. Plece of Injury - At he building, atc. (Specification of the building) atc. (Specification of the buildin	fy)			City or Tow	vn, Stete)	or Rural Route Number,
	To the Hospital within 24 hours a To the Funeral completely filled	Medical	29e. Certifier (Check only one)  1☐ Certifying Physician: To the best of my kno (2☐ Medical Examiner: On the basis of examine end manner steted.  29b. Signature and title of certifier	etion end/or Inve	estigetion, in my o	pinion, deeth occurr	ed at the time,	dete end piece, end 29d. Date signed	d due to the cause(s)
)	6		30. Name and address of persop who completed cause of deeth (Item	m 23e) (Type, F	Print)	20/2	n N	16 011	1/9/
	Sta Registr	200	31. Date filed (Month, Dey, Year) 32. Registrar's Sign	fandelle	20	*/////////////////////////////////////	1-11	1 200	/



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 1 6 5

ITEM#26 PER PHYNS FLM#G749 7/22/97 J.A. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Physician Month DONAU) LOMHX 97 0 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** REGIONAL HOSPILAZ PRINCE Georges AURE 5. Social Security Number If Under 1 If Under 24 Hrs. Hours Min. 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** 15 M 20 F 212-90-1262 Director Usuel Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show must be notified at 1 Yes 2 No Director MU BACTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? à "natural", or thems 23s 21224 URG 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indian, Bleck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1□ Yes 21 No Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Klnd of Business/Industry (Specify only highest grade completed) Hygiene. Elementary/Secondary (0-12) Coltege (1-4or 5+) permit, Pages 1 and 2 should be filed with Department of Health and Mental Hygien Importants if flem 27 is marked other that any injury or other trauments. LABOR odd Jobs 10 17. Fether's Name (First, Middle, Last) JAme LOMAX DOROTH 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) GELA AVE FORD 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) BALto, Md 21213. 21. Signature of Funeral Service Licensee 23a. Part Education disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Physician /Medical tmmediete Ceuse (Finel OCOCCA! diseese or condition resulting in deeth) **Examiner** Examiner attending physicien end for use as the burial-transit Hospital or Attending Physician: The law requires thet tha death certificate be executed Sequentielly list conditions, if eny, teeding to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In deeth) Lest Records, P.O. Box 68760, Physician/Medical eral Director: After this certificate has been signed by the a filled in by the funeral director, page 2 should be detached i Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23h. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 2 2 No this certificate Division of Vital Be 25. Wes case reterred to medical 26. Place of Deeth (Check only one) exeminer? 1 2 Yes 2 ☐ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28c. Injury et Work? Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 5 Pending investigation Neturel 1 Yes 2 No within 24 hours after death. To the Funeral Director: A 2 Accident 3 Sulcide 6 Could not be determined 28e. Place of tnjury - At home, term, street, factory, office building, etc. (Specify) 28t. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

| Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date and place, end due to the ceuse(s) end manner steted. 29a. Certifier (Check only one) 1 29b. Signature and title ot certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 42804 30 Name and address of person who completed cause of death (Item 23a) (Type, Print) hew, Laurel HSresaheg
31. Dete filed (Month, Dey, Yeer) JUL 2 2 1997 Registrar

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

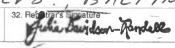
State of Maryland / Department of Health and Mental Hygiene / Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month Year 12,1997 ELVIRA MENDEZ JULY 9:40 pm /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner ESSEX BALTIMORE RIVERVIEW NURSING CENTRE | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | Nov • 13,1906 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□ M 2□ F Yrs Director 214-74-9617 90 Mexico Usuel Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. toside City Limits tem 27 is marked other than "natural", or items 23a or 28a-f shot other traumatic event, the Medical Examinar must be notified at Md. Director Baltimore 1 ☐ Yes XXNo Essex 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1 Eastern Avenue 21220 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or Notif Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. filed within 72 hours after Hygiena. 1 Never Merried 2 Married 1 Yes 2 No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 Yes X No Specify: Specify: White þ X☐XWidowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than any injury or other traumetic event. It is well the weath in the weath Elementery/Secondary (0-12) College (1-4or 5+) 8th Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surname) Unk. Unk. 19a. Informent's Neme/Retetionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9127 Todd Ave., Fort Howard, Md. 21052 Frances Beachy/Daughter 20a. Method of Disposition
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removel from State 20b. Pleca of Disposition (Name of cemetery, crematory or other placa) 20c. Location - City or Town, State Gardens of Faith Cemt. 7-17-97 Rossville, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility Bradley-Ashton Funeral Home, Inc. 2134 Willow Spring Rd., Balto., Md. 21222 23a. Pert F. Enfer the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heart failure. List only one each line. **Physician** /Medical tmmediate Ceuse (Finet Atherosclerotic Cardio vascular Disease disease or condition resulting in death) **Examiner** that the death certificate be executed Sequentielly tist conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or thjury that initiated events resulting in deeth) Last Due to (or es e consequença of): physician s the bunal P.O. Box 68760 Physician/Medical Due to (or as e consequence of): Part tt. Other significant conditions confributing to death but not resulting in the underlying cause given in Pert t. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, P Q 24b. Were autopsy findings evailable prior to completion of cause of deeth? Be Completed 24a. Was en eutopsy performed? 1 Yes 2 No Division of Vital 25. Wes case referred to medical 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Manner of Death 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. tnjury et Work? 28d. Describe how injury occurred Medical Certification: 5 Pending Investigation 1 Neturet 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suiclde 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 12 Certifying Phyeiclan: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceuse(s) end manner es steted.

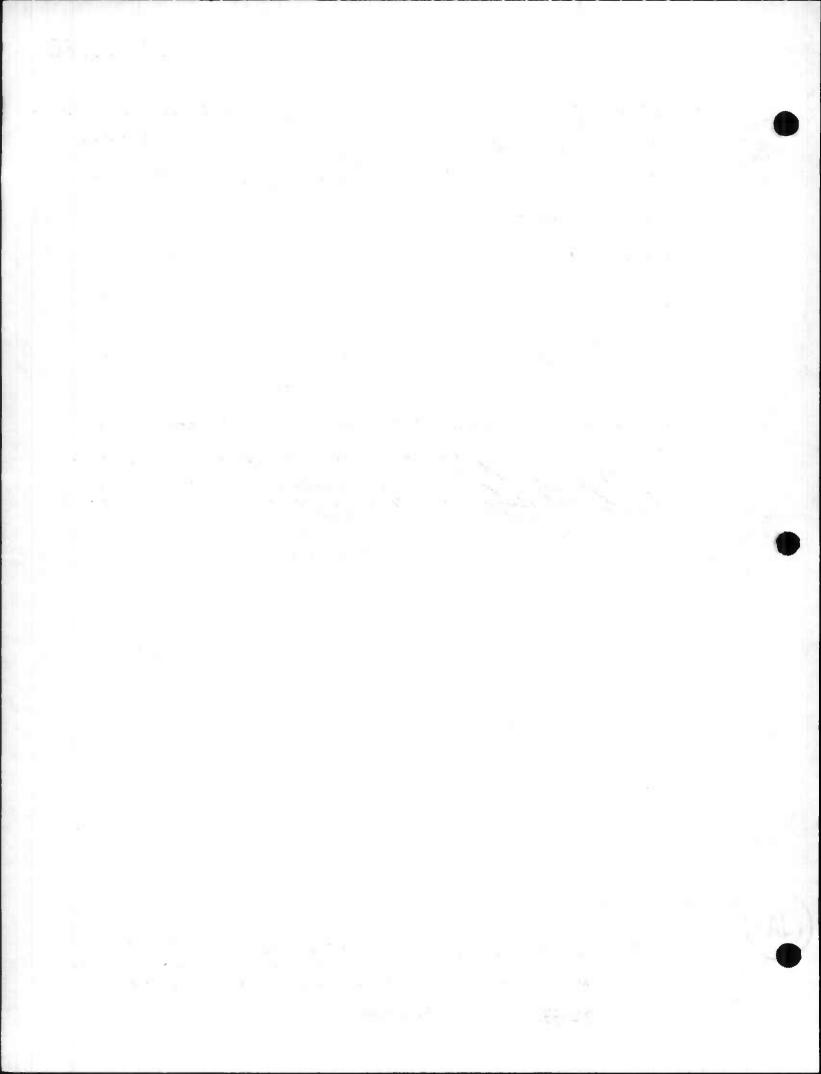
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end manner steted. 29a. Certifier 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) N. Deshipandemb D46082

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) NEETA DESHANDE, M.D.

1 EASTERN BLVD., BALTIMORE, M.D. 21221.

State Registrar





	1 (	, (111	, rer ill ill	111 (1/49 /	-22-9/ r	Ja	Cei	tificate o	f Death			Reg. No.			
	Physic /Med		1. Decedent's Neme	(First, Middle, Li		rullin					2. Dete of De Month	Dey	Yeer 97	3. Time of Do	
	Exami		4e. Fecility Neme (If I	not institution, givensity Ho		um <i>ber)</i>			4b. City, Too Balt:		ocation of Dee	th 4c. Cou	nty of Deeth		
	Funera Director		5. Social Security Nul 578-78-830	mber 6. S	Sex 10M 20 F	7. Age (In yrs. 40	last birthdey) Yrs.	If Under 1 Yes	ar If Under		8. Date of Bi (Month, D	Birth Dey, Yeer) 9		plece (Stete or F ntry)	
	the Maryland 28a-f show	٥	Usuel Residence of D 10a. Stete MD	Decedent 10b. County N/A			y, Town or Lo							0d. Inside City	
	with the Page of 28a-	i Director	10e. Street end Numb					10f. Zip Code 2122				10g. Citizen d			
020	72 hours efter death with the Maryland neture!; or items 23a or 28s-f show dest Examiner must be notified at	by Funeral	11. Maritel Status 1 ⊠ Never Merried 3 □ Widowed 4		Armed F	2⊠No ive	1	Vas Decedent of Yes, specify Co		gin? (Spo , Puerto	ecify Yes or N Ricen, etc.)				
21213-0020	ithin 72 hours ha. han "naturei",	Completed	(Specify	5. Decedent's E only highest gradery (0-12)	ade completed)	1-4or 5+)	16e. Deced (Give life. L	lent's Usuel Occ kind of work dor DO NOT use reti	upetion e during most red)	of work	ing	16b. Kind of	Business/In	dustry	
1	s 1 and 2 should be filed within 72 ho I Health and Mental Hygiena. Itam 27 is marked other than "natur other traumatic avent, the Med cal	To Be Cor	Unkno 17. Fether's Neme (Fi John Ed					Assembl	18. Mother			Manuf o, Meiden Sum e Promu		ing	
, maryland	es 1 end 2 sho of Health end N Itam 27 is mar r other traums		19a. Informent's Nem Betty Jo	ohnson/S			30	g Address (Stre							
pailillole,			20e. Method of Dispo: 1 A Burial 2 ☐ 4 ☐ Donetion 5	Cremetion 3 [		State	emetery, cren	sition <i>(Neme of</i> netory or other p Park Cen	,	,				ore, Md.	
ם פ	permit. Page Department of Important: If eny injury or once.		21. Signeture of Fune	ral Service Licer	1888	ee 22. Name end / at Meado Washingt			ridge I	G Memo	ary L.	Park, Inc. 7 Park, Inc. 7 Ige, Md. 21227 ony errest,		eral Hom	
, co . co	childrane be executed the confliction and confliction and characters are the burial-transit.	an/Medical Examiner	Immediate Ceuse (Fit dissess or condition resulting in death)  Sequentially list cond if eny, leeding to lam ceuse. Enter Underly Ceuse (Dissess or in the initiated events resulting in deeth) Lee	itions, ediate ing	ь. С	Due to (or	r es e conseq	uence of):  Syste  uence of):  Le Richen			omes HIV)	infects 6/6/97	<i>a</i>	2 month	
	that the deeth led by the atter deteched for the	Physicia	Pert II. Other significa	,		10			given in Pert I.			tobacco use o		the cause of d	
	e law requiras t hes been sign ge 2 should be	Completed by	msiong	170 170		dirig	000 U.Se					en eutopsy ormed?	evi coi of	ere eutopsy find eileble prior to mpletion of ceus deeth?	
	Physician: The this cartificate ral director, page	Be	25. Wes cese referred examiner?		Hospitel:					of Deeth	(Check only				
	aling Phys h. After this funeral di	Certification: To	2 Accident	5 Pending investigation	28e. Dete (Mon		ER/Outpetient 28b. Time of Injury	28c. Inj		2		dence 6 🗆 C		()	
	pital or Attendons extra death		4 Homicide	6 Could not be determined	286. Place buildi	of Injury - At hor ng, etc. (Specify,	)				City or To	wn, Stete)		l Route Number	
-	Thin 24 ho	Medical	one) 2[	」 Madical Exam	ilner: On the ba	best of my know asls of examineti ner steted.	vledge, deeth on end/or invo	estigetion, in my	opinion, deeth	plece, e	end due to the ed et the time,	date end plece	e, and due to	the ceuse(s)	
J	Arg .	1	29b. Signeture end title	Ocertiner	0	Ce mo			0 2 3 8	09		29d. Dete sign			
-	13		30. Neme end eddress	of person who of the Double		e of deeth (Item		rint)	Carrer		, 22	S- 6m	6/7/ eesso.	St., &	
	Sta Registr		31. Dete filed (Month,	Day, Year)		ogistrar's Signati		- CLUBE WY			, 55			51.	

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

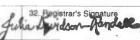
State of Maryland / Department of Health and Mental Hygiene 2 1 6 8

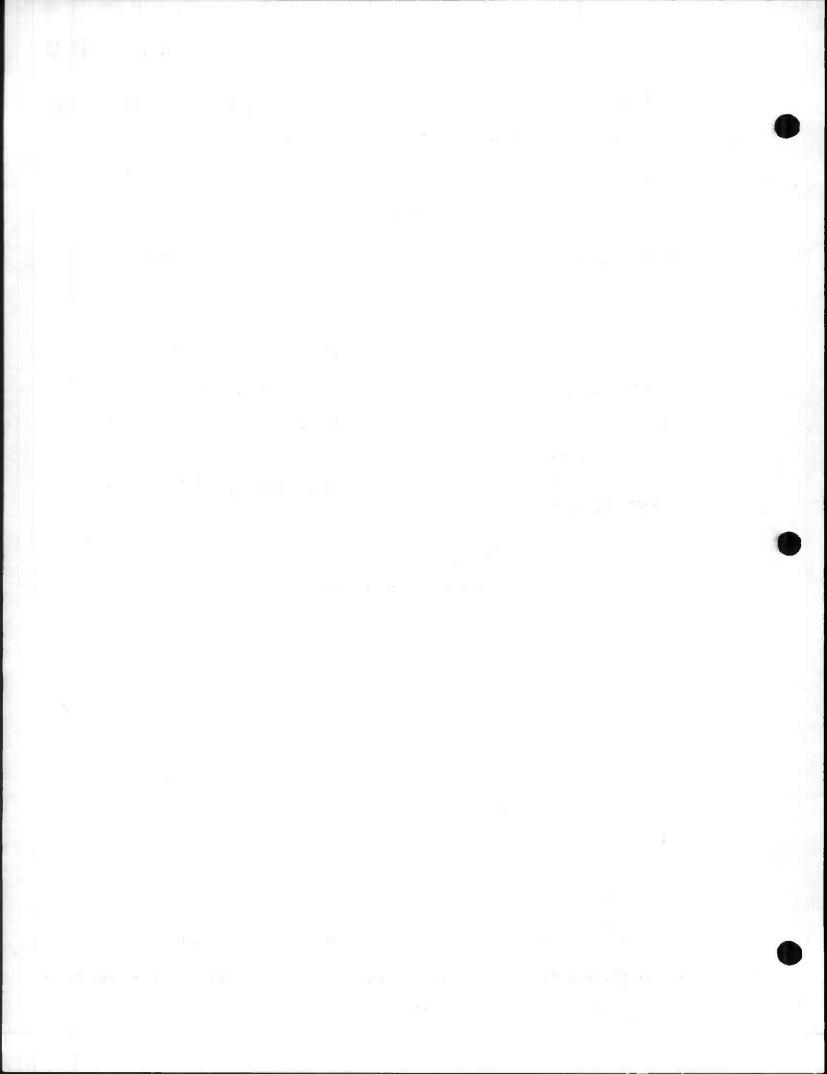
Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death Albert MARTINAK Day **Physician** Month July 18, 1997 9:12pm /Medical 4a. Facility Nama (If not institution, give straet and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Franklin Square Hospital Center Rosedale Baltimore If Undar 1 Yaar | If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) **Funeral**  Birthpiaca (State or Foreign Country) Days 1<u>⊠</u>M 2□ F 75 Yrs. Director 216123199 OCT 2, 1921 MARYLAND Usuel Residance of Dacadent death with the Maryland 10a, Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28e-f show the Medical Examiner must be notified at MD Director BALTIMORE 1 ☐ Yas 2 No ROSEDALE 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? ò items 23a 21237 204 PATAPSCO AVENUE USA Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1 1 Yas 2 □ No If Yas, Giva Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. filed within 72 hours after 1 Navar Marriad 2 Marriad Baltimore, Maryland 21215-0020 ö 1 ☐ Yas 2 No Specify: WHITE þ WW II 3 Widowed 4 Divorced "naturel" Completed Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education 16b. Kind of Businass/Industry (Specify only highast grade completed) I Hygiene. Elamentery/Secondary (0-12) Collega (1-4or 5+) permit. Peges 1 and 2 should be filled will Depertment of Health and Mental Hygien. Important: If them 27 is marked other traematic events in the contract traematic events. MAINTENANCE MACHINE SHOP 10 0 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumame) Be JOSEPH L. MARTINAK MARY V. BENDER 19a. Informant's Nama/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) CHARLOTTE W. MARTINAK / WIFE 204 PATAPSCO AVE ROSEDALE, MARYLAND 21237 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 12 Buriai 2 ☐ Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) GARRISON FOREST VA CEM 7/23/97 BALTO, MD 21. Signatura of Funaral Sarvica Licensee 22. Nama and Addrass of Facility CVACH/ROSEDALE FUNERAL HOME 21237 23a. Part . Entar tha disaasa, or complications that causad tha daath. Do not antar tha moda of dying, such as cardiac or raspiratory arrest, shock, or heert feilura. List only one ceuse on aach lina. Approximata Intarval Between Onsat and Death Physician /Medical 3 days immediata Causa (Final Pneumonia disaasa or condition rasulting in death) Examiner Due to (or as a consaquanca of): Examiner Acute Respiratory Failure The lew requires that the deeth certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Enter Undarlying Cousa (Disaase or Injury that initieted avents rasulting In daath) Last physicien and s the burief-tran Due to (or as a consequance of): Box 68760. Physician/Medicai Dua to (or as a consaquance of) P.O. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the causa of death? à 1 ☐ Yas 2 ☐ No 3 Probably 4 Unknown been signed be should be data Records, þ 24b. Wara autopsy findings available prior to Completed 24a. Was an eutopsy completion of causa of daath? pege 2 20 No certificate 1 Yas 1 Yas 2 No of Vital or Attanding Physicien: Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: Inpatiant Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No To the Hospital or Attanding Physiwithin 24 hours after death.

To the Funerel Director: After this completely filled in by the funeral dir Certification: To 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Deta of Injury (Month, Day Year) 27. Mennar of Daath 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Division 1 Natural 2 Accidant 5 Pending invastigation injury 1 ☐ Yas 2 ☐ No 6 Could not be 3 ☐ Suicida Location (Street end Number or Rural Route Number, City or Town, Stete) 28a. Place of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 4 Homicide edicai 29a. Certifiar 1 Certifying Phyalcian: To the best of my knowledge, deeth occurred at tha time, dete end place, and due to the cause(s) end mannar as steted.

2 Medicat Examinar: On the basis of axamination end/or invastigation, in my opinion, daath occurred at the tima, data and place, and due to the causa(s) and mennar stated. (Check only one) 29b. Signature and title of certifie 29c. License number 29d. Data signed (Month, Day, Year) D48185 July 18, 1997 awar 30. Nama and address of parson who completed cause of death (Item 23e) (Type, Print) Gardar Gislason MD 9000 Franklin Square Drive Baltimore, Maryland 21237 31. Data filed (Month, Day, Year)

Registrar

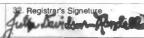


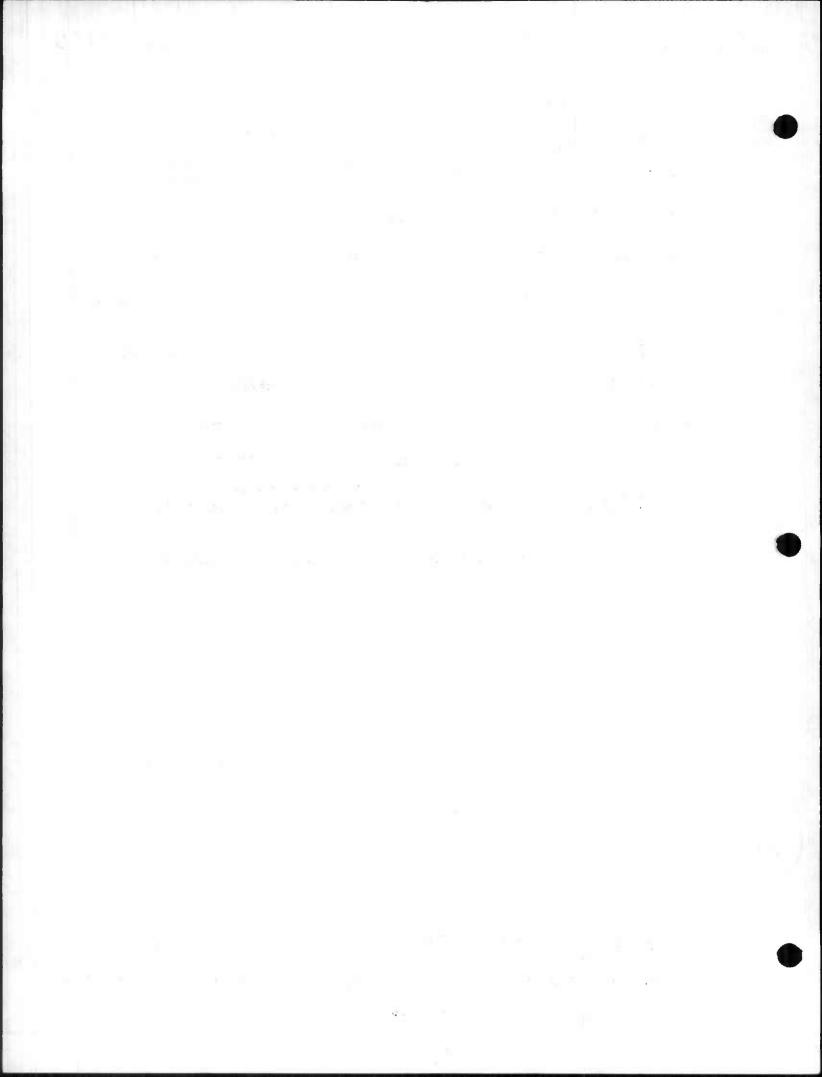


## Please Type or Print in Black Indelible Ink. Assure All Copies Are serible 2 1 6 9 State of Maryland / Department of Health and Mental Hygiene

			1. Decedent's Neme (First, Midd	le Lacti								2. Date of Dee	th		3. Time of Deeth	
	Physici		Arthur Mann									Month	Day	Yeer		
	/Medic		4e. Fecility Neme (If not institution		of and number	el .			7	th City Tour		JULY ation of Death		997	12:27 PM	
)	Examir	ner	Charles of the second			")			'	BALTI			4c. County			
			SINAI HOSP  5. Social Security Number	LTAL 6. Sex		Ann /In	In a t to be to the stand	If Linds	r 1 Year	If Under 24	Hre e	D-1(B'4)	N/A			
1	Funeral Director		066-01-3690 Usuel Residence of Decedent		2□ F	80	. lest birthdey) Yrs.	Months			Min.	B. Dete of Birth (Month, Day une 17	, Year)	9. Birthpi Count	lace (State or Foreign try) Y	
	end **		10e. State 10b. County	,		10c. C	ity, Town or Lo	ocation				10d. Inside City Lim				
	Mary	ō	FL Palm	Bead	ch	В	oca Rat	on							1. Yes 2 No	
	28a	Director	10e. Street end Number					10f. Zi	p Code			1	Og. Citizen of \	Whet Count	trv?	
	3a o	0	320 Plaza Real	#503				2.	3432							
	death	Funeral	11. Marital Status		Wes Decede	nt Ever in I	J,S. 13.			lispenic Origir	1? (Speci	ify Yes or No- ican, etc.)	USA 14. Rac	e - America	an Indien,	
020	72 hours after death with the Maryland natural; or items 23s or 28s-1 show dies Examinar must be notified at	by Fur	1 ☐ Never Married 2 ☐ Mar 3 🗗 Widowed 4 ☐ Divorcad		Armed Force 1. Yes 2 If Yes, Give Year or Date:	] No				Specify:	Puerto Ri	ican, etc.)	Specify	ck, White, e		
Õ	"natural",	ted	15. Deceder	it's Educati	ion		16e. Dece	dent's Usu	al Occup	ation			16b. Kind of B	usiness/Ind	lustry	
121	within ene. then "	Completed	(Specify only higher Elementary/Secondary (0-12)	st grede co	College (1-4a	r 5+)		o kind of wo DO NOT i Ownei		during most o	f working	RETAIL Book Ste			9	
D.	be filed tel Hygid d other event, to	BeC	17. Fether's Name (First, Middle,	Last)						18. Mother's	Name (	First, Middle, I	Maiden Sumen	-		
<u>a</u>	0 0 0	To B	Hymie Manowitz							Ann	Tash	1.				
a	d 2 should thend Men 7 is marketraumetic		19a. Informent's Neme/Relations	ship (Type,	Print)		19b. Meili	ng Addres	s (Street	end Number	or Rural I	Route Number	r, City or Town,	Stete, Zip	Code)	
			Thomas Manning/	Son			320 P	laza	Real	#503,	Вос	ca Rato	n, FL 3	33432		
Baltimore,	it of Heal If Item 2 or other		20e. Method of Disposition  1 ☑ Burial 2 ☐ Cremation	3 □Rem	oval from Stat		Plece of Dispo cemetery, crea	osition (Ne metory or	me of other plac	:ө)	i	Date	20c. Location -	City or Tox	wn, Stete	
<u>E</u> ,	Peges ment of ant: If its ury or o		4 Donetion 5 Other (S	pecify) Er	tombmen	Pal	m Beac	h Men	n. Pa	rk	7/	/20/97	Lantana	a, FL		
Sa	permit. Per Department Important: any Injury once.		21. Signeture of Funerel Service Licansee . 22. Name and Address of Fecility													
_	00 E # 0		Sterling Ashton Funeral Home, Inc 736 Edmondson Avenue, Balto, Md. 21228  23a. Pertl. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, Intervel Between Intervel Between													
2 [	Physician /Medical Examiner	er	Immediate Ceuse (Final disease or condition resulting in deeth)	ө. 🕹	Arteri		Leroti or es e consec			ovasc	ula	r Dise	ease		Onset end Deeth	
1	cete be executed physician and s the buriet-transit	Examiner	Sequentially list conditions	b		Due to (	or es e consec	nuenca of):						i		
o o	filcete be executed 3 physician and as the buriat-transit		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury					,								
68760,	ete b hysic the bi	edicai	thet initiated events resulting in deeth) Last	c		Due to (	or es e conseq	uence of):								
	= D 66			d												
NOX.	death cert	lan		d												
	the de	Physician/M	Pert II. Other significant condition	ne contrib	uting to death	but not re	sulting In the u	nderlying	ceuse giv	en in Pert I.		23b. Dld to	bacco use co	ntribute to	the cause of death?	
1	signed by the a	by Ph										1 U Y	es 2 No	3 Prob	ably 4 Unknown	
of Vital Records,	nequires that een signed t hould be dett	D D										24e. Wes e	n eutopsy		re eutopsy findings	
8	A 26	Completed									_	perfor		con	ilable prior to npletion of cause leeth?	
ř	22	E O											ECTION  BS XXNo		Yes 2□ No	
2		Be C	25. Was case referred to medica	1						26. Plece of	Death (	Check only on				
2	Physician: Uhis certific ral director,	70	exeminer? 1∭ Yes 2 No	Hosp	oital:	tlent X	ER/Outpetier	nt 3 D	OA Oth	er: 4 Nursi	ng Home	5 ☐ Reside	ence 6 Oth	er (Specify	)	
	100		27. Manner of Deeth  X ⊠ Neturel 5 □ Pendir		28e. Dete of In (Month, E	jury ley Yeer)	28b. Time of Injury	f	28c. Injur Wor	y et k?	28	d. Describe ho	ow injury occur	red		
	A CAR	cati	2 Accident investi	gation				М		Yes 2 □ No						
-	s after of in by	Certification:	3 ☐ Suicide 6 ☐ Could 4 ☐ Homlcide determ		28e. Pleca of I building,	njury - At h etc. <i>(Speci</i>	ome, farm, str fy)	eet, fector	y, office		28	f. Location (Si City or Town		er or Rurel	Route Number,	
	io the Hospital within 24 hours To the Funeral C	edical	29a. Certifier 1 Certifyir (Check only one) 1 Medical	g Phyelcla Examiner:	on: To the bes On the basis and menner:	of exemine	owledge, deeth etion end/or in	occurred vestigation	et the tin	ne, dete end p pinion, deeth	occurred	d due to the ca et the time, d	ause(s) end me ate end placa,	enner es ste end due to	eted. the cause(s)	
1	within 2 To the comple	M									2	9d. Dete signe	d (Month, L	Dey, Yeer)		
	IXA		Monald	H	Will	7	~~		0.	C.M.E			JULY	17,	1997	
9	tr.		30. Name end eddress of person Dennis Chute			deeth (Ite	m 23e) (Type, .11 Pe	Print)	tre	et. B	alt	imore.	Marv	land	21201	

JUL 2 2 1331





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month larie Momarec 40AM 4c. County of Deeth 4a. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death Mercy Medical Center NA Baltimore If Undar 1 Year 5. Sociel Security Number 7. Age (In yrs. lest birthday) If Under 24 Hrs. Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Dey, Year) Months Deys Hours 1□M 2□F Yrs 81 20 16 Maryland June 213-01-4697 Usuel Residence of Decedent 10c. City, Town or Location 10b. County 10d. Inside City Limits 1 No Yes 2 No Maryland Hartford Abingdon 10e. Street and Number 10g. Citizen of Whet Country? 10f. Zip Coda U.S.A. 21009 108 Boxthorn Road 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Maxican, Puerto Ricen, etc.) Race - American Indian, Black, Whita, atc. 11. Marital Status 1 ☐ Nevar Married 2 ☐ Merried 1 ☐ Yes 2 ☐ No If Yes, Give X 1 ☐ Yas 2 No 3 ₩idowed 4 Divorced White Yaar or Datas: 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Home Maker Own Home NA 17. Fether's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Malden Sumeme) Wasonicz Pelagia Chojnacki Joseph 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 108 Boxthorn Rd. Abingdon, Md. Susan Morrison (Daughter) 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Date 1X Burial 2 ☐ Cremation 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) 21 Baltimore, Md. Gardens of Faith July 22. Name end Address of Facility W. Dabrowski/Chojnacki F.H.P.A. na 1005 Dundalk Ave. Baltimore, Md. 21224 tions that caused the daath. Do not anter tha moda of dying, such as cardiac or respiratory arrast, a cause on each line. 23a. Part1. Enter the disease, or complication shock, or rear failure. List only one or Approximate tnterval Between Onset and Death immediete Causa (Finel disaase or condition resulting in deeth) Due to (or es e consequence of) eriti 501 Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part i. 23b. Did tobacco use contributs to the causa of death? 3 Probably 4 Unknown 1 Yes 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of deeth? 1 ☐ Yes 2 ☐ No 1 Tyes 25. Wes cese referred to medicel examiner? 26. Place of Deeth (Check only one) 1 ☐ Yes 2 No Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 ER/Outpatient 3 DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. tnjury et Work? 28d. Describe how Injury occurred Naturel 2 Accident 5 Pending investigation

**Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

10e. State

Directo

Funeral

þ

Completed

Be

P

**Funeral** 

Director

permit. Pages 1 end 2 should be filled within 72 hours after deeth with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, in a Medical Examples, must be notified at

Baltimore, Maryland 21215-0020

physician and the burief-transit 98 esn signed by the e

page 2 certificate hes

The law requires that the deeth certificate be executed Division of Vital Records, P.O. Box 68760, After this funeral after deeth. ò

Physiclan/Medical

3 ☐ Suicide

29a. Certifier

4 Homlcide

(Check only one)

29b. Signatura and titla of certifier

Examiner

ğ Be Medical

Registrar

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On that basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the ceuse(s) end mennar stated.

1 Yes 2 No

29d. Date signed (Month, Day, Year)

21202

28t. Location (Street end Number or Rural Route Number, City or Town, State)

30. Neme end eddress of person who completed cause of deliar (Item 23a) (Type, Print) 301

renzer 31. Data filed (Month, Dey, Year)

6 Could not be

32 Registrer's Signature which devideon Randelle

28e. Plece of tnjury - At home, ferm, street, fectory, office building, etc. (Specify)

JUL 2 2 1997

o en a Y 8 e nom d'Espera, e 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 22 171

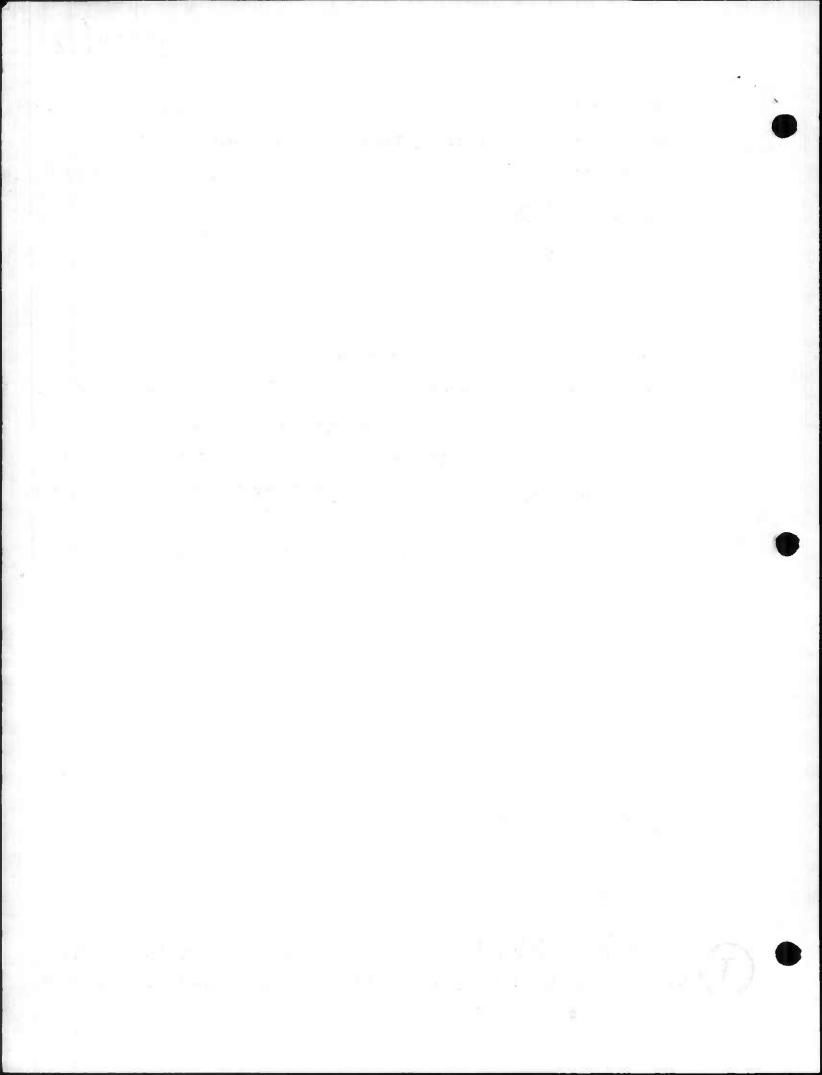
<b>D</b> 1 1 1		Decedent's Name (F	First, Middle, La	st)						2. Date of De		Va	3. Time of Death
Physicia Medica/		Dorothy S	nyder M	1cGee						JULY	19 <sup>Day</sup>	1997	11:20 an
Examine	-	4a. Fecility Neme (If no GREATER				CENT	ER		4b. City, Town, or L TOWSON	ocation of Deet		nty of Deeth	RE
uneral irector		5. Social Security Numb 215-09-136	5 1	Sex I□M 24⊠ F	7. Age (In yrs 82	. last birthday) Yrs.	If Under 1 Months	Year Days	If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, De May 31	th y, Year) , 1915	9. Birthpl Count	ace (State or Foreign
at at	-	Usual Residence of De 10a. State 10	b. County		10c. C	ity, Town or Lo	cation					10	Od. Inside City Limits
28a-f show notified at	Ş	MD. B	altimor	re	То	wson							1 ☐ Yes 2 No
or 28	Sire.	10e. Street and Numbe					10f. Zip C	Code			10g. Citizen o	of What Count	try?
ner must b	e l	800 Southe	rly Rd.	Unit	1506		212				USA		
2	by Fur	11. Merital Status  1 Never Married  3 Widowed 4		12. Was Dece Armed Fo 1  Yes If Yes, Giv Year or Da	rces? 2 ☑ No e		Vas Decede Yes, specif		ispenic Origin? (Sp an, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)		lace - America Black, White, e Cify: Whit	etc.
lical	Be Completed	(Specify of Elementary/Seconde	Decedent's Econly highest gra	ducation ide completed) College (1	-4or 5+)	16a. Deced (Give life. L Homema		Occup done	ation during most of work i)	ing	16b. Kind of	Business/Ind	ustry
vert, the Mr	င္သ	17. Father's Name (Firs				Homemo	arc1		18. Mother's Nam	e (First, Middle,			
atic e	0	Charles A	. Snyde	er					Florence	Deffink	oaugh		
racu		19a. Informant's Name							and Number or Rur				Code)
ther	- 1-	Richard P.  20a. Method of Disposit		son)	20h		Milld			Son, MD.		n - City or To	um State
ary or o		1 Burial 2 □ Ci	remation 3 [			Place of Dispos cemetery, crem laney V			m.Gard.7/			um, MD.	
any injury or other traumatic event, the Mesonice.		21. Signature of Funera	al Service Licer	mgs /	01		Neme and		ss of Facility Ruc Rd. Tow	ck Towso			ome, Inc.
	edical	Immediate Cause (Fina disease or condition resulting in death)  Sequentially list condition if eny, leeding to immediate, leeding to immediate (Disease or Injurthat initiated events resulting in deeth) Lest	ions, diate	a. Se f b. 1 S C	Due to (	or as a consequence or a consequence or a consequen	uence of):	<u>e</u> (	e				
letached for use as	ysician	Part II. Other significan	nt conditions o	ontributing to de	ath but not res	sulting In the un	derlying cau	ıse giv	en In Part I.	23b. Dld	tobecco use	contribute to	the cause of death?
be detac	1		i:			_				1 🗆	Yes 2 No	3 □ Prob	ably 4 Unknown
2 should	bieled									24a. Was perfo	an autopsy rmed?	con	re autopsy findings ilable prior to apletion of cause leath?
certificata has rector, page 2	5									10	res 20 No	1 🗆	Yes 2□ No
ctor	0	25. Wes case referred t	to medical		2				28. Plece of Deet	h (Check only o	vne)		
E D	2	1 Yes 2 No		-		ER/Outpetient			4   Nursing Ho				)
the funer	Callon	2 Accident	Pending investigation		f Injury n, Day Year)	28b. Time of Injury	M		y at k? Yes 2 □ No	28d. Describe I			
To the Funeral Director: completaly filled in by the		4  Homicide	determined	286. Place buildir	g, etc. (Speci					City or Tox	vn, Stete)		Route Number,
pietaly fil	- Calca	29a. Certifier 1 ☐ (Check only 2 ☐ one)	Certifying Ph Medical Exam	ysician: To the hiner: On the ba and mann	sis of examina	owledge, death ation and/or inv	occurred at estigation, in	the tin	ne, date end plece, plnion, deeth occurr	end due to the red et the time,	cause(s) and dete and plac	manner as sta e, and due to	ated. the cause(s)
compie	- 1	29b. Signature and title		usip N	ID		29c.	Licens	number		29d. Date sig	201-	07
		,		-				1 -	0000	BAL	/ 4		- /

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 172
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** Month ADEUNE MOOG /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner BALTIMORE BYYVIEW MEDICAL COUTER
Lest birthday) If Under 1 Year HOPKINS N/A 5. Sociel Security Number If Under 24 Hrs. 9. Birthplece (State or Foreign Country)
Maryland 7. Age (In yrs. lest birthday) **Funeral** 1□ M 200 F Months Days 214-50-3637 Yrs. Director 82 1914 19 Usual Residence of Decedent death with the Marylend Baltimore 10e State 10c. City. Town or Location 10d. Inside City Limits 28a-f show must be notified at Director 1 Yes 2 No Dundalk Maryland Dundalk 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ò 1941 Dineen Drive 21222 USA items 23a Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. filed within 72 hours after 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 ŏ 1 ☐ Yes 2 ☐No Specify: White þ 3 Widowed 4 □ Divorced "natural", Completed Decadent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry ede completed) (Specify only highest g Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Housewife Own Home permit. Peges 1 end 2 should be filed v Depertment of Health and Mental Hygie Important: If Item 27 is marked other t 7 th 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be Jenkins James A. Annie M Not Known 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 9644 Manifold Road New Park, PA 17352

co of Disposition (Name of Date 20c. Location - City or Town, State Robert Moog/Son 20b. Plece of Disposition (Neme of cametery, crematory or other plece) 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 0 7/21/97 4 ☐ Donetion 5 ☐ Other (Specify) Hilltop Service Corp. Towson, MD 21. Signeture of Funeral Service Licensee 22. Neme end Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final · chronic obstructive disease or condition resulting in death) Examiner Due to (or es a consequence of) Examiner The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in death) Lest Due to (or es e consequenca of): physician s the buriel P.O. Box 68760, Physician/Medical Due to (or es e consequence of): 98 Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown s been signed is should be det Division of Vital Records. þ Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? page 2 1 ☐ Yes 2 No Hospital or Attending Physician: director, Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) exeminer? Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) P s efter dea... 27. Menner of Deeth Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) Location (Street end Number or Rurel Route Number, City or Town, Stete) filled in by 4 Homicide 24 hours 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the besis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete and pleca, end due to the cause(s) To the Hospi within 24 hou To the Funer completely fil Medical 29a, Certifier and manner stated. 29b. Signeture and title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) cause of death (Item 23e) (Type, Print) VICTORIA PORTER HOPKINS BAYVIEW MEDICAL 31. Dete filed (Month, Day, Year) 32. Registrer's Signature State 2 2 1997 who Devidson-Randell Registrar

**DHMH 16 Rev 6/95** 



Pleas

se Type or Print in Black Indelible Ink. Ass	sure All Copies Are Legible.	
State of Maryland / Department of Health  Certificate of Deat	and Mental Hygiene 97 2	2173
Last)		3. Tima of Deal
P T+	Turki 11 Day 1007 Yaar	2.20 411

/Medic	al
Funeral Director	

permit. Pages 1 and 2 should be field within 72 hours after death with the Maryland Department of Health and Marital Hygiere. Important: If item 27 is merked other than "natural", or items 23a or 28e-1 show any injury or other traumatic event, the Medical Examiner must be notified an along To Be Completed by Funeral Director Baltimore, Maryland 21215-0020 Physician /Medical Examiner Medical Certification: To Be Completed by Physician/Medical Examiner To the Hospital or Attending Physician: The law requires that the death carificate be executed after 24 hours after death.

To the Europea Director: After this certificate has been signed by the attending physician and completely filled in by the functional director, page 2 should be detached for use as the burst-transit Division of Vital Records, P.O. Box 68760,

						Cen	tificate	of	Death	7		Rea	. No.			, 0
1. Decedant's Nam	na (First, Mid	idia, Last)	)			- 11					2. Data of D	-			3. Tima	of Death
John He	enry Mo	aul.	Jr.								July	11	Day 199	7 Yaar	2:30	AM
4a. Facility Nama (				m <i>ber</i> )					4b. City, T	own, or L	ocation of Dea	T	4c. Count			
Johns Ho	nhins	Rain	tion M.	odinal	Cana	ton			Ralt	imak	e City		N/	A		
5. Social Sacurity N		6. Sax		7. Aga (In yi			If Under 1	l Yaar		r 24 Hrs.		irth		-	placa (State	or Foreign
217-01-49 Usual Rasidance o		X	M 2□F	79		Yrs.	Months	Days	Hours	Min.	July 1	5,	ear) 1917	Cou	iland	
10a. Stata	10b. Coun	tv		10c. (	City, Towr	or Loc	ation								10d. Inside	City Limits
Maryland			^											(		s 2 No
Maryland		UIIO/LE	2		Dundo	ur		•				- 11				X
10e. Street and Nu	mber						10f. Zip (	Coda				10g	. Citizan of	What Cou	ntry?	
1801 Wal	2 nut A						2122						nited			
11. Marital Status			<ol> <li>Was Dece Armed Fo</li> </ol>	edant Evar in orces?	U,S.	13. W	as Deceda Yas, specif	ant of fy Cut	Hispanic O ban, Maxica	rigin? (Sp an, Puarto	pecify Yas or N Rican, atc.)	0-		ce - Amari	cen Indian,	
1 Navar Marr	riad 2□ Ma	arried	1 ☐ Yas If Yes, Gir	2 No			□Yas 2	_								
3 Widowed	4 Divorce	∍d	Yaar or D					X		•			Specii	s: Whi	te	
(Sner	15. Deceda	ant's Educ	cation		16a.	Dacede	ent's Usual	Occu	pation a during mo	et of worl	rina	16	b. Kind of B	usinass/ir	ndustry	
Elementary/Seco			College (	1-4or 5+)		lifa. Di	O NOT use	retire	ed)	of Or Worr	ung					
8 yea						Cor	istruc	cti	on				Home	8 Sal	OX	
17. Fathar's Nama	(First, Middle	a, Last)								nar's Nam	a (First, Middle				-60	
John H.	Maul,	Sr.							Mar	y Om	eis					
19a. Informant's N			pe, Print)		19b.	Mailing	Addrass	(Stree			ral Routa Numi	ber, C	ity or Town	, Stata, Zi	p Coda)	
Ronald L.	. Maul	/Son			1:	801	Walnu	it	Avenu	e Ba	ltimore		Marul.	and 2	1222	
20a. Mathod of Dis	position			20b	. Plece of	Dispos	ition (Nami	a of			Data	T	c. Location			
1 X Burial 2 4 Donation			amoval from				Como z			7/7	4/1997	Be	Ptima	40 l	lanula	and .
21. Signatura of Fu	uneral Sarvic	e Licensa	a		OCIC EC	22	Nama and	Addr	age of Faci	lity					_	YLU.
150	582	00-	_			Dua	la-Ruc	ik.	Funer	al H	ome of ltimore	Du	ndalk	, Inc	11000	
23a. Part1. Entar t shock, or had	tha disaasa, dart failura. Lis	or complie	cations that c	ausad tha da	ath. Do n	not antai	r tha moda	of dy	ring, such a	s cerdiac	or raspiratory	arrast	www.yx	ana z	Approxima Interval Be	ata
		,													Onsat and	Daath
Immediata Causa disaasa or condition			11	ASSI	10	MV	1000	0	DIA	1 7	INFAI	01	TIM	3	10 m	Inom
rasulting in death)		а	701		(or as a c				DITT		-101-111	~ _	1100		70 /4	INVI
			D	000	11.00			1	DO					I	30	216
Commentate No. 15-4		b b			(or as a c		9		/					I		1/2
Sequantialty list co if any, taading to in causa. Entar Unda	nditions, nmediata			Due 10	(OI as a c	onsequ	ance of):							1		
Cause (Disease or that initiated avents	Injury i	c	. —		. 55 55 55									1		
rasulting In death)		1		Dua to	(or as a c	onsaqu	ance of):									
		d											_			
Part II. Other aignif	ficant condit	ilons con	tributing to de	eath but not re	asulting in	tha und	derlying ca	usa g	ivan In Part	I.	23b. Did	toba	cco uae co	ontribute t	o tha cause	of death?
UTI	., TY	Pe à	2 DM	OST	20 N	NYE	LITI	5			1	Yas	2□ <b>N</b> o	3☐ Pro	bably 4)	Unknow
	/			)										T 045 14	form a dome.	. Cardin
											24a. Wa parl	s an a	iutopsy d?	a	ara autopsy ailabla prior omplation of	rto
														of	daath?	Causa
											1 🗆	Yas	2 No	1	☐ Yes 2[	□No
25. Was case refer	red to medic	al							26. Plac	a of Daa	th (Check only	ona)	/-			
examiner?	00	Н	ospital:	npatiant 2	☐ ER/Out	Inatient	3□ DO#	Ot	ther:	lursing He		-	e 6 □Oti	har /Sneci	(h/)	
27 Manner of Deat	th		28a. Data	of Injury	T	ima of		c. Inju		dioling th	28d. Dascribe				97	
1 Naturel 2 Accidant	5 ☐ Pend invas	ling tigation	(Mont	th, Day Year)	tr	njury	м		ork? ]Yas 2.[	]No						
3 ☐ Sulcida	6 Could	d not ba	28a Place	of Injury - At	homa far	m stree	et factory	office			28f. Location	(Stree	et and Num	ber or Rur	al Routa Nu	mber
4 Homicide	datar	mined	buildi	ng, atc. (Spec	cify)	,	y,	2.1100			City or To					,
29a. Certifier	Marate 1	ing Dham	tolan: To the	hast of my to	noveloci-c	death	nonvers d -	t the c	ima data	nd elec-	and due to the		- (a) !		*****	
(Check only one)	2 Madica	il Examin	er: On the ba	asis of examin	netion and	for thva	stigation, i	n my	opinion, da	ath occur	end due to the red at tha tima	data	e(s) end m and place,	enner es : end dua !	steted. to tha ceuse	(s)
COOK!			and man	nar statad.							Т					
29b. Signature and	d le	/ /	1 1	1 401	~		290.	Lican	isa number			290	. Data signi	es (Month,	Day, Year)	

State Registrar

31. Data filed (Month, Day, Year)

JUL 2 2 1997

(Itam 23a) (Type, Print) 5505 HOPKINS BAYVIEW CIRCLE.

MMD BALTIMORE, MO 21224

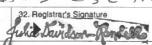
Signatura.

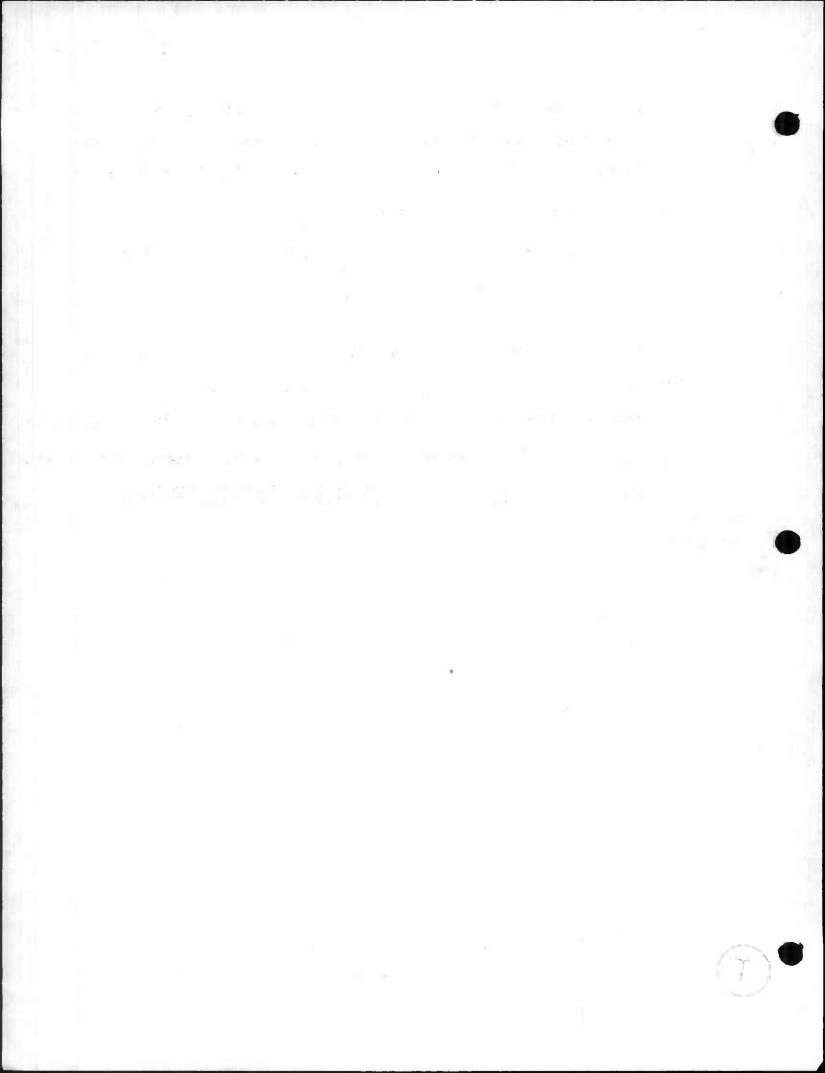
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 2 1 7 4 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Johanna July 16, 1997 12:40P.M. /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Genesis Nursing Home Severna Park Severna Park Anne Arundel Year If Under 24 Hrs. B. Date of Birth (Month, Day, Year) Sept. 21, 1904 Maryland 5. Sociel Security Number If Under 1 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) Funeral 1 M 2 XF Days 216-01-8209 92 Vrs Director Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location show 10d. Inside City Limits 7 is marked other than "natural", or itams 23a or 28a-f show traumatic event, the Medical Exactiner clust be notified at MD. N/A Baltimore Director 1 LYYes 2 □ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 106 East West Street 21230 U., S., A deeth Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, permit. Pages 1 and 2 should be filed within 72 hours after of Deperment of Health and Mentel Hygiana. Important: If Item 27 Is marked other than "natural", or Item any Injury or other traumatic event Bleck. White, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 M No Specify. þ 3 ☐ Widowed 4 ☐ Divorced Specify: White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 6th Cashier Hochild Kohn 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) John L.C. Mehm Rosa May Vogel 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) John Simmons (Friend) 400 Seventh Avenue North East Glen Burnie, MD. 21060 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 XBuriel 2 ☑Cremetion 3 ☐ Removal from State Cedar Hill Cemetery 7/18/97 Brooklyn Park, Maryland 4 Donetlon/ 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee McCully-Polyniak Funeral Homes 130 East Fort Ave. Balto., MD. 23a. Pert1. Enter the disease, or complications the Leeused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Finel ARTERIOSCISPOTIC CARDIOVASCULAR 5 YEARS disease or condition resulting in deeth) Examiner Due to (or es e consequence of): Examiner physicien end the burial-transit thet the death certificate be axecuted Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760, Physician/Medical Due to (or es e consequence of): 98 USB P.O. signed by the e Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uee contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Doknown Records, þ or Attanding Physician: The law requires 24b. Were eutopsy findings eveileble prior to completion of cause of death? Completed 24a. Wes en eutopsy performed? pege 2 s 1 Yes 2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital director. Be 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1□ Yes 2□ No Other: Nursing Home 5 Residence 6 Other (Specify) Certification: To this funeral 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? After 5 Pending investigation 1 Neturel eftar death. Director: Af 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 | Homicide filled in 24 hours hours e Hospital 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end menner es steted.

| Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner steted. 29a. Certifier pletely (Check only one) To the I within 2 To the F 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Alleways mo D 21776 JULY 16 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) MUNDRAMO 203 E PATARSEO AV BACTIMURA 21221

State Registrar

31. Dete filed (Month, Day, Year)





## Please Type or Print in Black Indelible Ink. Assure All Copies Are segible 2 2 1 75 State of Maryland / Department of Health and Mental Hygiene 1 2 2 1 75

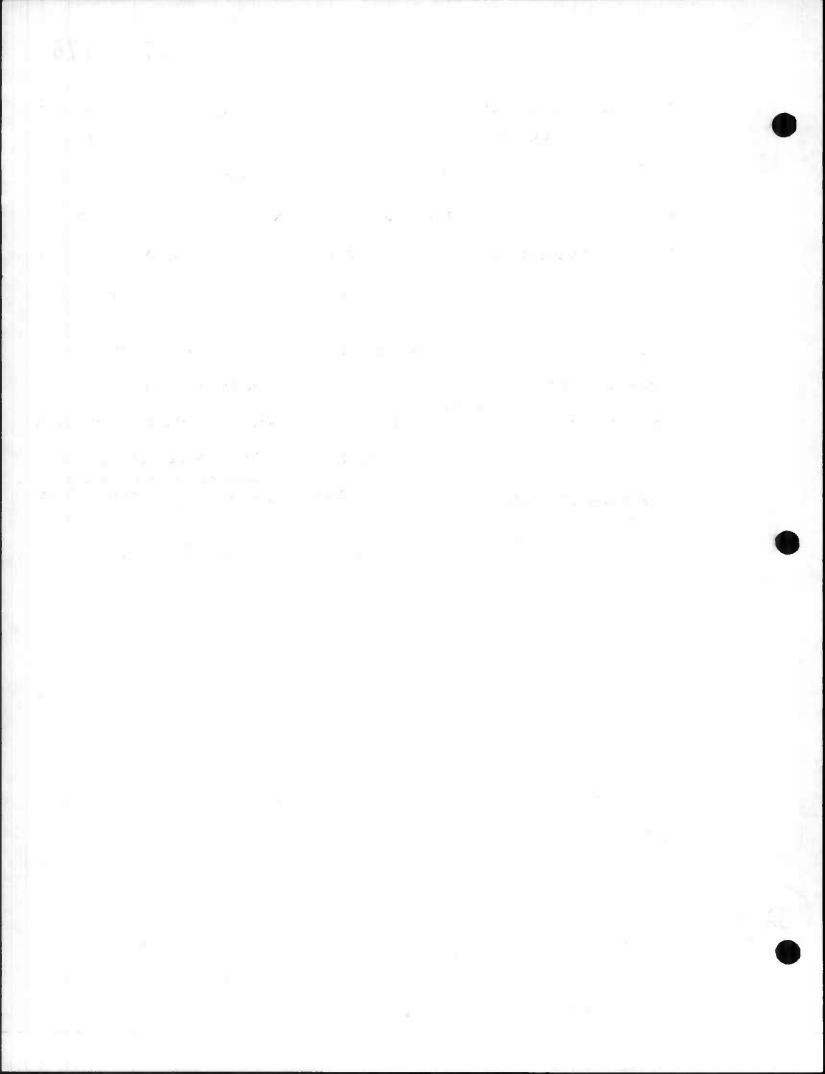
Physician	1. Decedant's	Nama (First, Middle	, Last)	\				Death	2. Data of I	Reg. No. Death	Yaar	3. Tima of Death
/Medical Examiner	4a. Facility Na	ma (If not institution Nursing	giva street and number	ston				4b. City, Town, o Baltimor	Tulur Location of Da	19th 4c. Cour	\997 ity of Daath imore	2:50 Ar
Funeral Director	5. Social Secu 220-44-	-2964	6. Sax 1 □ M 2 1 F	Aga (in yrs. 79	last birthday) Yrs.	If Undar Months				lirth Day, Year) 15, 191		aca (Stata or Foraigi try) ryland
ta-f show tiffed at	Usual Rasidan 10a. Stata MD	10b. County Balt:	imore		y, Town or Lo timore	cation					10	0d. Insida City Limits
ritems 23s or 28s-f st ritet inset be notified Funeral Director	10e. Straat and 700 W.	Numbar 40th Stre	eet			10f. Zip				10g. Citizan o		*
by by		tus Marriad 2□ Marrio ad 4□ Divorced	12. Was Decedar Armed Forca: ad 1 Yas 2 X If Yas, Giva Yaar or Datas	s? ] No	11			Hispanic Origin? ( an, Maxican, Pus Specify:	Specify Yas or North Rican, atc.)		ace - Amarico lack, Whita, a city: Whi	atc.
d other than "nature svent, the Medical I Be Completed		15. Decedant' Specify only highas Secondary (0-12)	s Education grada complatad) Collega (1-40	r 5+)		ant's Usual kind of work NOT use nemak		pation during most of w d)	orking	16b. Kind of	Businass/Ind	lustry
svent, Be C		ma (First, Middla, L						1,833,00	ama (First, Midd		ama)	
marke umatic		Webster I			19b. Mailin	g Addrass	(Straat	Mary J	osephin Burai Routa Num		n, Stata, Zip	Coda)
m 27 Is			les - daugh		566 W	. Uni	ver	sity Par	kway, B	altimore	e, MD	21210
land: If its	4 Donat	2 X Cramation on 5 ☐ Othar (Sp		a For		oln C	rem	atory	Data 7/21/97		wood,	MD
any in	21. Signatura	of Funaral Sarvice L	ink		22	Nama and	d Addra	ass of Facility I	oudon P 620 Wil altimor	kens Ave	enue	ome
To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the buriel-transit of completely filled in by the funeral director, page 2 should be deteched for use as the buriel-transit of complete and completed by Physician/Medical Examiner	Immadiata Cardisaasa or con rasulting in daa Sequantially iis if any, laading ceusa. Entar Cause (Diseas that initiated av rasulting in daa	dition atth)  at conditions, to immadiata Industrying a or Injury ants	b FF0	Dua to (o	r as a consequ	uance of):		b) HEm er		s E	-	Onsat and Death  GYES  Ze YES
d by the attendir leteched for use Physician/R	Part il. Other si	onificant condition	ds contributing to death	hut not rasi	ulting In the un	dadvina ce	use ois	ven in Part I	23h Die	I tobacco use o	ontribute to	the cause of death
igned by the be deteched by Physical by Ph						oanying co	usa yiv	COLL III P CAT I.				ably 4 Unknow
cate has been signated by page 2 should be Completed by	70	15.3LE H	Emo CH2motos	215					24a. Wa	s an autopsy ormed?	com	ra autopsy findings ilabia prior to iplation of causa eath?
ficate has or, page 2: Comple	25 Was case r	afarred to medical								Yas 2 No	10	Yas 2 No
his certifi Il director To Be	axaminar? 1 ☐ Yas		Hospital:	iant 2	ER/Outpatient	3□ DOA	Oth		eath <i>(Check only</i> Homa 5 ☐ Ras		thar (Specify)	
or: After the funeral	27. Mannar of D 1 ⊠ Natural 2 □ Accida	5 ☐ Panding Invastiga		ury ay Yaar)	28b. Tima of Injury	28 M	c. Injur Wor			how injury occu		
he Funeral Director: After t pletely filled in by the funera edical Certification:	3 ☐ Suicida 4 ☐ Homici		ed 288. Place of in	jury - At ho tc. (Spacify	ma, farm, stra	at, factory,	office		28f. Location City or To	(Street and Num wn, Stata)	ber or Rural	Routa Number,
Funer etely fill dical	29a. Cartifiar (Check only one)	1 Cartifying 2 Medical Ex	Physician: To the bast taminar: On the basis of and mannar s	or axamınat	vledga, daath ion and/or Inva	occurred at astigation, i	t tha tin n my o	na, data and plac pinion, daath occ	e, and dua to the urred at tha tima	causa(s) and n data and place	nannar as sta , and dua to t	ited. Iha causa(s)
Ne Me	29b. Signatura	and title of certifiar	and mainer o	iaiou.		29c.	Licens	a number		29d. Data sign	ed (Month, D	ay, Year)
		Will Won	E surv			0	12	355		JULY 1	9, 1997	
[]			no complated ceusa of				S. A.	7.	30,	6 ~	21211	
		Month, Day, Year)	32. Regist			100 6	- 24		GN:4F W.	e, mo		

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygien 2 2 1 7 6

				C	ertificate of	Death	Re	g. No.	
ľ	Physic		Decedent's Neme (First, Middle, Lest)     Cornelia Irene Naus				2. Dete of Deeth Month	Day Year	
	/Medi Examii		4a. Fecility Name (If not institution, give street end number)			4b. City, Town, or Lo	July ocation of Death	20 199 4c. County of Dec	eth
_		Н	Ivy Hall Geriatric  5. Social Security Number 6. Sex 7. Age //	# 1 # . # . # . # . # . # . # .	If Under 1 Year	If Under 24 Hrs.		Baltim	
Į	Funeral Director		5. Social Security Number 6. Sex 1 □ M 2	(In yrs. lest birthda 85 Yrs.	Months Days		8. Dete of Birth (Month, Dey, 11-11-		rthplace (Stete or Foreign ountry) ryland
	/lend			IOc. City, Town or	Location				10d. Inside City Limits
	Men	tor	MD	Baltir	more				1 Yes 2 □ No
	or 28	Director	10e. Street end Number		10f. Zip Code		10	g. Citizen of Whet C	ountry?
	23a	rai	3729 E. Lombard Stree	t	2122	4	τ	J.S.A.	
21215-0020	s 1 and 2 should be filed within 72 hours effer death with the Meryland I Health and Mental Hygiene. Item 27 is marked other than "naturel", or items 23a or 28a-f show other traumatic event, the Medical Exertiner inset by notified at	by Funeral	11. Marital Status  1 □ Never Married 2 □ Married  3 ▼ Widowed 4 □ Divorced  12. Was Decedent Ev Armed Forces?  1 □ Yes 2 ▼ No if Yes, Give Year or Dates:	er in U,S. 13	3. Was Decedent of I if Yes, specify Cub 1 ☐ Yes 2 🙀 No		ecify Yes or No- Rican, etc.)	14. Race - Am Bleck, Whi Specify: W	te, etc.
5	72 hc	eted	15. Decedent's Education (Specify only highest grade completed)	16e. De	cedent's Usual Occupive kind of work done	petion	ina 1	6b. Kind of Business	s/Industry
12	vithin ne. han a	Completed	Elementery/Secondary (0-12) College (1-4or 5+)		ive kind of work done b. DO NOT use retire	d)		n own h	OME
	filed v Hygie ther t		6th 17. Father's Neme (First, Middle, Lest)	поп	nemaker	18. Mother's Name			O.II.C
Maryland	ould be Mental erkad or	o Be	Frank Brightwell				Elizabe		
ary	should Ind Men	To	19a. Informent's Name/Relationship (Type, Print) Daugh	iter 19b. Ma	ailing Address (Street				Zin Code)
	1 end 2. Health ar em 27 is		Mary Dorbert						Md.21237
more,			20a. Method of Disposition	20b. Plece of Dis	sposition (Neme of remetory or other pla			Oc. Locetion - City or	
E	Pages nent of I int: If Ite iry or of		1 ☐ Burial 2 <b>X</b> Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify)		ount Cer		/23/97	Baltimo:	re, MD.
Balt	permit. Pages 1 el Department of Hea Important: if Item: any Injury or othe		21. Signeture of Funeral Service Licensee			ess of Facility Jos	seph N. 2	annino Jr	.Funeral Hm.
			23a. Part 1. Exter the disease, or complications that caused the shock, or heart failure. List only one ceuse on each line.			_			Approximete
X 58/50,	the death certificate be executed  where attending physician and action of the attending physician and action of the attending physician and action of the attending physician and action of the attending physician action of the attending physici	/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury c.	Le to (or es e cons le to (or es e cons e to (or es e cons	sequence of):	ung he	PISH M	ETASTA.	175 unknown
õ	eath cer attendir for use	ian	-						
j.	es that the de igned by the a be detached t	Physician/	Pert II. Other significent conditions contributing to death but r	ot resulting in the	underlying cause give	ven in Part I.			to the cause of death?
7	s that med b	by P					1 Yes	3 2 No 3 ₽	robably 4 dnknown
Hecords,	been s	Completed to					24e. Was en performe	eutopsy 24b.	Were eutopsy findings eveilable prior to completion of cause of death?
	The law cate hes page 2	S					1□ Yes	2 No	1 ☐ Yes 2 ☐ No
VITal	siclan: The certificate irector, pag	Be	25. Was case referred to medical exeminer?		0"	26. Plece of Deeth	(Check only one,	)	
ō	Attending Physician: or death. sctor: After this certific. by the funeral director,	ation: To	1	2 ER/Outpeti 28b. Time Injury	of 28c. Injur	4 Nursing Hor	me 5 ☐ Residen 28d. Describe how	ce 6 □Other (Spe v injury occurred	ecify)
Division	ful or Atte	Certification:	4 Homicide building, etc. (	Specify)	street, factory, office		City or Town,		
A	Hose fely fin	edicai	29a. Certifier (Check only one) Medical Examiner: On the basis of ex-	ny knowledge, dea emination end/or	ath occurred at the tir investigation, in my o	me, dete end plece, e ppinion, death occurre	end due to the ceu ed et the time, dat	ise(s) end menner e e end place, end du	s steted. e to the ceuse(s)
A	of the	Med	one) end manner steted 29b. Signeture and title of certifier	J.	29c. Licens			d. Date signed (Mon	
-	7 8		Sainder UTe	lle M	D9	17188		7/21/57	, 201, 1001)
	8		30. Name end eddress of person who completed ceuse of deat Sun Value U Julie	h (Item 23e) (Type	e, Print) Newtel	· Place	Deer	dalle	21222 MD
	Sta Registr		31. Dete filed (Month, Day, Year)	Signature Manda					



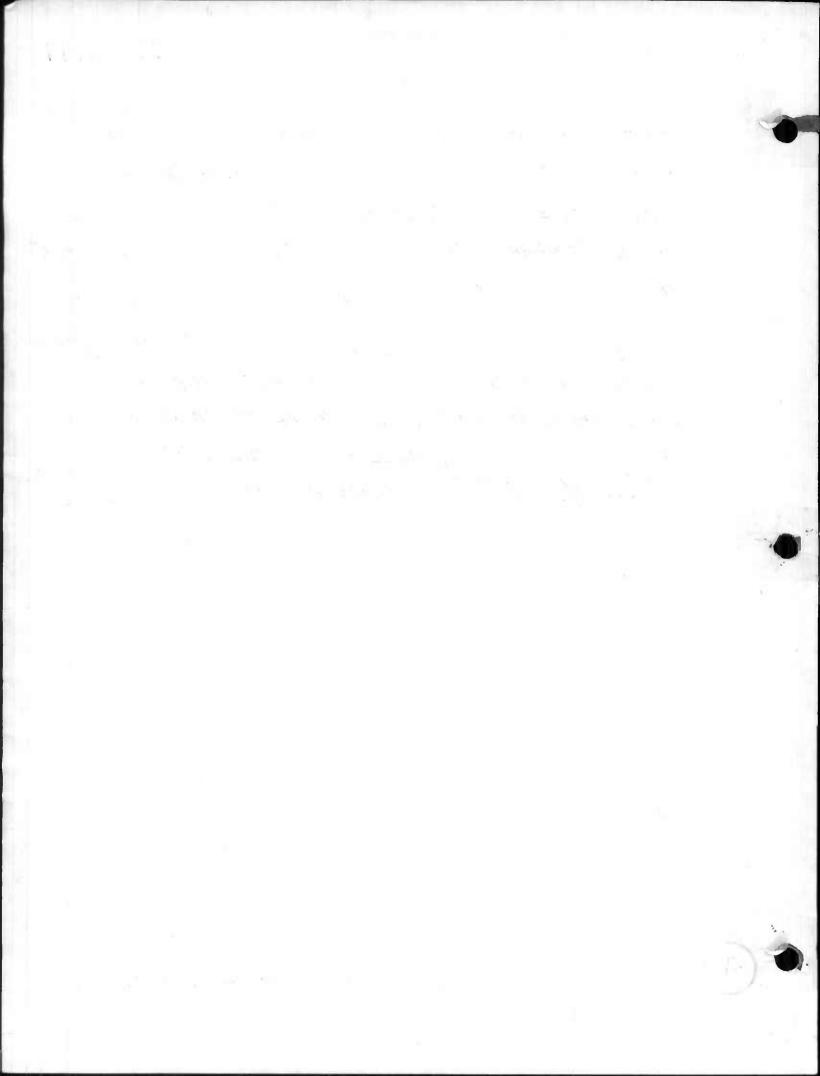
## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Manyland / Department of Health and Mental Hydiana 97 22177

	TIMOTH	Y	NICKENS	State of Maryland	Certificate of		entai mygie Reg.		2111
	Physici /Medi		Decedant's Nama (First, Middle, Last,     TIMOTHY NICK					Day Year 6, 1997	3. Time of Death  11:25AM
١	Exami		4a. Facility Neme (If not institution, give UNIVERSITY HOS)	street and rlumber)		4b. City, Town, or Lo BALTIMO		4c. County of Death	
	Funeral Director		5. Sociel Sacurity Number  5. Sociel Sacurity Number  6. Security Number  194  Usual Rasidance of Decedant	7. Aga (in yrs. last	birthday) If Under 1 Yaar Months Days	if Undar 24 Hrs. Hours Min.	8. Data of Birth Month, Day, Ye FCB 14, 19	9. Birth	placa (Stata or Foreign ntry) RYLAND
	Meryland a-f ahow	ctor	10a. State 10b. County  M D V/A		own or Location ALTIMORE				10d. Insida City Limits  Yas 2□ No
	th with the 23a or 28	Funeral Director	10e. Street and Number 910 E. Lom 3	BARD ST	10f. Zip Coda	202	10g.	Citizen of What Cou	STATES
020	n 72 hours effer deeth with the Meryland "netural", or frems 23s or 28s-f show solded Examiner must be notified at	þ	11. Marital Status  1 Never Marriad 2 Married  3 Widowad 4 Divorced	12. Was Dacedant Evar in U,S. Armed Forces? 1	13. Was Dacedant of H If Yes, specify Cubi 1 ☐ Yas 2 ☑ No	lispanic Origin? (Spe an, Maxican, Puarto I Spacify:	ecify Yas or No- Rican, atc.)	14. Race - Ameri Black, Whita, Spacify: BL	atc.
Baltimore, Maryland 21215-0020	d within piene. r than	Completed	15. Decedant's Edu (Specify only highast grade Elemantary/Secondary (0-12)	cation a complated) 1 Collega (1-4or 5+)	6a. Decedent's Usual Occup (Giva kind of work dona life. DO NOT use retired \$TubeA	during most of workind)	ng	ALTO GIT	ry PUBLIC
yland	Mental Mental arked o	To Be	7	CKENS, SR.		6LAD9	- /////	RPER	
e, Mar	s 1 and 2 sho of Health and item 27 is m other traum		19a. Informent's Name/Ralationship (Ty ELAD (S HARPE) 20a. Mathod of Disposition		19b. Mailing Address (Street 9/0 E, LOA a of Disposition (Nama of	and Number or Rura	T. BAL		21202
timor	a part		Burlal 2 ☐ Cramation 3 ☐ R ☐ Donation 5 ☐ Othar (Spacify)	amoval from Stata	HELL MEN	n = 7	121197 8	SALTO, 1	1D
Bal	permit. Depertr Imports any Inju		21. Signatura of Funeral Sarvica Licensi	Illens	22. Name end Addra	SS OF Facility WILLIAM	IS F.S.	Bel-to	holten las
	Physician /Medical Examiner		23a. Part1. Enter tha disaase, or complishock, or heart failure. List only or Immadiata Cause (Final disaasa or condition resulting in death)	na cause on each line.  Drown	ing	ng, such es cardiac o	r respiratory erresf,	1	Approximata Intarval Batween Onset and Deeth
	uted d ansit	Examiner		). —	a consequence of):				
68760,	ficete be executed physician end is the burief-transit	edicai Exa	Sequantially list conditions, if eny, laading to immadiate causa. Entar Undarlying Cause (Disease or injury that initiated avants resulting in death) Last	).	e consequence of):				
Box 6	E 0 0								
P.O.	the d	y Physician/M	Part II. Other significant conditions con	tributing to daath but not rasultin	g In the undarlying causa giv	an in Part i.	23b. Did tobac	,	o the cause of death?
of Vital Records,	98 b	Completed by					24a. Was an a	i? av	fare eutopsy findings vailable prior to empletion of cause death?
ital R	The ate h	Be Con	25. Was casa raferred to medical axaminar?			26. Placa of Death	(Check only one)	2 No 1	MYes 2□ No
n of V	Phys r this	2	1 Natural 5 Panding	28a. Date of Injury (Month, Day Yaar) 28	Outpetlant 3 DOA Oth	y at 2	me 5 Rasidence 28d. Dascribe how i	e 6 □Othar (Speci	(y)
Division	or Attending siter deeth. Director: After in by the fune	Certification:	invastigation    Sulcida   Could not be datarminad	28a. Placa of Injury - At home building, etc. (Spacify)	, farm, straat, factory, office	Yas 2≱ENo	ORF I ocation (Street	t and Number or Auritala) Inner things	al Bouta Number
	To the Hospital or Attenwithin 24 hours efter deet To the Funeral Director: completely filled in by the	edicai C	29e. Certifiar (Check only one) 1 Cartifying Phys	nicien: To the best of my knowled ner: On the basis of examination	dga, daath occurred at tha tir end/or Invastigation, In my o	ne, date and piece, a	and dua to tha caus	a(s) end manner as	steted.
	To the Within To the	Mec	29b. Signatura and title of certifiar	and manner stated.	29c. Licans	a number		Data signed (Month,	
	J	)	30. Nama and addrass of person who co Denats J. Chut	mpleted causa of daath (Item 23	a) (Type, Print) Penn Stre	et, Balt	imore,	Maryland	21201

State Registrar

31. Data filed (Month, Day, Year)

32. Ragistrar's Signatura

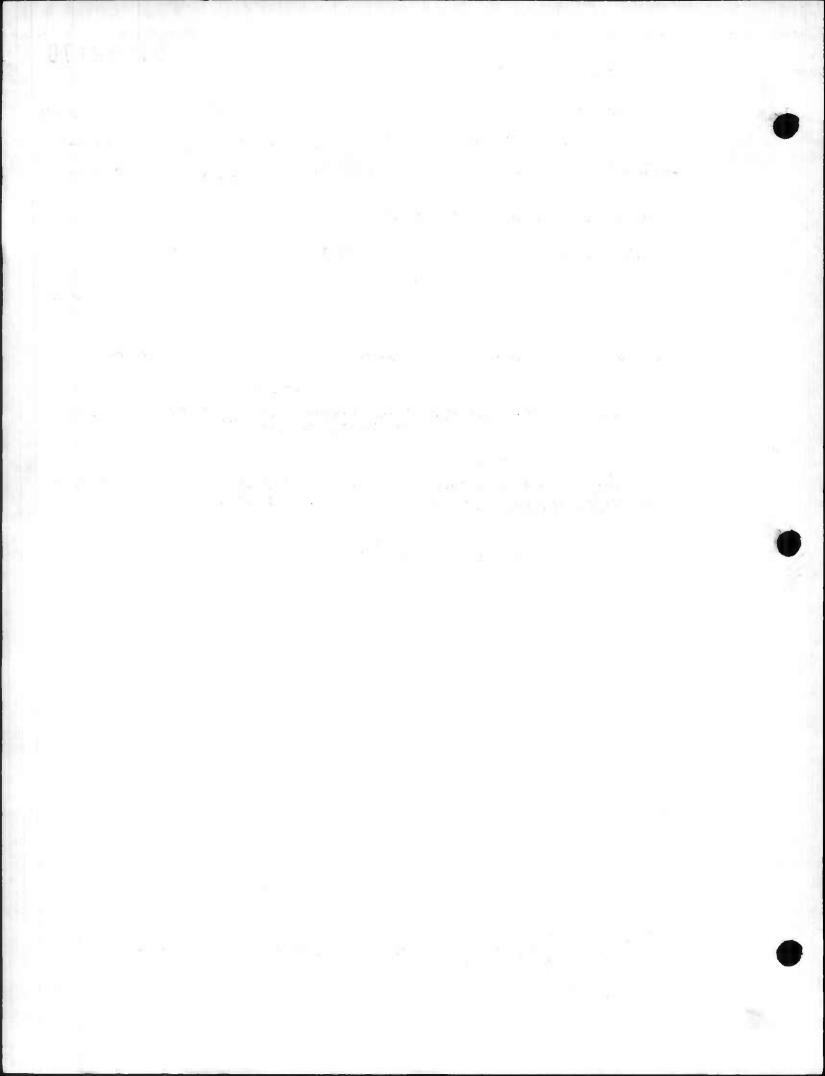


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 7 22 1 7 8

Dhusis		Item: 5 per Personal  1. Decedent's Name (First, Middla, I	ast)					2. Date of De		3.	Time of Death
Physic /Medi		JOHAN	VA C	DLIVER				JULY	/ Dey	1997 O	FOUND
Exami		4a. Facility Nema (If not institution, g	ive street and number	)	36- 4		b. City, Town, or	Location of Deet	h 4c. County	of Death	1
		8104		<b>AVENUE</b>	#4		LANGLE	Y PAR		ICE GEO	*
Funeral Director		385-20-2753	4 C 14 - C -	ga (In yrs. last birth	month rs.	dar 1 Year ns Days	If Under 24 Hrs. Hours Min.	(Month D	4, 1925	9. Birthplaca ( Country) Michig	Stata or Foreigr an
and and		Usual Rasidence of Dacedent  10a. Stata 10b. County		10c. City, Town	or Location					10d. In	sida City Limits
72 hours efter death with the Maryland neturel, or items 23s or 28s-f show iteal Examiner must be nuffied at	tor	Maryland Prince	Georges	Hyatts	ville						☐Yas 2 No
23a or 28 unit be not	Funeral Director	10e. Street and Number 8104 15th Avenue			10f.	Zip Coda 20783			10g. Citizan of U.S.A		
ral', or itams Examiner m	by	11. Marital Status  1 □ Naver Married 2 ☑ Married  3 □ Widowad 4 □ Divorced	12. Was Dacedant Armed Forcas' 1  Yas 2 If Yas, Giva Yaar or Datas:	Evar in U,S. ? unknown No		cadant of H pecify Cube 2 12 No	ispanic Origin? (S on, Maxican, Puert Specify:	pecify Yes or No o Rican, atc.)	o- 14. Rac Bla Specify	ce - American Ind ck, White, etc. y: B	White
"natural"	Completed	15. Decedant's (Specify only highast g	Education reda complated)	16a. [	Decedant's U Giva kind of	suel Occup	ation during most of wor	rkina	16b. Kind of B	usinass/Industry	
- 30	mpi	Elementery/Secondary (0-12)	Collega (1-4or	5+)			during most of wor	9			
Hygia ther t	ပိ	unknown 17. Fethar's Name (First, Middla, Las	unknown		Supe	rviso	r 18. Mother's Nar	no /First Middle	Telep	-111	
d d	To Be	unknown	.,				unkno		, Maidan Suman	ria)	
T ls	T	19a. informant's Name/Relationship Ronald S	(Type Print) . Wade, Di	rector 19b.	Mailing Addre	ess (Street Anato)			er, Gity er Jown Baltim	State Zip Code	eet
ragas i a nant of Ha int: If item iry or othe		20a. Method of Disposition  1 Burial 2 Cramation 3  4 Donation 5 Dother (Spec	Ramoval from Stata	cematary	Disposition (for cramatory of	varria or		Data	20c. Location	City or Town, S	itata
Department Important: I any injury once.		21. Signature of Fundral Service Lice Ronald S.	Wade, Dire	ctor			atomy Bo			timore	Street
Medical xaminer	Examiner	Immediata Ceusa (Final disaasa or condition resulting in daath)  Sequantially list conditions, if any, leading to immediata	a. ARTERK	Dua to (or as a co	nsequanca o	of):	JASCULA	R 0189	ASE		
e attanding physician and of for usa es the buriel-transit	Physician/Medical E	Sequantially list conditions, if any, leading to immadieta causa. Enter Undartying Ceuse (Disease or Injury that initieted avants rasulting in death) Last	c	Dua to (or es a co	nsaquence o	f):				1	
attandir d for usa	Iclar	Part II. Other significant conditions	contribution to death it	out not consisting in t	ha sadadiin		on in Book i	ash Did	Achana was se	nadbuta ta the	
signed by the a	by Phys	racti. Other significant conditions	contributing to daath t	out not resulting in t	na undariyin	g causa giva	an in Part i.		tobacco uae co Yes 2□ No	3 ☐ Probably	4 Unknow
peen s	Completed t							24a. Was	en eutopsy ormad?	eveilabla	on of cause
D - 0	E O							10	Yas 2 No	1 🗆 Yas	2 No
is cartificate director, pag	Be	25. Was casa raferred to medical axaminar?					26. Placa of Dea	th (Check only	ona)		
S D	2	1 No 2 No	Hospitel: 1  Inpati	ant 2 ER/Outp	atiant 3	DOA Othe	ar: 4 Nursing H	oma 5 Rasi	dance 6 □Oth	er (Specify)	
after death.  Director: After this cartific  I in by the funeral director,	Certification:	27. Manner of Death  1 Natural 5 ☐ Pending  2 Accidant Invastigation		lry 28b. Tir ly Year) Inji		28c. Injury Work	ret ⟨? Yas 2 □ No	28d. Describe	how injury occur	red	
rs after d al Direct led in by	Certific	3 Suicida 6 Could not 4 Homicide determine	28a. Piece of in	ury - At home, fern c. (Specify)	n, street, fect	ory, office		28f. Location ( City or To	Street and Numb wn, State)	per or Rural Rout	te Number,
within 24 hours after To the Funeral Director Complately filled in	edical	29a. Certifier (Check only one) 1 Cartifying P 2 Madical Exa	hysicien: To the best minar: On the bests o end menner st	f axamination and/	death occurre or invastigate	ed at tha timon, in my of	a, dete end place pinion, daath occu	, and dua to the rred at the tima,	ceuse(s) end ma deta and place,	annar as stated. end due to tha c	ausa(s)
Tot	Σ	29b. Signature and titla of certifier	#UDA	nI	2	9c. Licanse	number		29d. Date signe	d (Month, Day, 1	(ear)
		your	Typulla	7/1/1	ME	03	33954		JULY 1	13, 170	17
	1	30. Name end addrass of person who		leath (kam 23a) (T	pe, Print)		. 0.		-1.40	1.0:	
Sta	t e	MARIO F. 901	7 32. Registr	ar's Signature - A	andell.	051717	2 0ry	VE, CAP	ENEKTY	MARCAL	M. (IND.

Registrar



# Please Type or Print in Black Indelible Ink. Assure All Copies Ap Legible 179 State of Maryland / Department of Health and Mental Hygiene

					Cei	rtificat	e of	Death	F	leg. No.			
Physicia	an.	Decedent's Name (First, Middle, Last)							Date of Deeth     Month     Day     Yeer     3. Time of Deat			3. Time of Death	
/Medic		Michael	Oleniacz						July 20. 1997 6:15 A			6:15 AM	
Examin		4a. Facility Neme (If not institution, gi	ve street and numb	er)			4b. City, Town, or Location of Dea			ath 4c. County of Death			
		Franklin Woods N	ursing Ho	me				Rossvill	lle Baltimore				
Funeral		5. Social Security Number 6.	Age (In yrs.				If Under 24 Hr	(Month Day					
Director		5. Social Security Number  6. Sex 12 M 2 F 7. Age (In yrs. last birthday) 75 Yrs.					Days	nours Will	Sept. 12	,1921	Penns	ylvania	
pue *_		Usual Residence of Decedent  10a. State 10b. County		10c Ci	ty, Town or Lo	cation					100	f. Inside City Limit	
fanylar	<u>.</u>		. =			Cation					100	1 ☐ Yes 2 ☐ Y	
72 hours efter deeth with the Maryland natural', or Itema 23a or 28a-f show final Examination northed a	Funeral Director	Maryland Baltimo	re	Dundalk				10g. Citizen of What Country?					
	흅		10f. Zip Code										
	eral	7637 South Bend				Was Decedent of Hispanic Origin?					ited States  14. Race - American Indian.		
Herr Iner	5	1 Never Married 2 Married	Armed Force	Armed Forces?  1 ☑ Yes 2 □ No If Yes, Give Year or Detes: W.W. II		13. Was Decedent of Hispanic Origin? (Spetif Yes, specify Cuban, Mexican, Puerto 1 ☐ Yes 2 \overline{\text{Y}} No Specify:			rto Rican, etc.)	Bla	Black, White, etc.		
ll', or	by	3 ☐ Widowed 4 ☐ Divorcad	W Voc Civo							Specify: White		2	
"natural",	Pe	15. Decedent's E	ducation	cation 16a. De			ecedent's Usual Occupation			16b. Kind of Business/Industry			
C	Completed	(Specify only highest gr Elementary/Secondary (0-12)		College (1-4or 5+)		kind of wor DO NOT us	rk done se retire	during most of we	orking			,	
d wit	E O	10 Years	College (1-4)			Longshoreman			Shippin		ina	na	
othe othe	Bec	17. Father's Name (First, Middle, Las	t)							Name (First, Middle, Maiden Surneme)			
ould be Mental arked o	TOE	Joseph Oleniacz Mary 1							elon				
2 should be filed within end Mental Hyglena. Is marked other than aumatic event, tra M		19a. Informant's Name/Relationship	(Type, Print)		19b. Mailin	ng Address	(Street	and Number or F	Rural Route Number, City or Town, State, Zip Code)				
s 1 and 2 should be filed within f Heelth and Mental Hygiena tem 27 is marked other than other traumatic event, the M		Kathlyn M. Olenie	acz/Wife		7637	South	h Ro	nd Road	Raltiman	o Man	iland s	21222	
of He of He r oth		20a. Method of Disposition		20b. I	Plece of Dispo cemetery, cren	sition (Nan	ne of	cel	Baltimor	20c. Location	- City or Town	n, State	
ant ent		1 Donation 5 Other (Speci							7/25/1997 Bel Air, Maryland				
permit. F Depertministration importariany inju		21. Signeture of Funeral Servica Lice			22	. Name an	d Addre	ss of Facility					
Depe impo any ir		01214											
	$\dashv$	23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, approximete intervel Between Onset and Death											
Physician		shock, or heart failure. List only one cause on each line.  Immediate Cause (Final disease or condition resulting in death)  Due to (or es e consequence of):											
/Medical													
Examiner													
	Je.			Due to (t	or es e conseq	lughical oi):					1		
icate be axecuted physician and s the burial-transit	Physician/Medical Examiner	Sequentially list conditions  Due to (or es e consequença of):											
axec an an rial-tr	EX	if any, leading to immediate cause. Enter Underlying											
tificate be axecuted g physiclan and as the burial-transit	cal	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events  Due to (or es e consequenca of):											
iffical og phy as th	P P	resulting In death) Lest											
ires thet tha daath cer signed by the attendin d be detached for use	2		d								<u> </u>		
daath ce e attendir ed for use	<u>Ş</u>	Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.							23b. Did to	obacco usa ci	ontribute to t	he cause of deat	
t tha by th tache	hys	Tall I.								€s 2□ No		bly 4 □ Unkne	
s the	by F								-				
v requires thet tha been signed by th should be detache	be								24a. Was a		24b. Were	e autopsy finding eble prior to	
e law has b	Completed								perfor	medr	comp of de	pletion of cause	
	E								1□ Y	es 2 No	101		
certificata	BeC	25. Was case referred to medical						26 Place of De	eath (Check only or			103 21110	
Physician: this certifice ral director, I	To B	examiner?	Hospital: 1   Inpatient 2   ER/Outpatient 3   DOA   Other: 4   Wursing Home 5   Residence 6   Other (Specify)										
or this		27. Manner of Deeth		28a. Date of Injury 28b. Time of 28c. Injury et					28d. Describe h				
Attending ir death. actor: After by the fune	ᅙ	1 Natural 5 Pending 2 Accident Investigation		(Month, Day Year) Injury Work?  M 1 ☐ Yes 2 ☐									
or Attendal eftar death. Director: A in by the fu	fica	3 ☐ Suicide 6 ☐ Could not b	28e. Place of injury - At nome, farm, street, factory, office					28f. Location (S	treet and Num	ber or Rural F	Route Number,		
Dir	Certification:	4 ☐ Homlcide building, etc. (Specify)							City or Town, State)				
- 73		29a. Certifier 1□ Certifying Pi	nvsician: To the be	st of my kno	wledge, death	occurred a	at the tin	ne, date and plac	a, and due to the c	euse(s) end m	anner es stat	ed.	
spital ours filled	Ö	29a. Certifier  (Check only one)  29a. Certifier  (Check only one)  29a. Certifier  (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the ceuse(s) end manner es stated.  20 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end place, and due to the ceuse(s) and menner steted.											
24 hours Funeral letaly filled	ᇴᅵ		29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)										
o the Hospital vithin 24 hours to the Funeral ompletaly filled	Medical												
n 24 hou in 24 hou he Funer pletaly fill	Medi	29b. Signature and title of certifier					DIS	2487		7/21	197		
vithin 24 hours To the Funeral completely filled	Medi	29b. Signature and title of certifier	completed exists	death /tec-	n 22e\ /T·	Deine\\	PII	8487		7/21	197		
vithin 24 hours To the Funeral completaly filled	Medi	29b. Signature and title of certifier	- 10	f death (Iter	n 23a) (Type, 1	Print)	PI	8487 IVE.	BACTO,	7/21 MD	2123		

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 2 1 8 0

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Day **Physician** Year 20 1997 June I. O'Brien July 12:25 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Daath **Examiner** Mercy Hospital City Baltimore Baltimore 5. Social Sacurity Number If Under 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) Birthplace (Stata or Foraign Country) **Funeral** 1□ M 214F Months Days Hours Min. Yrs. Director 512-14-9033 June 11 1918 Kansas Usual Rasidance of Decedant the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show other traumatic awant, the Madical Examiner must be notified at 1 ☐ Yas 2 No Director Md Baltimore Baltimore Co Md. 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? ŏ Itams 23a 423 Pembrooke Blvd. USA Funeral 12. Was Decadent Ever in U,S. Armad Forcas? 13. Was Dacedant of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cuben, Maxicen, Puarto Rican, atc.) 11 Marital Status 14. Race - American Indien, Black, Whita, etc. 72 hours after 1 ☐ Yes 2 ☑ No If Yas, Giva Yaar or Dates: 1 Naver Married 200 Married should be filed within 72 hours aft nd Mental Hygiena. marked other than "natural", or Baltimore, Maryland 21215-0020 1 Yas 2 No Spacify: by 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 8th Saleslady Dept. Store permit. Pages 1 and 2 should be file Deportment of Health end Mental Hy important: if item 27 is merked oths any injury or other traumetic avant 17. Father's Nama (First, Middla, Last) 18. Mother's Nema (First, Middla, Maidan Sumama) Be Russell Widup Clara Starr 19a. Informent's Name/Ralationship (Typa, Print) 19b. Mailing Address (Street end Number or Rural Routa Numbar, City or Town, Stata, Zip Code) Paul W. O'Brien Pembrooke Blvd. Baltimore, Md. 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stata 1 ☐ Burial 2 XCramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Spacify) 7/23/97 Greenmount Crematory Baltimore 21. Signature of Funaral Sarvice Licansee 22. Nama and Address of Fecility Hartley Miller Funeral Home Willer 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such es cardiec or respiretory errest, Approximately and the control of the control Approximeta Intarvel Batween Onsat and Death **Physician** /Medicai Immadiata Ceusa (Final disease or condition rasulting in death) ACUTE CEREBRAL INFACCTION Examiner the bunal-transit requires that the death certificate be axecuted Sequentially list conditions, if any, laading to immediata ceusa. Enter Underlying Causa (Disaase or injury that Initiated events rasulting in daath) Last Due to (or as a consequence of): P.O. Box 68760, Physician/Medical Due to (or as e consequence of): Part II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 ACJTE MYOCARDIAL INFARCTION 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, 24b. Wara autopsy findings eveileble prior to complation of ceusa of death? Completed 24a. Was an autopsy performed? 1 Yas 2 No 1 Yas 2 No I or Attending Physician: after deeth. 25. Was cesa referred to madical examinar? Be 28. Place of Deeth (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yas 2 No Medical Certification: To 28a. Data of Injury (Month, Day Year) 27. Manner of Daath 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury et Work? After 1 Naturel 5 Pending 1 Yes 2 No invastigation 2 Accidant Director: / 3 Suicida 6 Could not be determined 28e. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 28f. Location (Straat and Numbar or Rural Route Number, City or Town, Stata) 4 Homicida hours Ineral 12 Certifying Phyalcian: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) end mannar es stated.
2 Medicel Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) and mannar stated. 29a. Cartifian 29b. Signatura and titla of certifiar 29d. Data signed (Month, Day, Yaar) 29c. Licansa number 30. Nama and eddrass of person who complated cause of deeth (Itam 23a) (Type, Print) 3509 Churchville RD ABERDERN MD. 21001 MO 31. Date filed (Month, Day, Year) State

DHMH 16 Rev 6/95

Registrar

JUL 2 2 1997

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

**Physician** /Medical **Examiner** 

Director

Funeral

þ

Completed

**Funeral** Director

tha Maryland 28a-f show was be notified at ō items 23a

filed within 72 hours aftar of Hygiene. ther than "neturel", or item Pages 1 and 2 should be filed valent of Haalth and Mentel Hygient: If itam 27 Is marked other t permit. Pages 1 and 2 s Depertment of Haalth ar Important: If item 27 Is eny injury or other trau

Baltimore, Maryland 21215-0020

Box 68760.

P.O. |

Records.

Division of Vital

**Physician** /Medical Examiner

Examiner physician end s the buriel-transit The law requires that the death certificate be axecuted been signed by should be datac page 2 certificete dospital or Attanding Physician: Ti 4 hours after death.

"uneral Director: After this certificet aly filled in by the funeral director, ps

To the Hospital within 24 hours a To the Funeral Completaly filled State Registrar

1. Decedent's Neme (First, Middle, Lest) 2. Date of Deeth 3. Time of Deeth Month EDITH m. PRHSS 07 -19 -1997 4:00pm 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth ROLAND PARK PLACE BALTIMORE if Under 1 Year If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Dey, Year 5. Sociel Security Number 7. Age (In vrs. lest birthday) 9. Birthplece (Stete or Foreign Days 1□M 28F Months 96 216-20-3148 Yrs 09-08-1901 MARYLAND Usuel Residence of Decedent 10a State 10b. Count 10c. City, Town or Location 10d. Inside City Limits 1 Nes 2 No MD. N/A BALTIMORE 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 830 WEST 40TH ST. 21211 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑No If Yes, Give Yeer or Detes: 11. Maritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black White etc. 1 Never Married 2 ☐ Married 1 Yes 2 No Specify Specify: 3 Widowed 4 Divorced WHITE 18a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondery (0-12) DEPT. OF EDUCATION EDUCATION 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) JOHN F. PRUSS ANNA LANGLOTZ 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 20b. Place of Disposition (Neme of cemerally, cremetory or other place)

20b. Place of Disposition (Neme of cemerally, cremetory or other place)

20c. Location City or Town, State ADELE PRUSS ( NIECE) 20e. Method of Disposition 1 ☐ Buriai 2 MCremation 3 ☐ Removal from State GREEN MOUNT CREMATORY07/22/97 BALTO., MD. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name end Address of Facility HENRY W. JENKINS & SONS CO. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heer failure. List only one cause on each line. 4905 YORK RD. BALTO., MD. 21212. Approximete Intervel Between Onset end Deeth Immediete Ceuse (Final CONGESTIVE HEART FAILURE diseese or condition resulting in death) 5 WEEKS Due to (or es e consequence of) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initieted events resulting in death) Lest Due to (or es a consequence of): Due to (or es e consequence of) Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. GLAUCOMA, MACULAR DEGENERATION 24a. Wes en eutopsy performed? OSTEOPOROSIS

Physician/Medical 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown à 24b. Were autopsy findings eveilable prior to completion of cause of deeth? Completed BREAST CANCER 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospital: 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: Amursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 28e. Date of Injury (Month, Dey Year) 27. Menner of Deeth 28b Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 ENatural 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 - Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.
2 Medical Exeminer: On the besis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the ceuse(s) end manner steted. 29a. Certifier

29c. License number

29d. Date signed (Month, Dey, Yeer)

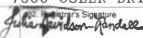
30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

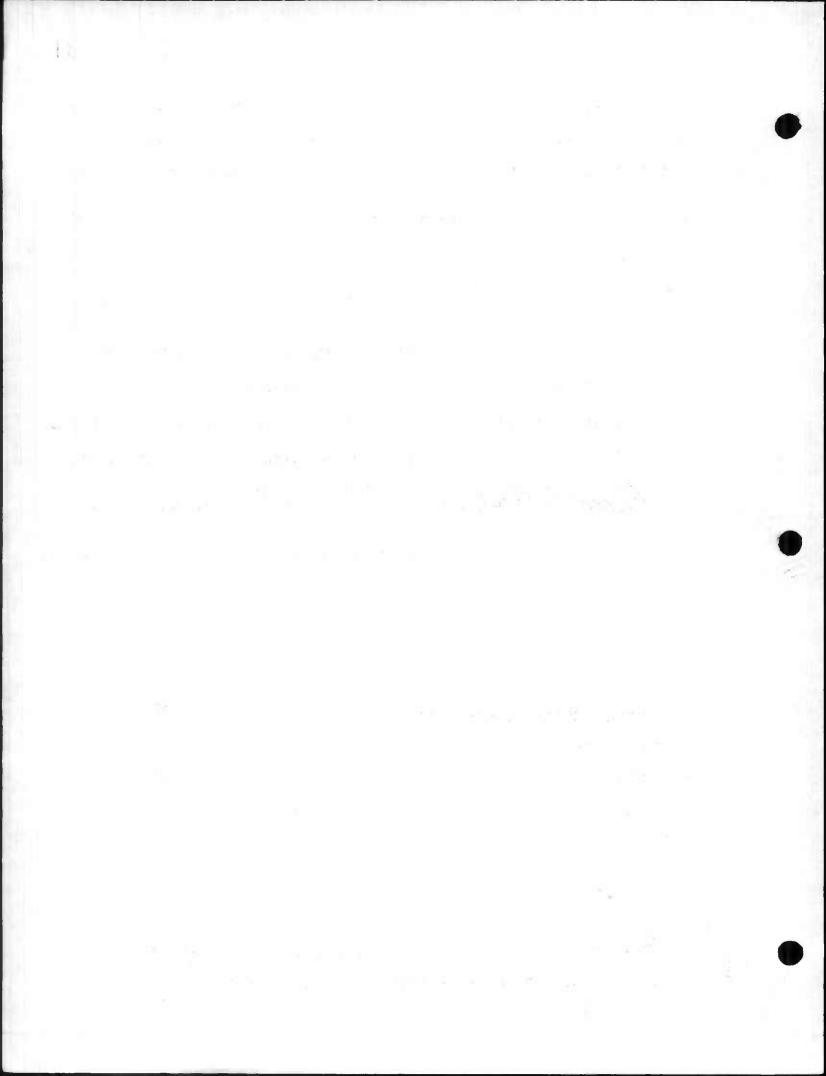
7600 OSLER DRIVE TOWSON, MD. 21204. DONNA DOW M.D.

31. Dete filed (Month, Day, Year)

JUL 2 2 1997

29b. Signeture end title of certifier

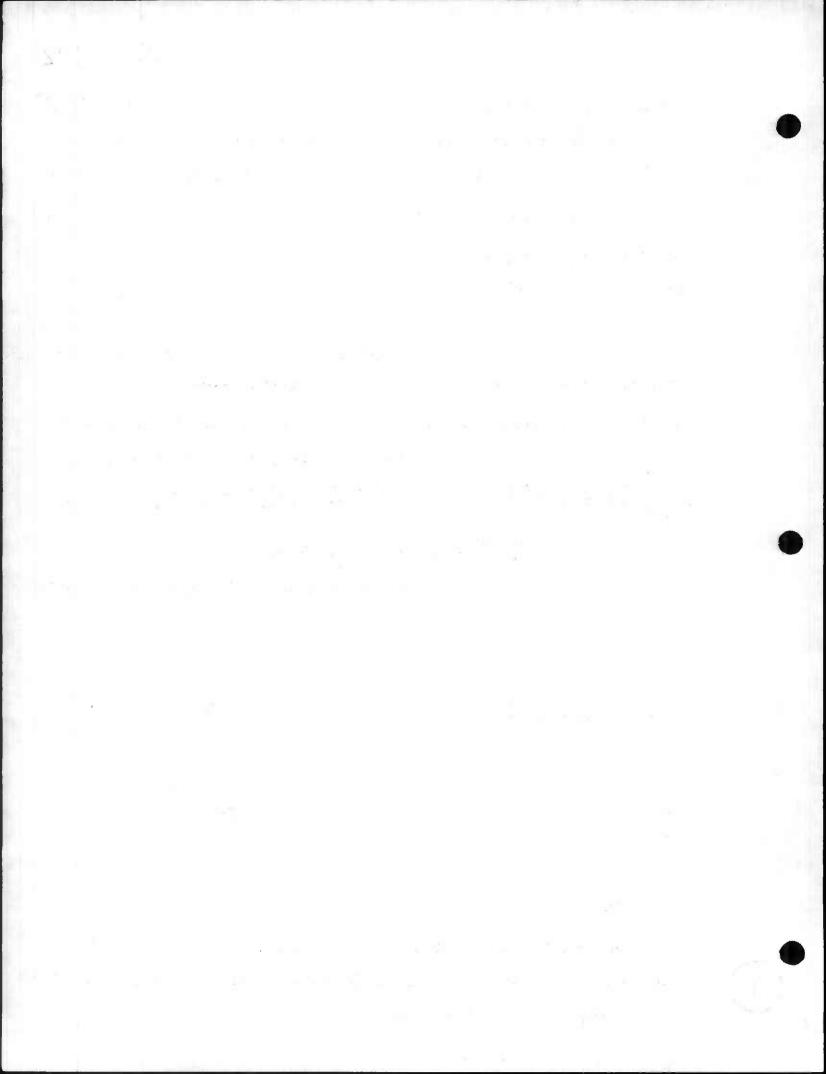




	Items:1 p	er	MD,18 per FH G		/97 dh	ryland /	Certificate	of Health and I of Death		giene 9 Reg. No.	1 22	182
	Physic /Medi			CH P	ARKHURST				2. Dete of De Month	19 Day	Year 3. 1	III 30
	Exami	ner	4e. Fecility Neme (If not i					4b. City, Town, or		10. 000,		
1_					o Circle		F 22.3	Baltim			timore	
	Funeral Director		5. Social Security Number 216 – 4.  Usual Residence of Dece	5-7302		(In yrs. last b		Pays Hours Min.	(Month, De	y, <sub>Year)</sub> 7,1948		State or Foreign
	land w			County		10c. City, Tov	vn or Location				10d. in	side City Limits
	h the Maryland r 28s-f show	to	MD	BAlti	more	Ba	ltimore					Yes 8€ No
	r 28e	rec	10e. Street end Number				10f. Zip Co	ode		10g. Citizen of V		21
	23a or	D	9307 Hal	1shor	o Circle,	Ant	. 301	21234		USA		
	tar daat ttems 2 iner mu	ner	11. Maritel Status	IDSCI	12. Wes Decedent Ev			t of Hispenic Origin? (S Cuben, Mexicen, Puert	pecify Yes or No		e - Americen Inc	dien,
5-0020	B 9 B	by Funeral Director	XIX Never Married 3		Armed Forces?  1 ★ Yes 2 □ No If Yes, Give Year or Dates:		1 Yes 2		o Rican, etc.)	Specify	white, etc.  Whit	e
5-0	be filed within 72 hours Ital Hygiana. Id other than "natureli", event, the Medicsl Ext	Completed	15. [ (Specify on	Decedent's Edu ly highest great	ucetion le completed)	168	Decedent's Usual O	fone during most of wor	king	16b. Kind of Bi	usiness/Industry	
121	within and the the	шb	Elementery/Secondery	(0-12)	College (1-4or 5+		life. DO NOT use r					
d 21	Hygia Hygia ther I		17. Fether's Neme (First,	Middle I ast)	4		Volunteer	18. Mother's Ner	no (Eirot Adiddle			ganiza
Maryland	should be filed nd Mental Hygi marked other imatic event, 1	Be C		Vease	y Parkhı	ırst		Marth		h LEICH	,	
Ž	2 should and Men is marke	To	19a. Informent's Name/F				o. Mailing Address (S	treet end Number or Ru			State Zin Code	·)
N	and 2 saalth ar		Martha L.					oland Ave				
Baltimore,	Tem Ha		20a. Method of Disposition		nuist/ ric	20b. Plece	of Disposition (Neme	of	Date		City or Town, S	
e E	agas ant of it: If it		1 ☐ Burial 2X☐ Cre 4 ☐ Donetion 5 ☐ 0				ory, cremetory or other	Crematory	7/22/0	70a1+i	moro	MD
	permit. Pagas Department of Important: If it eny injury or once.		21. 5 and unit of Funeral			Oree.		ddress of Fecility	1/22/8	Darci	more,	MD
ä	Depariment of the control of the con		( And	W	0 16 h		Henry	W. Jenki	ns & S	ons		
	_		83a Barti Enter the dis	eese, or comp	lications thet ceused th	ne death. Do	4905	York Rd.,	Balti:	more,	MD 212	12 oximate
	Physician	П	shock, or heart feilu	re. List only o	ne ceuse on eech line		The differ the mode of	f dying, such es cerdied	or rospirotory at	1001,	Inten	vel Between et end Death
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)		. A cute	myoc	andial m	faction				
		ē			11	ue to (of es e	consequence of):	cardiova	00.	Descri		7 1000110
	icata be axecuted physician and s the bunal-transit	Examine	Sequentially list condition		b. 010.0	1.01	consequence of):	Carmora	BCMM	angens	e 1	James
ó	axec an an nal-tr	Ex	Sequentially list condition if eny, leading to immedia ceuse. Enter Underlying Cause (Disease or injury	ate	5.	36 10 0 33 6	consequence on).					
68760,	icata be axecuted physician and s the bunal-transit	edicai	thet initieted events	5	C	ue to (or es e	consequence of):					
			resulting in deeth) Last									
Box	laath certifics attanding pl for usa as t	ary			d,						<u> </u>	
	law requiras that tha daath certif as been signed by the attanding 2 should be datached for usa a.	Physician/M	Part II. Other eignificent	conditions cor	ntributing to death but	not resulting	n the underlying caus	e given in Pert I.	23b. Did 1	lobacco use co	ntribute to the c	ause of death?
0.	that the de ed by the datached	Phy	Chimnic	rale.	- ahrene	10			No.	Yes 2 No	3 Probably	4 Unknown
	igned be da	by	Jwiw.C	Acra	zophreni							
o D	v require been si should	ted								en eutopsy med?	eveileble	
Hecords,	has be	Completed									of deeth'	on of ceuse ?
	Tha ata h paga	Son							1 🗆 1	res 2 No	1 □ Yes	2 No
VITAI	ysician: The s cartificata director, pag	Be	25. Was cese referred to exeminer?					1	th (Check only o	ne)		
ō	2 00	2	Yes 2□ No		fospital: 1   Inpatient	2□ ER/O			ome 5 Resid			
		Certification:	27. Menner of Deeth  1 Naturel 5	] Pending	28e. Dete of Injury (Month, Dey )			Injury et Work?	28d. Describe	now injury occur	red	
SIO	Attending ar daath. ector: After by the funa	cati	2 Accident 3 Suicide 6 □	investigation Could not be			М	1 Yes 2 No				
DIVISION	after deatl Director: 3 in by tha	E	4 Homicide	determined	28e. Plece of Injury building, etc.	r - At home, f (Specify)	erm, street, fectory, of	fice	28f. Location (S City or Tox		er or Rurel Rout	te Number,
	To the Hospital of within 24 hours a To the Funerel D completaly filled	edicai Ce	(Check only	Certifying Phys	sician: To the best of a	my knowledg	e, deeth occurred et th	ne time, dete end plece my oplnion, deeth occu	, end due to the	ceuse(s) end me	enner es steted.	euse(s)
	the hin 2 the F		Orae)		end manner state	d.						
	No To Too	Σ	29b. Signeture end title o		٨	4-	29c. Li	cense number			d (Month, Day, )	20
			1. Cro-	Horn C	Honoran,	m·.	J.	D07633		0/-	21-9	/
1	T		30. Name and address of CROSSAN			th (Item 23e)	(Type, Print)	NDALIL	AVE.	BALT	o. MB	21222

State Registrar 31. Date filed (Month, Day, Year)

JUL 2 2 1997



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 2 1 8 3 State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) Robert Allen Parker

2. Dete of Death 3. Time of Deeth Month Day

**Physician** /Medical Examiner

Director

þ

Completed

Be

2

Examiner

Physician/Medicai

þ

Completed

Be

Certification: To

Medical

**Funeral** Director

the Maryland r than "natural", or frems 23a or 28a-f show the Medical Examiner must be notified at death 0

filed within 72 hours after I Hygiena. or other traumetic event Peges 1 end 2 should be nent of Health end Mental permit. Pege Depertment of important: If any Injury or once.

Baltimore, Maryland 21215-0020

**Physician** /Medicai Examiner

ician end buriel-trensit The lew requires that the daath certificate be executed physician s the buriel Box 68760. signed by the at 1 be detached for P.O. Records, page 2 Division of Vital or Attending Physician: this funeral after death. Director: A the 1 filled in by

JULY 15,1997 1220 P 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth UNIVERSITY HOSPITAL S.T.U. BALTIMORE 6. Sex If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) 1 € M 2 □ F Months Deys Hours 25 Oct.12,1971 212-08-6771 New York Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Glen Burnie Maryland Anne Arundel 1 ☐ Yes 20No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 304 Highland Drive U.S.A. 21061 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Rece - American Indian. Bleck, White, etc. TYes 2 No 1 Never Married 2 Marrled Specify: White 1 ☐ Yes 2 ☑ No Specify: 3 Widowed 4 Divorced Year or Detes 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16h Kind of Business/Industry Etementery/Secondary (0-12) Cotlege (1-4or 5+) 11 N/A Machine Operator Tate Access Flooring 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Williams Darryl Parker Susan 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Darryl Parker Father 2958 Almondbury Drive Pasadena, Maryland 21122 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ICremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Green Mount Cemetery July 18,1997 Baltimore, Maryland 21. Signature of Funeral Service Licenses 22. Name and Address of Fecility McCully-Polyniak Funeral Home 3204 Mountain Road Pasadena, Maryland w Approximete totervet Bot 23a. Part1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart tailure. List only one ceuse on each line. Onset end Death gunshet wound of head Immediate Cause (Finel Contract disease or condition resulting in death) Due to (or as e consequence of): Sequentially list conditions, if any, teading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last Due to (or as e consequence of): Due to (or as a consequence of): Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of deeth? 1 | Yes 2 | No 3 | Probably 4 | Unknown 24b. Were eutopsy findings evellable prior to completion of cause ot deeth? 24e. Wes an eutopsy purhal 19 Yes 2□No 177 Yes 2 No 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospitel: 1 ☐ tnpatient 2 💢 ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1X Yes 2 No 27. Manner of Deeth 28d. Describe how injury occurred Injury 32 1 Natural 5 Pending investigation subject 7-15-97 1 ☐ Yes 2 ☑ No Shot 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 4 Homicide 28e. Place of tnjury - At home, tarm, street, tactory, office building, etc. (Specify) Highland 304 Dr. 1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Exeminer: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and majority eted. 29a. Certifier (Check only one)

24 hours a Hospitai

within 2 To the the

completaly

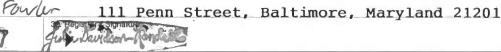
wid State Registrar

31. Date tited (Month, Day, Year)

R

30. Name end eddress of person who completed cause of deeth (ttem 23e) (Type, Print)

29b. Signature end title of certifier

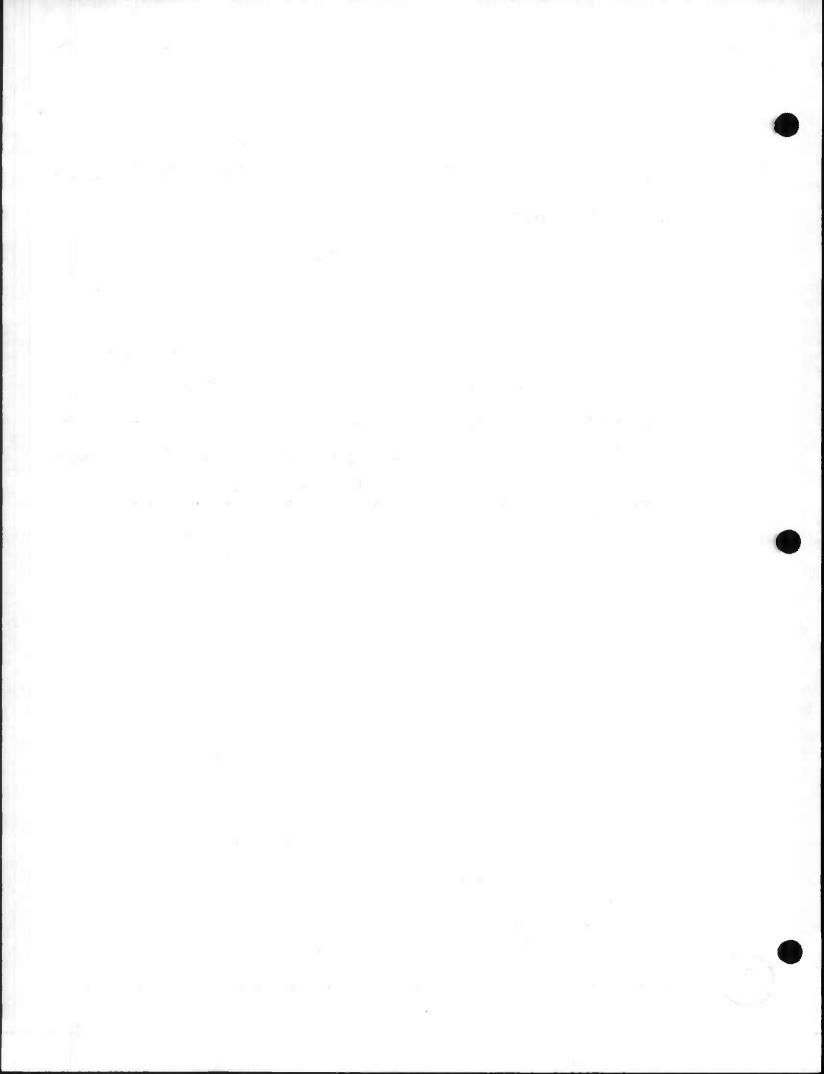


29c. License number

OCME

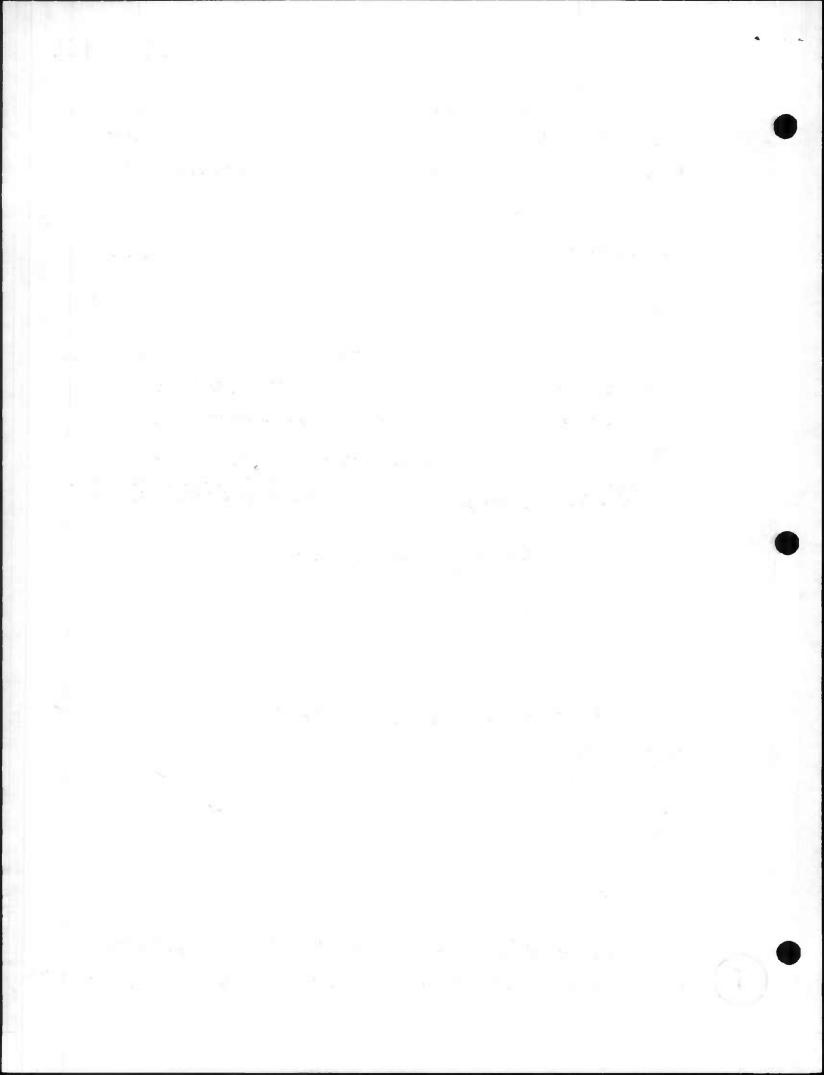
29d. Date signed (Month, Dey, Year)

JULY 16,1997



State of Maryland / Department of Health and Mental Hygiene /

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death Month Day Yaar **Physician** RONALD **EMERSON PRYBA** 19, 1997 JULY 12:15 PM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner BALTIMORE 707 HUNTING PLACE BALTIMORE 5. Social Sacurity Number If Undar 1 Yaar If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 1/26/1936 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral 1**∕ M 2□ F Days 61 Yrs. WISCONSIN Director 398-30-8011 Usual Rasidence of Dacadant the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits tem 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examinar must be notified at 1 ☐ Yes 🎗 🛱 No Director MD BALTIMORE BALTIMORE 10a. Street and Number 10f. Zip Coda 10g. Citizan of What Country? death with 21229 707 HUNTING PLACE U.S.A. Funeral 12. Was Dacadant Evar in U,S. Armad Forcas? 1 ☐ Yes 2 ☑ No If Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. Peges 1 and 2 should be filed within 72 hours efter or nent of Health and Mentai Hygiene. Int: If Item 27 Is marked other than "natural", or Ite 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Spacify: by Specify 3√Widowed 4 Divorced WHITE Completed 15. Dacedant's Education 16e. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) 5+ ENGINEER DEFENSE COMPANY 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middla, Maidan Sumame) Be EDWARD S. PRYBA TESSIE (FLEISCHMAN) 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 707 HUNTING PLACE BALTIMORE, MD 21229 JACOB PRYBA (SON) 20b. Placa of Disposition (Nama of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata TGRurial 2 ☐ Cramation 3 ☐ Ramovel from Stata
4 ☐ Donation 5 ☐ Other (Specify) \_7/23/97 CATHOLIC CEMETERY **GEORGIA** 21. Signatura of Funeral Sarvica Licansae 22. Nama and Addrass of Facility WITZKE FUNERAL HOMES, INC. 1630 EDMONDSON AVE CATONSVILLE, MD 21228 23a. Part1. Entar tha disaasa, or complications that cassed tha daath. Do not antar the mode of dying, such as cardiac or respiretory arrast, shock, or heart feitura. List only ona causa on each lina. Onsat and Death **Physician** Immediata Cause (Final disaasa or condition rasulting In daath) /Medical a. Coronay Artery D Due to (oras a consequence of): **Examiner** Examiner buriel-trensit Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Diseasa or Injury that initiated avants rasulting in daath) Last pue Dua to (or as a consequence of) P.O. Box 68760, Physician/Medical Due to (or as a consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown History of Myocardial Infarction Records, 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed Hypertension 1 ☐ Yas 2 No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 24 hours efter death. Funeral Director; After this certifica 25. Was casa referred to medical Be 26. Piece of Death (Chack only ona) Othar: 4 ☐ Nursing Homa 5 ☐ Residance 6 ☐ Othar (Specify) To 1 Yas 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28e. Data of Injury (Month, Day Yaar) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 5 Pending invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 Suicida 28e. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicide To the Hospital within 24 hours e 1 Cartifying Physicien: To the best of my knowledge, daeth occurred at the time, dete and plece, end dua to the causa(s) end manner as stated.
2 Medical Examiner: On the best of examination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and dua to the cause(s) and manner stated. Medical 29a. Certifier 29b. Signature and titla of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Nama and address of parson who completed ceusa of death (Itam 23a) (Typa, Print) N. Ridge Road Suitelo3 Ellicott City mp 21042 Bryan S. Khim 31. Data filed (Month, Day, Year) 32 Ragistrar's Signetura state Ful a Davidson-Randell Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7

			Decedent's Name (First, Middle, Las	41		Certificate of	Death	1	Reg. No.	6.	2185	
	Physici		Gary Edwin	y	PORTE	R		2. Dete of De Month July	20, 199	Yeer	3. Time of Deeth 3:17 pm	
	/Medic Examin		4a. Fecility Neme (If not institution, give Franklin Square		Center		4b. City, Town, or L Rosedale			of Deeth		
	Funeral Director			7. Age	e (In yrs. last birti	hday) If Under 1 Yea Months Days		8. Dete of Bir (Month, Da November	th y, Year) 11, 1943	9. Birthp Coun Balti	lece (Stete or Foreign try) mare Co., Md.	
	yland		Usuel Residence of Decedent  10a. State 10b. County		10c. City, Town	or Location				1	0d. Inside City Limits	
	8a-f si	ctor	Maryland Baltimore								1 □ Yas 2 □ No	
	th with the 23a or 2 unit be man	Funeral Director	10e. Street end Number 1208 Kelly Case Lane				) 	het Coun	itry?			
21215-0020	filed within 72 hours eiter death with the Maryland Hygiene ther than "natural", or items 23a or 28e-f show int, ins Manical Evariater must be notified a	by	11. Meritei Status  1 ☐ Naver Married 2 ☐ Married  3 ☐ Widowed 4 ☑ Divorced	12. Was Decedant B Armed Forces? 1 Yes 2X N If Yes, Give Year or Detes:		13. Was Decedent of If Yes, specify Cul		pecify Yes or No Rican, etc.)	- 14. Race Bieck Specify:	k, White,		
15-0	72 ho	eted	15. Decedent's Edi (Specify only highest grad	ucation fe completed)	16e.	Decedent's Usuel Occu (Give kind of work done	during most of work	king	16b. Kind of Bus	siness/ind	dustry	
2121	s 1 and 2 should be filed within 72 ho thaulth and Mentel Hygiene. Item 71 is marked other than "natur other traumatic event, in a Medical	Completed	Elementery/Secondary (0-12)	College (1-4or 5		ille. DO NOT use retire ation Analys	,		Bethlehem	Stee	1	
pu	e filed ei Hyg other	BeC	17. Fether's Neme (First, Middle, Last)		1 \$	,	18. Mother's Nam	e (First, Middle,		_		
Maryland	d Ment d Ment narked natic e	To	Harry F. Porter		T		Evelyn T. I					
Ma	nd 2 sl lith and 27 is n r traur		19e. Informent's Name/Reletionship (T Kelly Porter Butler (	Daughter)		Mailing Address (Stree 8 Kelly Case					Code)	
Baltimore,	permit. Pages 1 and 2 Department of Haalth Important: If item 27 I any Injury or other tri once.		20a. Method of Disposition  1 Description Surial 2 Cremation 3 4 Donetion 5 Other (Specify,	Ramoval from State	20b. Piece of cemeter)	Disposition (Name of c, crematory or other plants) Cemetery Ju	ace)	Dete	20c. Location - 0 Baltimore,	City or To		
Balt	Departit Departit Importa any Inju		21. Signature of Funeral Service Licens	who Oh	nimh	22. Name end Addr Lassahn Fune	ral Home, I			00.40	05	
	Physician		23a. Part1. Enter tha disaese, or comp shock, or heert failure. List only o	licetions thet caused ne cause on each lin	the death. Do n	1 /401 Belair ot enter the mode of dy	ring, such es cardiac	or respiratory e	ry Land 212 rrest,	3b-4b	Approximete Intervel Between Onsat and Death	
	/Medicai Examiner		Immediate Ceuse (Finel disease or condition resulting in death)	Syncope						7	'5 minutes	
		ner			Due to (or es e c	onsequence of): brillation	Arrost				5 minutes	
	ecuted and -transit	Examiner	Sequentially list conditions,	0.	Due to (or es e c	,	Allest				Jilliutes	
68760,	ificeta be executed g physician end es the buriel-transit		Ceuse (Disease or Injury that initiated events resulting In deeth) Lest  Ceuse (Disease or Injury that initiated events resulting In deeth) Lest  Dua to (or as e consequence of):									
	5 0 0	/Medical										
Box	daath cart a attanding d for usa	Iclar	Pert II. Other significant conditions co	atributing to death bu	it not resulting in	the underlying cause of	iven In Part I	23h Did	23b. Did tobecco use contribute to the causa of			
, P.O	ras that the da signed by the a be datached to	by Physician/N	Total. Other arginicalit continuone co	Thought to death of	it not resulting in	the diloanying cause g	IVOIT III FOLLI.	12	1		pably 4 ☐ Unknown	
of Vital Records,	been should	Completed to						24e. Wes	en eutopsy rmed?	CO	ere eutopsy findings eileble prior to mpletion of ceuse deeth?	
								10	Yes 2 No	1 🗆	Yes 2□ No	
Vita		Be c	25. Wes case referred to medical exeminer?	Hospitel:	-6-	0	26. Place of Dee					
on of	una una	ation: To	1 Yes 2 No  27. Menner of Deeth 1 Naturel 5 Pending 2 Accident investigation	1 ☐ Inpatied  28a. Dete of Injur (Month, Day	y. 28b. T	ime of jury 28c. Injury	4 Li Nursing A		dence 6 Other		γ)	
Division	al or Attendii s after deeth. af Director: A ed in by the fu	Certification:	2 Accident all Nestigation and the standard and the stand								l Route Number,	
	To the Hospital or A within 24 hours after To the Funeral Direct Complately filled in the complate of the Comp	edicai	29e. Certifier (Check only one) 1 ☐ Certifying Phy 2 ☐ Medical Exami	sicien: To the best o ner: On the basis of end menner sta	examination end	death occurred et the for investigation, in my	ime, dete end plece, opinion, death occur	end due to the red et the time,	ceuse(s) end mer date end place, e	nner es si ind due to	teted. the ceuse(s)	
1	vithin 2 To the compla	×	29b. Signature and titia of certifiar	Palene		4.11	isa number		29d. Date signad			
1		-	Murorar	Haper	us 1	D5169	92		July 20,	, 199	97	
	T)		30. Neme end eddress of person who co Deborah Hopkins M	1		Type, Print)  Square Dr:	ive Ralt	imore.	Maryland	d 212	237	
	Sta	te ar	31. Dete filed (Month, Day, Year)		er's Signeture				,			

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 1 8 6 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month BENJAMIN KICHANDSON, 201 16 4b. City, Town, or Location of Death 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth EldER CARE GENESIS KANDAllstown BALTIMURE If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 9. Birthplece (State or Foreign 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) Months 12 M 2□ F 223-26-8145 DEC 29, 1909 Yrs. Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits RANDAILS TOUR De Tes 2 No MoryLand 10e. Street end Number BALFINOIE 10f. Zip Code 10g. Citizen of What Country? 4103 Holbrook RUAD 21133 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 2 Ho If Yes, Giver Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indien, Bleck, White, etc. 1 ☐ Never Married 2 Married 1 Yes 2 No Specify: Specify: Black 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grede completed) CUMPANY Elementery/Secondery (0-12) College (1-4or 5+) PACKER grade 17. Father's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Surneme) RICHArDSM ELIJAH OSBURN Pink FANNIE 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 3//33 19a. Informent's Name/Reletionship (Type, Print) 4103 Holbrook RUAD Egnoststown, Mary Jano KICHArDSUN LOONIE 20b. Plece of Disposition (Neme of cemetery, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State Burial 2 ☐ Cremetion 3 ☐ Removel from State Ellicot Cty, Hd 4 ☐ Donation 5 ☐ Other (Specify) Aun Home Garages 22. Name and Address of Fecility CHATMAN
3 40 REISTERSTOWN KIND 21. Signature of Funeral Service Licensee Harris 21015 BAHTMORE, Hd 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximate Intervel Between Onset end Death F PROSTate Immediete Ceuse (Final diseese or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Due to (or es e consequence of) Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Cadioscaly Disease 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to completion of cause of death? 24a. Was en eutopsy performed? 1 Tes 2 NO 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical

**Physician** /Medical Examiner

and

physician

Aftar this cartificeta

The lew requires that the daath certificeta be axecuted

P.O. Box 68760,

Records,

Division of Vital Attanding Physician: **Physician** 

/Medical

Examiner

Director

þ

Completed

10a State

**Funeral** 

Director

Pagas 1 and 2 should be filed within 72 hours efter death with tha Marylend nant of Haalth and Mental Hygjena.

Baltimore, Maryland

al Hygiena.

parmit. Pagas 1 and 2 should be file Department of Haalth and Mental Hy Important: if flam 27 is markad other any liqury or other traumatic event ORGs.

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Expense must be notified at

Physician/Medical Completed Be <sup>2</sup>

director, paga 2 should be spital or Attanding Physhours after death.
naral Diractor: After this y filled in by the funeral di Certification: Medical

To the Hospital within 24 hours a To the Funaral C completely filled State Registrar

Hospital of

27. Menner of Death 1 Matural 5 Pending Investigation 2 Accident 3 Suicide 4 Homicide

1 Yes 2 No

29a. Certifier

6 Could not be determined

28e. Dete of Injury (Month, Day Year)

28b. Time of

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 28d. Describe how injury occurred 1 ☐ Yes 2 ☐ No

26. Place of Death (Check only one)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es stated.

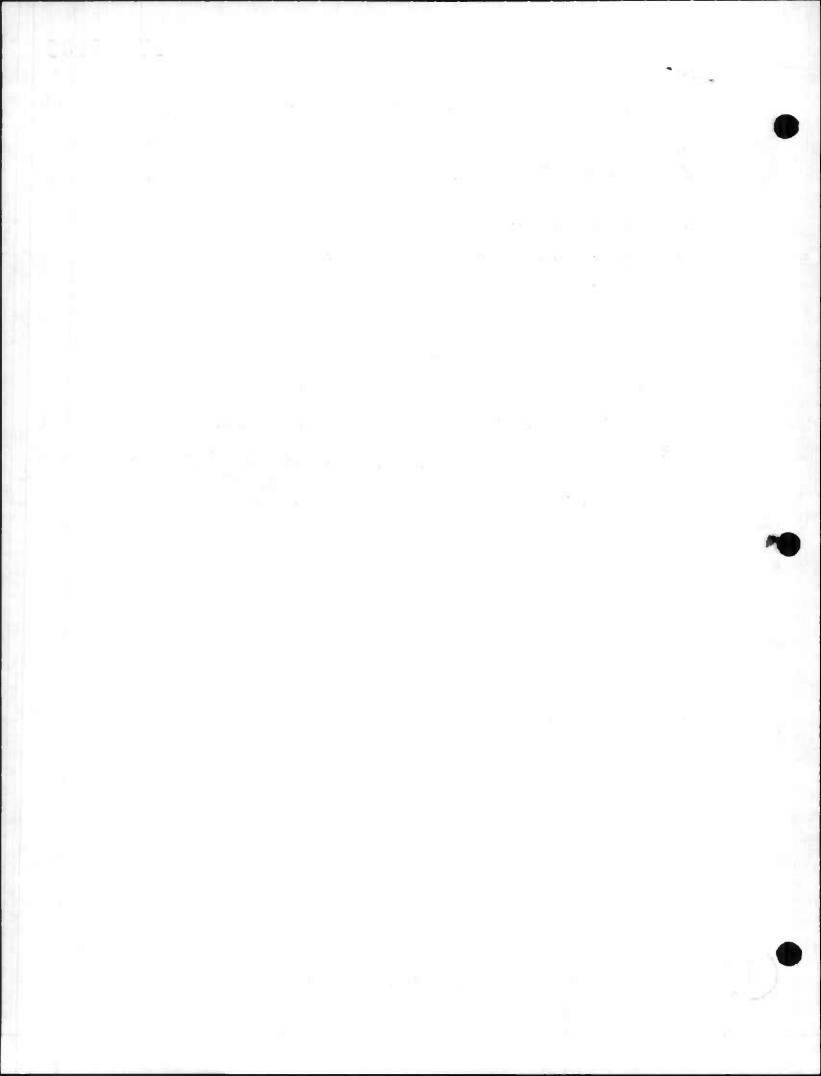
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date end place, end due to the ceuse(s) end menner stated. 29c. License number 29d. Dete signed (Month, Dey, Year)

andal 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

31. Dete filed (Month, Day, Year) 2 2 199

29b. Signature end title of certifier

Registrar's Signature



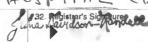
## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 22 187

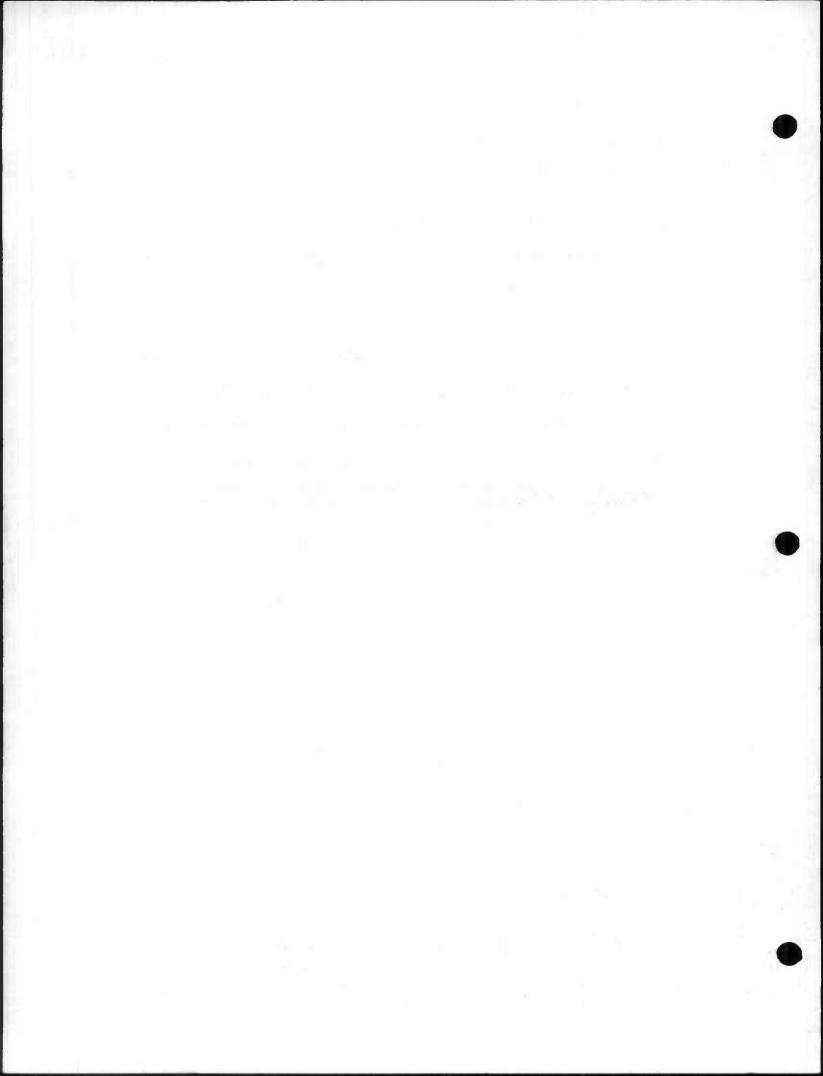
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month ROBINSON MONTIE 5 AM 2014 1997 17 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner NORTHWEST HOSPITAL CENTER RANDALLSTOWN BALTIMORE If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) 5. Sociel Security Number 6 Sex 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** ⊅EXM 2□ F Months Yrs. Director 226-07-1099 SEP 28 1913 VIRGINIA Usuel Residence of Decaden the Marylend 10e Stete 10h County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Director BALTIMORE BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 7015 LANCASTER ROAD deeth Funeral 21207 USA 12. Wes Decedent Ever in U,S.
Armed Forces?

1 □X\*es 2 □ No
If Yes, Give
Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No. If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. permit. Pages 1 end 2 should be filed within 72 hours effer to Depertment of Health end Mental Hygiene. Important: If team 27 is merked other than "natural", or iten any injury or other traumethe event. 1 ☐ Never Married 2 Narried Baltimore, Maryland 21215-0020 1 ☐ Yes 20 tho Specify: Specify: à 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) CLERICAL INDUSTRIAL 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be RICHARD MERRITTE ROBINSON, SR. ု NELLIE HERRMANN 19e. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) ETHEL G. ROBINSON, WIFE 7015 LANCASTER RD., BALTIMORE, MD 21207 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, State Dete 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) LAKEVIEW MEMORIAL PARK SYKESVILLE, MD 7-21 21. Signature Gy-uneral Service Licensee 22. Name end Address of Fecility STERLING ASHTON FUNERAL HOME, INC. 736 EDMONDSON AVE., BALTIMOR
23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one ceuse on each line. 736 EDMONDSON AVE., BALTIMORE, MD 21228 Approximete Intervel Between Onset end Death **Physician** /Medical Immediete Ceuse (Final · ACUTE MYOCARDIAL INFARCTION HOURS disease or condition resulting in death) Examiner burief-transit pue Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events resulting in deeth) Last Due to (or es e consequenca of): physician ( s the burief Box 68760. Physician/Medical Due to (or es e consequenca of) P.0. Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown SEIZURE DISORDER Records, by 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed CHRONIC LYMPHOCYTIC LEUKENIA hes 1 ☐ Yes 2 ☑ No certificate 1 Tyes 2 No Division of Vital a Hospital or Attanding Physician: 24 hours efter death.

Funeral Director: After this certifical eleby filled in by the funeral director; 25. Wes case referred to medical Be 26. Piece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 27. Manner of Death 28a. Dete of Injury (Month, Dev Yeer) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 12 Certifying Phyelclan: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end placa, end due to the cause(s) end manner stated. 29a. Certifier Medical (Check only one) to the I 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 2 0 K.S.RAO, MIO D43462 5067 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 1 , S . R A . . . . . . . . . . . MORTHWEST HOSPITAL CENTER, RANDALLSTOWN, MID.

State Registrar 31. Date filed (Month, Day Year)





State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Month ROUTSON 1997 JULY 6:35a

**Physician** /Medical **Examiner** 

WAYNE

**Funeral** Director

death with the Meryland Hygiene. Juher than "netural", or liems 23e or 28a-f show rent, the Medical Examiner must be notified at marked other

Funeral Pages 1 end 2 should be filed within 72 hours after of the alth end Mental Hygiene. Baltimore, Maryland 21215-0020 by Completed nt of Health e If Item 27 is or other tra Department of Important: If eny injury or **Physician** /Medical Examiner Examiner the buriel-transit Hospital or Attending Physicien: The law requires that the daath certificate be axecuted Box 68760, Physician/Medicai for use es signed by the at the deteched for P.O. Division of Vital Records, by Completed paga 2 should cartificate Be Certification: To this funerel After ours after death. lerel Director: Aft filled in by the fur 24 hours a Medical To the within 2 To the

10e. Stete Director ANAL 1 Yes 2 No 27. Menner of Deeth

1 Naturel 2 Accident 3 ☐ Suicide 4 Homicide 29a. Certifier 30. Neme end eddress of person who completed cause of death (Item 23e) (Type, Print) ROBERT ORLOWSILI State Registrar

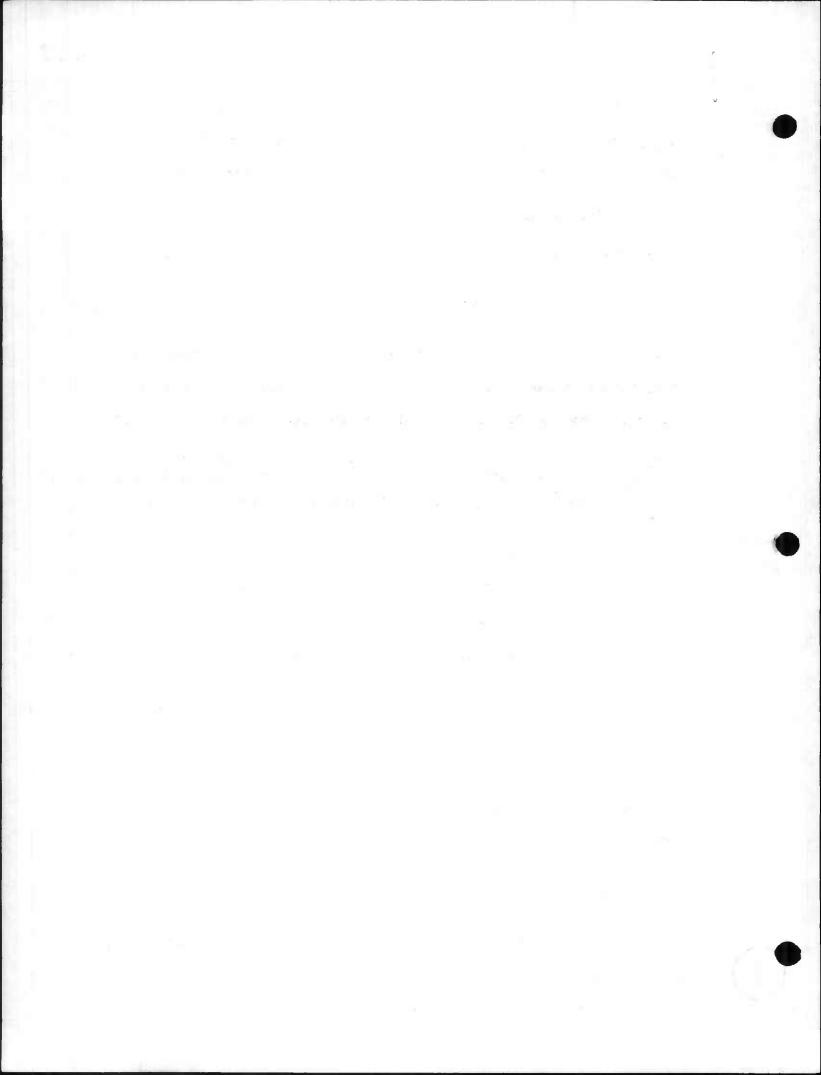
4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth BALTIMORE CITY THE JOHNS HOPKINS HOSPITAL If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1X M 2□ F Yrs. 218-46-2379 12/20/1945 NJ Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Washington Hagerstown 1 ☐ Yes 2 ☐ No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 18114 Sky View Lane 21740 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1½ Yes ≥□ No If Yes, Give Year or Detes:Vietnam 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 ☐ Never Married 2 ☑ Married Specify: White te Yes 2€ No 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Manager Manufacturing 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Harry Milton Routson, Jr. Phyllis Matilda Franke 19a, Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Patricia L. Routson (wife) 18114 Sky View Lane Hagerstown, MD. 21740 20b. Pleca of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Buriat 2 ☐ Cremation 3 ☐ Removet from State 4 Bonation 5 ☐ Other (Specify) Dulaney Valley Mem. Gard. 7/24/97 Timonium, MD. 21. Signature Funeral Servica Licanson 22. Neme end Address of Facility Ruck Towson Funeral Home, Inc. anal 1050 York Rd. un Towson, MD. 231. Part. The disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, mock, or heart feilure. List only one cause on each line. Approximate Intervel Between Onset and Death Immediate Ceuse (Final diseese or condition resulting in death) 24 MKS BOWEL MERFORATION Due to (or es e consequença of): CHRONIC MYR LOGENOUS LLUILLNIA n 05 Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events resulting in death) Lest Due to (or es a consequence of): NEUTROPENIA na. Due to (or es e consequence of) was. NENAL INSUPPICIENCY Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown RISTULA 24b. Were eutopsy findings evailable prior to completion of cause of deeth? 24a. Wes en eutopsy performed? 1 🗆 Yes 2 No 1 Yes 2 No 25. Wes case referred to medical examiner? 26. Piece of Deeth (Check only one) Hospital: 1 phopatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28e. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 🔀 Certifyling Phyeician: To the best of my knowledge, death occurred et the time, date end plece, and due to the cause(s) and menner es steted. 2 Medical Examiner: On the besis of exeminetion end/or investigetion, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) and manner stated. 29b. Signature end title of certifie 29c. License number 29d. Date signed (Month, Day, Year) D46104 43 PhD 20 10,7

BALTINONE

21287

31. Date-filed (Month, Day, Year) JUL 2 2 1997

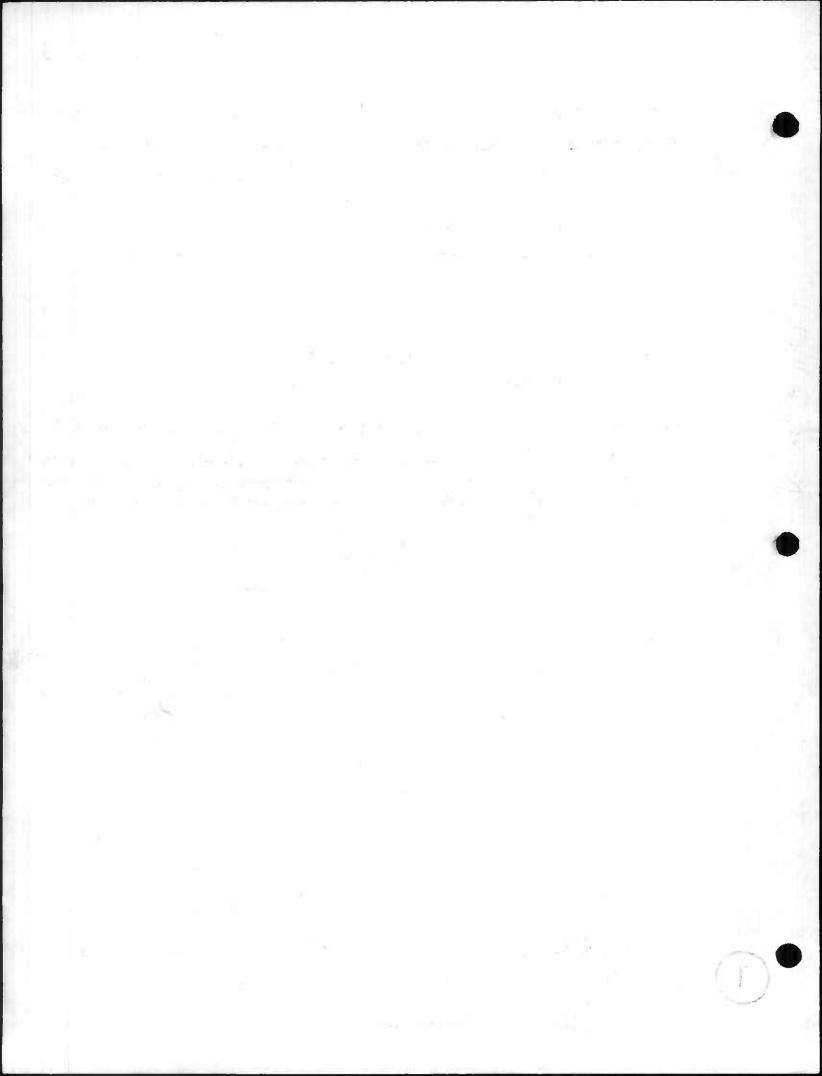




State of Maryland / Department of Health and Mental Hygiene 9 / Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month Yaar Leroy Reiner Delbert JULY /Medical 18 1997 7:30 AM 4a. Facility Name (If not institution, give straet end number) 4b. City, Town, or Location of Deeth 4c. County of Daeth Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE If Under 24 Hrs. Hours Min. 5. Social Security Number If Under 1 Year 6. Sex 7. Aga (In yrs. last birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** 1₽M 2□ F Months Deys Director 213-10-1725 81 May 21, 1916 Pennsylvania Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location ortant: if itam 27 is marked other than "natural", or items 23a or 28a-f show Injury or other traumatic event, the Madical Examinar near be inclined at 10d. insida City Limits 1 ☐ Yes 2 ☐ No Director Maryland Baltimore Towson 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? United States 205 East Joppa Road Apt. 1201 21286 Funeral Reiner, Delbert Lero 12. Wes Decedent Evar in U,S. Armed Forces? Was Dacedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, atc. 1 Tyes 2 No If Yes, Giva Yaar or Dates: W. W. II 1 Navar Married 2 Married permit. Pagas 1 and 2 should be filed within 72 hours att Department of Health and Mantal Hygiana. Important: if item 27 is marked other than "natural", or any Injury or other traumatic avant 1 ☐ Yes 2 ☐ No Specify: White þ 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 9 Real Estate Officer First National Bank 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middla, Maidan Sumama) Be Bicht Reiner Lydia Charles 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) Marion Reiner-Wife 205 East Joppa Road Apt. 1201 Baltimore, Md. 21286 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetlon, 5 ☐ Othar (Specify) 4 Donetlon 5 Other (Specify)

21. Signature of Funeral Service Licensee 7/19/1997 Baltimore, Maryland Green Mount Cemetery 22. Name and Address of Fecility McCully-Polyniak Funeral Home 130 E. Fort Ave. Baltimore, Maryland 21230 23a. Pert1. Eriter the disaasa, or complications that daused the death. Do not anter tha mode of dying, such es cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** 3/p cholecystectomy /Medical Immediate Ceuse (Finei diseese or condition resulting in death) **Examiner** Examiner CHOL2C4STITIS physician and the buriel-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Lest Box 68760, Physician/Medical Due to (or es e consequance of): Pert ti. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 212 No 3 Probably 4 Unknown Mellitus. Division of Vital Records, Completed by Artery Disease. 24a. Wes en eutopsy performed? 24b. Were eutopsy findings available prior to completion of cause of death? 1 Yas 2 MNo 1 ☐ Yas 2 ☐ No or Attending Physician: 25. Wes case referred to medical axaminer? Be 26. Placa of Death (Check only one) Hospitel: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Death 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how injury occurred After 1 Natural 5 Pending death. Investigation 1 Yes 2 No ofter death Director: A d in by the f 2 Accident 6 Could not be determined 3 Suicida Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours eft To the Funeral DI completely filled in 112 Certifying Physictan: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end manner es steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner steted. Medical 29e. Certifier 29b. Signature end title of certifiar 29c. Licanse number 29d. Dete signed (Month, Dey, Year) ablum JULY 18 1997 30. Name end eddress of person who completed cause of deeth (Item 23e) (Typa, Print) 6565 N Charles St Ste 203 Baltimore MD 21204 PABLA MD 31. Dete filed (Month, Dey, Year) 32. Registrar's Signature State Jalia Davidson Registrar



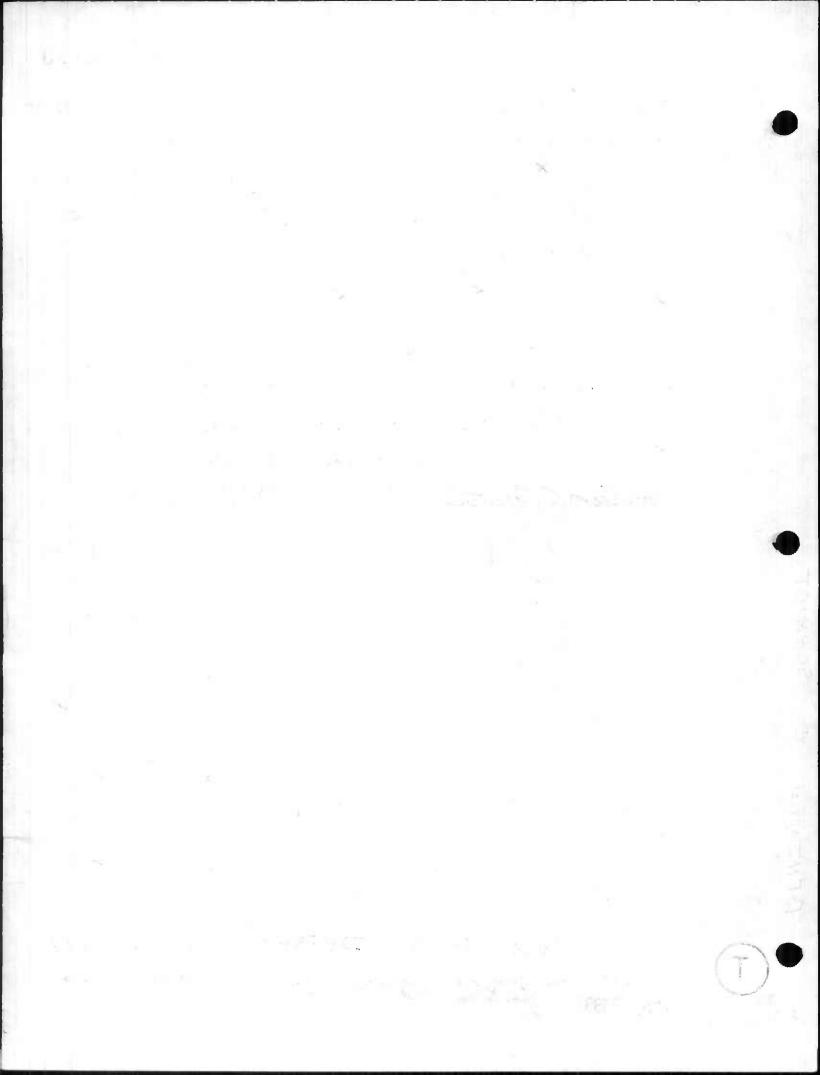
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 22190

						С	ertifica	ate of	Death		Reg. No.	, ,	2130	
Physicia	ın	1. Decedent's Neme (First, Middle, Last)								2. Dete of D	eeth Day	Yeer	3. Time of Death	
/Medica		BENJAMIN E. SCHMIDT							JULY		97	11:30 Ar		
Examine	er	4a. Facility Neme (If							4b. City, Town, or		oth 4c. Cou	nty of Deeth		
		UNION					0.00		BALTIM		N/A			
uneral rector		5. Social Security Nu 215-34-		5. Sex 1 M 2 □ F		rs. lest birthda Yrs.	Month	der 1 Year Deys		. (Month, L	irth <i>Pay, Yeer)</i> 1 <b>-</b> 1 9 0 3	Cour	plece (Stete or Foreigntry) TH DAKOTA	
		Usual Residence of												
TO DE	٦	10a. State 10b. County 10c. City, Town or Location										1	Od. Inside City Limits	
ours after death with the Maryland al; or items 23a or 28e-f show Examiner must be notified at		MD	N/A			BALTI							1 XYes 2 □ No	
		10e. Street end Number 10f. Zip Code										of Whet Cour	ntry?	
		1315 WINDEMERE AVE.  11. Marital Status 12. Was Decedent Ever in U.S. 13. V						2121			USA			
N 1	þ	11. Marital Status  1 ☐ Never Merrie  3 ☑ Widowed	_	Armed	Forces? s 2⊒No Give	0,3.		2 No	Hispenic Origin? (3 ben, Mexican, Puel Specify:	to Rican, etc.)	Spe	Race - Americ Black, White, cify:		
Tes :	Completed	(0	15. Decedent's	Education		16a. De	cedent's Us	sual Occu	petion		16b. Kind o	Business/Inc		
Negative in	pie	(Special Elementary/Second		grede complete College	a) (1-4 <b>o</b> r 5+)	life	o. DO NOT	use retire	during most of wa ed)	orking				
ă.	5			5+		SC	HOOL	TEA	ACHER		EDUC	ATION		
	Be (	17. Fether's Neme (I		,					18. Mother's Na	me (First, Middl	e, Maiden Sun	eme)		
atic	၉	RUDOLPH A. SCHMIDT MARTH							HA MAE	LER				
mne .		19e. Informent's Nar	me/Relationshi	p (Type, Print)		19b. Me	eiling Addre	ss (Stree	t end Number or R	<i>lural Route N</i> um	ber, City or To	vn, Stete, Zip	Code)	
		MARTHA	L. REE	BERT (	DAUGH	TER)	8654	BLA	ACK OAK	RD. BA	ALTIMO	RE MD	. 21234.	
5		20a. Method of Dispo 1 ■ Buriel 2 □			20b	. Placa of Dis cemetery, c	sposition (N	leme of		Date		on - City or To		
					G:	RACEL	AND (	CEM.	. 01	7-23-97	SOUT	H DAK	ОТА	
once.		21. Signeture of Funeral Servica Licansee  22. Neme end Address of Fecility  HENRY W. JENKINS & SONS CO.												
	-	23a Pert1 Enter the	disease or or	- Fall	coursed the de	eath Do not	490	5 YC	ORK RD.	BALTO	MD.	21212		
olon I		23a. Pert1. Enter the shock, or heert	feilure. List or	nly one ceuse or	eech line.	ath. Do not t	eriter the m	ode or dy	ing, such es cardia	ic or respiretory	errest,		Approximate Interval Between Onset end Deeth	
ical		Immediete Ceuse (F	inel		D							1		
iner		disease or condition resulting in deeth)		θ		nomia						1	IWEEK	
	ĕ				Λ .	(or es e cons		1):				i	4 WEEKS	
	Examiner	Convention by list con-	ditlana	<b>b</b>		Mation (or es e cons		6)-						
l i	EX	Sequentially list conditions, leeding to immoduse. Enter Underliceuse (Disease or in	nediate		A		1 1	ı,. Ti	sclenotic	Vacant	an Disc	ine.	10 YRS	
	Medical	thet initieted events		C		(or es e cons			22 Clariol 1	3 404 604	VII. D. 19-1			
200	9	resulting In deeth) Le	est		220 (0	(0. 00 0 00.0	0400.000	,						
				d								i		
be detached for use	200	Pert il. Other eignific	ent conditions	contributing to	death but not re	esulting in the	underlying	cause oi	iven In Pert I.	23b. Did	I tobacco use	contribute to	the cause of death?	
Share.	Physician						,				Yes 2 N		. /	
	2													
poto										24a. We	s en eutopsy formed?	24b. We	ere eutopsy findings ellable prior to	
9	Completed											cor	mpletion of cause deeth?	
	0									1 52	Yes 2□No	10	Yes 2□ No	
000	e Re	25. Was case referre	d to medical						26. Plece of De	eth (Check only	one)			
5 2	0	1 ☐ Yes 2 ☑ N	lo	Hospitel: 1	Inpatient 2	☐ ER/Outpet	ient 3 🗆 🛭	DOA Ot	her: 4 Nursing I	Home 5□Res	sidence 6 🗆	Other (Specify	y)	
ġ		27. Manner of Deeth	6 🗆 Dandina	28e. Dat	e of Injury onth, Dey Year)	28b. Time	of	28c. Inju Wo			how injury oc			
1	atio	1 ☑Naturel 2 ☐ Accident	5 Pending investigat		mii, Dey Teai)	Injury	М		Yes 2□No					
artifle	Certification:	3 ☐ Suicide 4 ☐ Homlcide	6 Could not determine	ed 289. Pie	ce of Injury - At ding, etc. (Spec	home, farm,	street, fecto	ory, office			(Street end Nu own, Stete)	mber or Rura	I Route Number,	
E   -		29a. Certifier 1 (Check only 2 one) 2	Certifying	aminer: On the	ne best of my kr basis of examin	nowledge, de nation end/or	eth occurre investigatio	d et the ti	ime, date end plece opinion, deeth occi	a, end due to the urred et the time	cause(s) end , dete end pled	menner es st e, end due to	eted. the cause(s)	
unity and spiral or within 24 hours after death.  To the Funeral Director, A completely filled in by the filled in by the filled in Certificati			tle of certifier	ena me	inner steted.		2:	9c Licen:	se number		29d Date sig	ned (Month, I	Day Year)	
	ΣΙ	29b. Signeture and title of certifier  29c. License number  29d. Date signe												
Med	Σ	Mida D. Bunkhandt, MD D45862 July 17, 199									1174			
eldmoo		( / Ju	raa D.	1				,			30-/	,		
2 8 8		30. Neme and eddres	es of person wh	1	f 1 - 1 - 11				BALTIN				-	

SCHMIDT

111



State of Maryland / Department of Health and Mental Hygiene 9 7 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month 20 /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner altemore hub. Certer las If Under 24 Hrs. 8. 5. Sociel Security Number 7. Age (In yrs. last birthdey) If Under 1 Year 9. Birthplace (State or Foreign **Funeral** Months Days Hours 46-9920 Director Yrs Usual Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f show adical Examiner must be notified at MD n/a BALTIMORE 1 No 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? death with RUSCOMBE LANE 2808 21215 STATES UNITED Completed by Funeral 12. Wes Decadent Ever in U,S. Armed Forces? 1 ☐ Yes X2X No If Yes, Give Year or Dates: Wes Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Reca - American Indien, Bleck, White, etc. filed within 72 hours efter 2 Married 1 Never Married 21215-0020 1 ☐ Yes XXNo Specify: BLACK 3 ☐ Widowed 4 ☐ Divorcad the Medical 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementary/Secondery (0-12) marked other than College (1-4or 5+) BALTIMORE 12 i. Peges 1 and 2 should be filed w tment of Heelth and Mental Hygler hant: If item 27 is marked other th lury or other traumatic event, the MILL WORKER SPICE COMPANY Baltimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be JONAH SAVAGE LILLIAN SAVAGE 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) RUSCOMBE LANE, BALTIMORE, MD 21215 E. SMITH- DAUG. 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition

☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 20c. Location - City or Town, State permit. Pege Department of Important: If any injury or 4 ☐ Donation 5 ☐ Other (Specify) 7-25-97 PIKESVILLE, MD DRUID RIDGE CEMETERY 21. Signature of Funeral Service Licenses 22. Name end Address of Fecility C. MARCH FH.-4300 WM. WABASH AVENUE Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heert feilure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediete Cause (Final diseese or condition resulting in death) neumonia Examiner Due to (or es e consequence of) Examiner Due to (or es à consequence of): (ar cen om a The lew requires that the death certificete be executed attending physician end for use as the buriel-trar Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Box 68760, Physician/Medical Due to (or es e consequence of) P.O. Pert II. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 ☐ Yes 2 ☐ No 3 Probably 4 □ Unknown Division of Vital Records, þ 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? peen certificate has 1 ☐ Yes 2 ☐ No 1 Yes 2 1No Attending Physician: Be 25. Was case referred to medicel exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA this 28c. Injury et Work? 27. Menner of Deeth Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Certification: After 1 Naturel 2 Accident 5 Pending investigation death. 1 🗌 Yes 2 🗆 No To the Hospital or Attenwithin 24 hours effect deat To the Funeral Director: 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spec/fy) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 6 4 Homicide 1 Certifying Physicien: To the best of my knowledge, death occurred et the time, date end plece, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, dete end place, end due to the ceuse(s) end manner stated. Medicai 29a. Certifier (Check only one) 29b. Signature and tilleyof certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Neme end eddress of person who completed ceuse of death (Item 23a) (Type, Print) Milot W. Miller Louis 31. Date filed (Month, Day, Yeer) 32. Registrar's Signature State JUL 2 2 1997 Registrar

Video and the State of the second of the

em 2	_	per FH Fil		-22-97	rja		Certificate			d Mental H	Reg. No.	71	22192	
sician	_	1. Decedent's Neme (First, Middle, Last)								2. Date of Month	Deeth Dey	Yeer		
dical	1	le. Fecility Neme (If	KY	STRO				46	City Tours	July		9		Pr
miner	ľ					0 11	. D. D.			or Location of De	4c. C	County of Dec		
neral		UNIVER 5. Social Security No		DF MAR	7. Age (In yrs		DSP Bau day) If Under		If Under 24	Hrs. 8. Date of I	3 irth	N/A	rthplece (State or For	einn
ar DF	5. Social Security Number  6. Sex  7. Age (In yrs. last birthday)  Yrs.  7. Age (In yrs. last birthday)  1. Months Days Hours Min. (Month, Day, Yeer)  NOV. 12, 1932								9. Birthplece (State or Foreign Country) New York					
		10a. Stete	10b. County				or Location					10d. Inside City Lin		
Director	2	FL		I/A	PO	rt St	. Lucie						1 Yes 2	No
Dire	5	I0e. Street end Num					10f. Zip				10g. Citize	en of Whet C	Country?	
E S	6		terrane	an Blvd.				34952				USA		
by Funeral	and to	<ol> <li>Marital Stetus</li> <li>Never Marrie</li> <li>Widowed</li> </ol>		Armed For	2 No 1 ☐ Yes 2 1 No Specify:					? (Specify Yes or I uerto Ricen, etc.)		Bleck, Wh	American Indien, White, etc. White	
ted	3	(0	15. Decedent's	Educetion	ucetion 16e. Decedent's Usual Occupa						16b. Kind	16b. Kind of Business/Industry		
Be Completed		Elementary/Secon	ndary (0-12)		e completed)  College (1-4or 5+)  Give kind of work done during m life. DO NOT use retired)  Electrician					working	Loca	al 3, ectric	New York al	
To Be								Neme <i>(First, Midd</i> obtainab	rst, Middle, Maiden Sumeme) inable					
-		19a. Informent's Na	me/Relationship	(Type, Print)		19b. N	Meiling Address	(Street an	nd Number o	r Rural Route Nun	ber. City or	Town, State.	Zip Code)	
	2	20e. Method of Dispo	Cremation 3	☐Removel from S	olale	Plece of Connectery,	crematory or other con Nation 22. Name and	ie of her place) ional d Address	Cem.	Rd., Jame 7/14/97	Pine:	ation - City o	N. Y.	
	2	20e. Method of Disport 1 D	osition  Cremation 3  Control of the control of the	☐Removel from S	Ca	Plece of Dicemetery,	isposition (Nam crematory or of con Nati 22. Neme end Gary L. 7250 Was enter the mode	ional ional Address Kauf Shing	Cem. of Facility man Figure 1	uneral Holvd., Ell	Pine.	lawn, Meado	r Town, State	
	2	20e. Method of Disponal 2 □ 4 □ Donetion 21. Signeture of Fun	osition  Cremation 3 5 Other (Spenaral Service Lice e disease, of control feilure. List on	□Removel from S	Ca	Plece of Decembery,	isposition (Namicrematory or other community or oth	ional ional Address Kauf Shing	Cem. of Facility man Figure 1	uneral Holvd., Ell	Pine.	lawn, Meado	N. Y.  Wridge MP 21227  Approximate Intervel Between	
Iminer	2	23a. Part Enter the shock, or heart	osition Cremation 3 Cremation 3 Cremation 3 Cremation 3 Cremation Lice Cremation	□Removel from S	Caused the dealch line.  Due to (	Plece of Cometery, IVert  th Dead	isposition (Namicormatory or other commatory or other command or other com	ional ional Address Kauf Shing	Cem. of Facility man Figure 1	uneral Holvd., Ell	Pine.	lawn, Meado	N. Y.  Wridge MP 21227  Approximate Intervel Between	
Examiner	N N	23a. Part Enter the shock, or heart	osition  Cremation 3  Cremation 3  Content (Special Service Lice)  e disease, of content (Service Lice)  e disease, of content (Service List)  e disease, of content (Service List)  e disease, of content (Service List)  ditions, mediate	□Removel from S	Caused the dealch line.  Due to (	Plece of Decembery, IVert  th Do or es e col or es e col	isposition (Namicrematory or of the community of the comm	in or her place) ional Address Kauf Shing of dying.	Cem. of Facility man Fi ton B such es cer	7/12/8/97 uneral Holvd., Ell	Pine.	lawn, Meado	N. Y.  Wridge MP 21227  Approximate Intervel Between	
Examiner	N N	23a. Part: Enter the shock, or heart mmediete Ceuse (Fdiseese or condition esulting in deeth)  Sequentially list confernity, leeding to Improve. Enter Under Ceuse (Diseese or in the initiated events.	e disease, of control of the disease. The distance of the disease of control of the distance o	□Removel from S	cate Ca	Plece of Decemberry, alvert	isposition (Namicormatory or other commatory or other command or other com	in or her place) ional Address Kauf Shing of dying.	Cem. of Facility man Figure 1	7/12/8/97 uneral Holvd., Ell	Pine.	lawn, Meado	N. Y.  Wridge MP 21227  Approximate Intervel Between	
Examiner	N N	23a. Part: Enter the shock, or heard  mmediate Cause (Fdisease or condition resulting in deeth)  Sequentially list confirm, lieding to impulse. Enter Under Cause (Disease or itseuse (Disease or itseuse (Disease or itseuse)	e disease, of control of the disease. The distance of the disease of control of the distance o	□Removel from S	cate Ca	Plece of Decemberry, alvert	isposition (Namicrematory or other community or oth	in or her place) ional Address Kauf Shing of dying.	Cem. of Facility man Fi ton B such es cer	7/12/8/97 uneral Holvd., Ell	Pine.	lawn, Meado	N. Y.  Wridge MP 21227  Approximate Intervel Between	
Examiner	N N	23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  25a. Part E	osition Cremation 3 Cremation 3 Cremation 3 Cremation 3 Cremation 3 Cremation 4 Cremation 4 Cremation 4 Cremation 5 Cremation 4 Cremation 6 Cremation 7 Cremation	Removel from Scity) Imposee Implications that cally one cause on each	Ca  Lused the deal ch line.  Due to (calculate to (calcula	Plece of Decemberry, IVert  th Decemberry, or es e con or es e con por es e con por es e cor	isposition (Namicormatory or of the community of the comm	ional daddress Kauf Shing of dying,	Cem. of Facility man Fi rton B such es cer	7/12/8/97 uneral Holvd., Ell	Pine.	lawn, Meado	N. Y.  Wridge MP 21227  Approximate Intervel Between	
Physician/Medical Ex	P	23a. Part: Enter the shock, or heart mmediete Ceuse (Fdiseese or condition esulting in deeth)  Sequentially list confernity, leeding to Improve. Enter Under Ceuse (Diseese or in the initiated events.	osition Cremation 3 Cremation 3 Cremation 3 Cremation 3 Cremation 3 Cremation 4 Cremation 4 Cremation 4 Cremation 5 Cremation 4 Cremation 6 Cremation 7 Cremation	Removel from Scity) Imposee Implications that cally one cause on each	Ca  Lused the deal ch line.  Due to (calculate to (calcula	Plece of Decemberry, IVert  th Decemberry, or es e con or es e con por es e con por es e cor	isposition (Namicormatory or of the community of the comm	ional daddress Kauf Shing of dying,	Cem. of Facility man Fi rton B such es cer	77 Paje 77 Paj	Pine.  Dine at cridge errest,	lawn, Meado, Md.	N. Y.  Wridge MP 21227  Approximate Intervel Between	uth?
by Physician/Medical Ex	2	23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  25a. Part E	osition Cremation 3 Cremation 3 Cremation 3 Cremation 3 Cremation 3 Cremation 4 Cremation 4 Cremation 4 Cremation 5 Cremation 4 Cremation 6 Cremation 7 Cremation	Removel from Scity) Imposee Implications that cally one cause on each	Ca  Lused the deal ch line.  Due to (calculate to (calcula	Plece of Decemberry, IVert  th Decemberry, or es e con or es e con por es e con por es e cor	isposition (Namicormatory or of the community of the comm	ional daddress Kauf Shing of dying,	Cem. of Facility man Fi rton B such es cer	23b. DI	20c. Local Pine. Pine. Ome at cridge errest,	lawn, Meado, Md.	N. Y.  Wridge MP 21227  Approximate Intervel Between Onset end Deeth	own
by Physician/Medical Examiner	2	23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  23a. Part Enter the shock, or heart  25a. Part E	osition Cremation 3 Cremation 3 Cremation 3 Cremation 3 Cremation 3 Cremation 4 Cremation 4 Cremation 4 Cremation 5 Cremation 4 Cremation 6 Cremation 7 Cremation	Removel from Scity) Imposee Implications that cally one cause on each	Ca  Lused the deal ch line.  Due to (calculate to (calcula	Plece of Decemberry, IVert  th Decemberry, or es e con or es e con por es e con por es e cor	isposition (Namicormatory or of the community of the comm	ional daddress Kauf Shing of dying,	Cem. of Facility man Fi rton B such es cer	23b. DI	20c. Locs Pine Dine at cridge errest,  d tobacco us Yes 2	Meado, Md.  Meado, Md.	N. Y.  Wridge MP 21227  Approximate Intervel Between Onset end Deeth  e to the cause of dea  Probably 417 Unkn  Were eutopsy finding eveilable prior to completion of ceuse	own
e Completed by Physician/Medical Examiner	P	23a. Pertt. Enter the shock, or heard mmediate Cause (Flisease or condition resulting in death)  Sequentially list conferny, leading to impeuse. Enter Under Cause (Disease or intelligent death)  Pert II. Other eignifications.	e diseese, or control ditions, mediate hying njury est	Removel from Scity) Imposee Implications that cally one cause on each	Ca  Lused the deal ch line.  Due to (calculate to (calcula	Plece of Decemberry, IVert  th Decemberry, or es e con or es e con por es e con por es e cor	isposition (Namicormatory or of the community of the comm	ional daddress Kauf Shing of dying.	Cem. of Facility man Fi rton B such es cer	23b. DI	20c. Locs Pine Dine at cridge errest,  d tobacco us Yes 2  Yes 2  Yes 2  Yes 2	Meado, Md.  Meado, Md.	N. Y.  Dwridge MP 21227  Approximate Intervel Between Onset end Deeth  e to the cause of dea Probably 410 Unkn  Were autopsy finding everlable prior to completion of ceuse of deeth?	own
Completed by Physician/Medical Examiner	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	23a. Part. Enter the shock, or heart mmediete Ceuse (Fdiseese or condition esulting in deeth)  Sequentially list conference (Diseese or inhet initiated events esulting in deeth)  For II. Other eignifications.	cosition    Cremation 3     Cremation 3     Cremation 3     Cremation   Cremation     Cremation	Department of the contributing to deed the contributing the contributing the contributing to deed the contributing the contributin	Due to (c	Plece of Decemberry, I Vert  th Decemberry, or es e con or es e con por es e con sulting in th	isposition (Namicormatory or of the community of the comm	ional daddress Kauf shing of dying.	Cem. of Facility man Fi rton B such es cer	23b. Di 24e. We	20c. Locs Pine Dime at cridge errest,  d tobacco us Yes 2 vone)	Meado, Md.  Meado, Md.	N. Y.  DWridge MP 21227  Approximate Intervel Between Onset end Deeth  other to the cause of deal  Probably 41 Unkn  Were eutopsy finding evellable prior to completion of ceuse of deeth?  1 Yes 2 No	own
o Be Completed by Physician/Medical Ex	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	23a. Part: Enter the shock, or heart mmediete Ceuse (Fdiseese or condition esulting in deeth)  Sequentially list conferms, leading to impresse. Enter Under Ceuse (Diseese or inhet initiated events esulting in deeth) Leading to the condition of the condition of the condition of the ceuse. Enter Under Ceuse (Diseese or inhet initiated events esulting in deeth) Leading to the ceuter of the ceut	cosition    Cremation 3   Cremation 3   Cremation 3   Cremation	Bemovel from Scity) Implications that cally one cause on early one cause on early one contributing to deal of the contributing to deal of the contribution of the cont	Due to (content but not reserved)	Plece of Decemberry, I Vert  th Decemberry, or es e con or es e con por es e con sulting in th	insposition (Name commatory or of the commatory or of the commatory or of the commatory or of the commatory or of the commatory or of the commatory or of the commatory of the commatory of the commatory of the commatory of the commatory of the commatory of the commatory of the commatory of the commatory of the commatory of the commatory of the commatory of the commatory of the commatory of the commatory of the commatory of the commatory of the commander of the c	ional daddress Kauf Shing of dying,  Consultation of the consultat	Cem. of Facility man Fi rton B such es cer	23b. Di 24e. We pee	20c. Locs Pine: Dime at cridge errest,  d tobacco us Yes 2 vone) Sidence 8 [	Meado, Md.  Meado, Md.  Meado, Md.	N. Y.  DWridge MP 21227  Approximate Intervel Between Onset end Deeth  other to the cause of deal  Probably 41 Unkn  Were eutopsy finding evellable prior to completion of ceuse of deeth?  1 Yes 2 No	own

State Registrar ATTAN KASID
31. Date filed (Month, Day, Year)
JUL 2 2 1997

29b. Signeture end title of certifier

32. Registrer's Signeture

Julia Wavidson-Randelle

Affan Ka S 1° 4 , M ° D .

30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

29c. License number

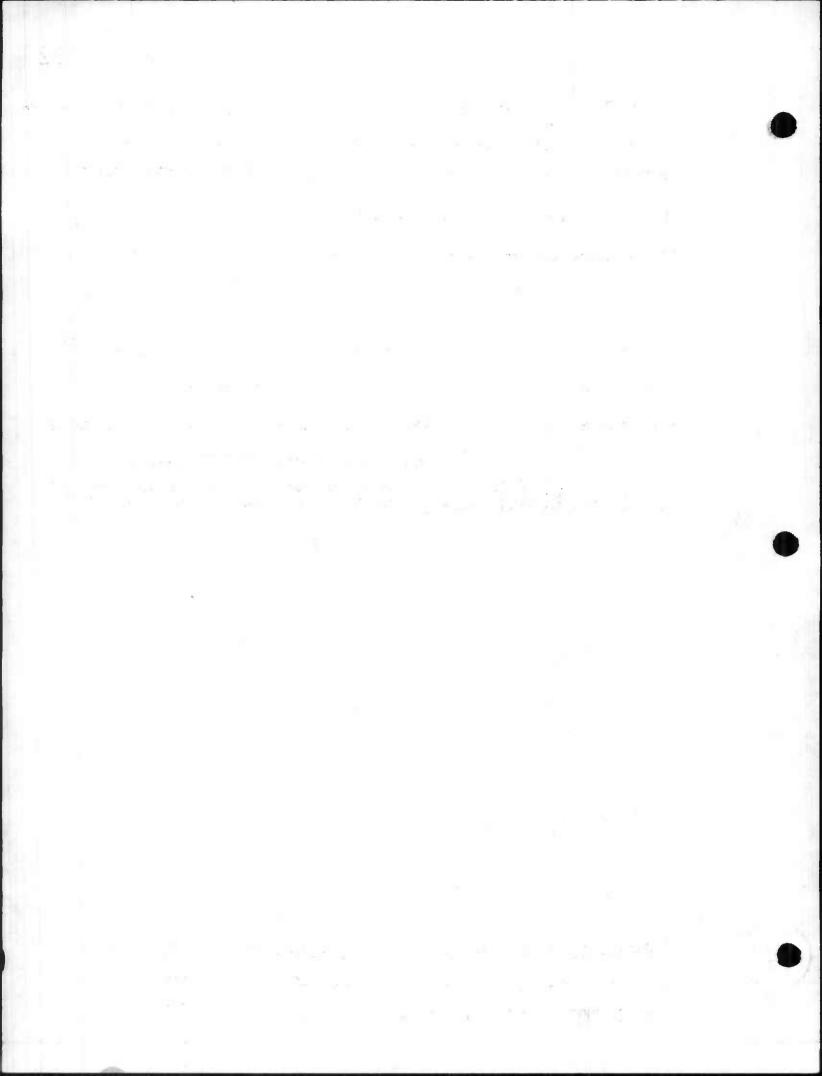
Au 4176 435 8729 July

Department

29d. Date signed (Month, Day, Year)

umms

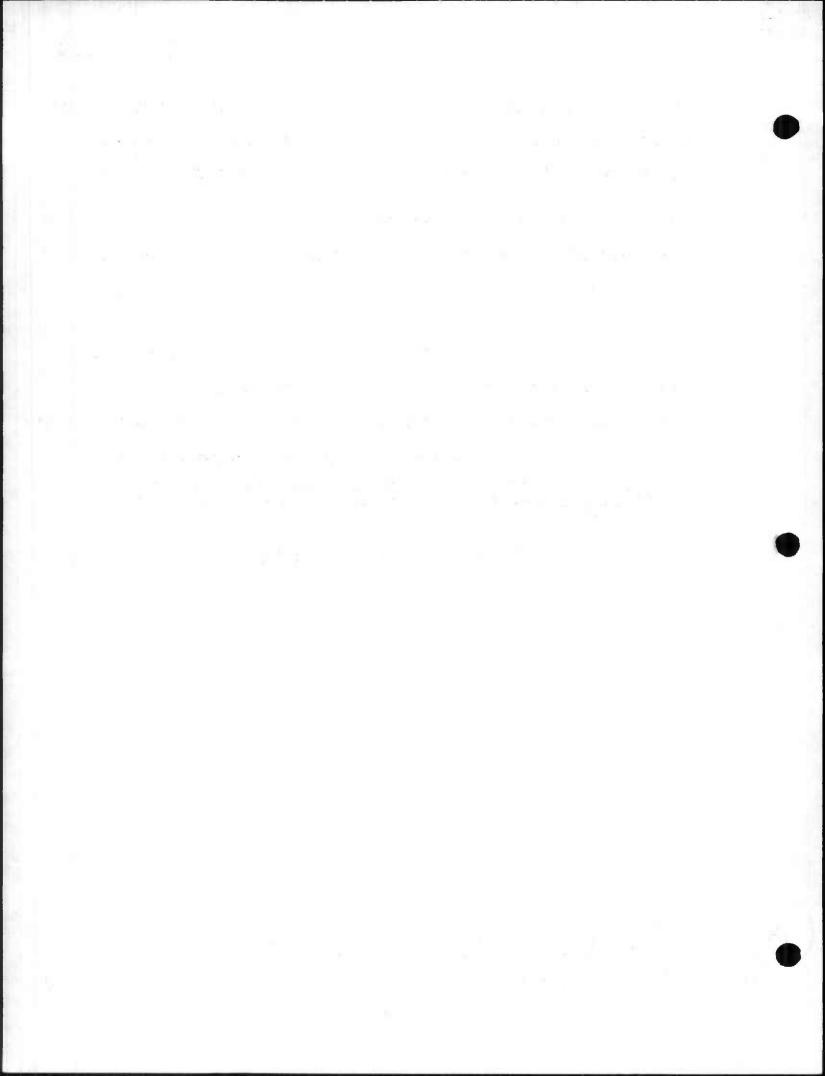
Baltimore



Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death Day **Physician** Month WILLIAM J. STINER, III 21, 1997 JULY 4:00AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner 5719 EDMONDSON AVE. CATONSVILLE BALTIMORE 5. Sociel Security Number If Under 1 Year | If Under 24 Hrs. Birthplece (State or Foreign Country)
 MD 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dev. **Funeral** 1 M M 2 □ F Deys 12/22/1914 82 Yrs. 213-09-8809 Director Usuel Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at Director 1 Yes 2 No BALTIMORE CATONSVILLE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 5719 EDMONDSON AVE. APT. BB-6 21228 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) Rece - American Indien, Black, White, etc. Pages 1 and 2 should be filed within 72 hours efter nent of Health and Mental Hygiene. Int: If Item 27 is marked other than "natural", or its 1 Never Merried 2X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) ASSEMBELER WESTINGHOUSE 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) WILLIAM JOSEPH STINER, II ANNA GRACE BACON 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 s
Department of Health ar
Important: If Item 27 is
any Injury or other trau EDITH M. STINER/ WIFE 5719 EDMONDSON AVE. APT. BB-6 CATONSVILLE, MD 21228 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State Dete Burial 2 ☐ Cremation 3 ☐ Removel from State MEADOWRIDGE MEMORIAL PARK 7/24/97 BALTIMORE, MD. 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility STERLING ASHTON FUNERAL HOME, INC. of Funeral Service Licenses 736 EDMONDSON AVE. CATONSVILLE, MD 21228 23a. Perl1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Physician /Medical Immediate Ceuse (Finel disease or condition resulting in death) 6 years Examiner Examiner physician and s the burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): Box 68760 Physician/Medical Due to (or es e consequence of) Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown ò 24b. Were eutopsy findings eveilable prior to completion of ceuse of deeth? Completed 24e. Was en eutopsy peen page 2 certificate 1 ☐ Yes 12-No 1 ☐ Yes 2 No or Attending Physician: Be 25. Was cese referred to medicel examiner? 26. Plece of Death (Check only one) Other: 4 ☐ Nursing Home 5 🛱 Residence 6 ☐ Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 28a. Date of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? After 5 Pending investigation 1 Naturel death. 1 TYes 2 TNo 2 Accident Director: / 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) after filled in Nours a Certifying Physicien: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es stated.

2 Medical Exeminer: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner stated. 29a. Certifier Medical (Check only 29d. Date signed (Month, Dey, Yeer) 29c. License number 30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) at 31. Dete filed (Month, Day, Year) igneture State 2 2 199

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

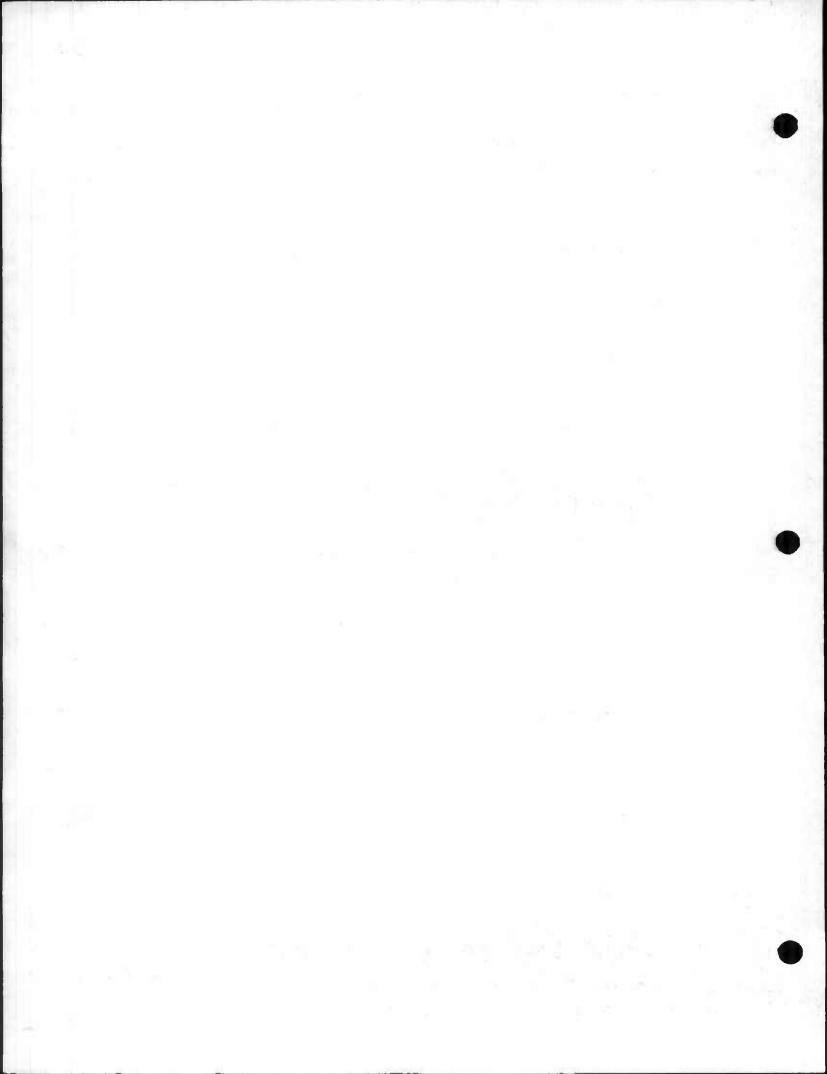
State of Maryland / Department of Health and Mental Hygiene 2 2 1 9 4

						,	Ce	rtificate of	Death	,	Reg. No.			
	Physici	an	1. Decedent's Name (First, Middla, Last)						2. Dete of De Month	eath Dey Yeer		3. Tima of Deeth		
	Physici /Medio		Joseph							July	15	1447	5:15 pm	
	Examir	er	4a. Fecility Neme (If not institu			ber)				r Location of Daat	h 4c. Count	y of Death		
			Good Samarit	-				William to a Marine	Baltin					
	Funeral Director		5. Social Security Number 215–10–8768		M 2 F Yrs Months Days Hours Min. (Month, Dey, Year) Country)							olece (Steta or Foraign otry) th Carolina		
	and w		Usuel Residence of Decedent  10e. State 10b. County 10c. City, Town or Location								- 1	IOd. Insida City Limits		
	Mary	tor	MD B	alti	nore	E	Baltimo	ore					1 ☐ Yes 27 No	
	r 28a	Funeral Director	10e. Street end Number					10f. Zip Coda			10g. Citizen of	Whet Cour	ntry?	
	3a o	<u> </u>	25 Lyndale	Ave.				2]	L236		USA			
	death	ner	11. Marital Status		12. Was Daced	lant Ever in U	,S. 13.	Wes Decedent of	Hispanic Origin?	(Specify Yes or No orto Rican, etc.)	)- 14. Ra	ce - Americ		
Maryland 21215-0020	2 should be filed within 72 hours efter death with the Maryland and Mentel Hyglene. Is marked other than "natural", or Items 23a or 28a-f ehow aumstic event, the Medical Examinar must be notified at		1 Never Married 2 Nover Marri		Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes:			1 ☐ Yes A No		erto Hican, etc.)	Specil	ock, White, fy: Wh	ite	
5-0	72 hc	eted	15. Dece (Specify only hig	ient's Ed	ucetion		16a. Deced	dent's Usuel Occu	petion	norkina	16b. Kind of B	lusiness/in	dustry	
121	2 should be filed within 72 hours and Mentel Hygiene. Is marked other than "netural", reumatic event, Ina Modicel Exa	mple	Elementery/Secondary (0-1:	College (1-4	4or 5+)	life.	kind of work done DO NOT use retire	ed)						
7	lled v tygie her ti nt, in	Be Completed by	12 17. Fether's Name (First, Midd	llo Local		Head Machinist					Newspaper ne (First, Middle, Meiden Surneme)			
and	ad be f antei h	Be								dia A. We		110)		
Z	should ad Me mark matic	2	19e. Informent's Name/Relation				19h Mailir	na Address /Stree		Rurel Route Numb		State 7it	Codel	
N	nd 2 strictly are trau		Jody Sellar		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					altimore,		.236	ocaey	
ē,	es 1 end of Health if item 27 r other tr		20a. Method of Disposition	_		20b. P	Place of Dispo	sition (Neme of metory or other ple	2001	Dete	20c. Location	- City or To	own, State	
Baltimore,	permit. Pages 1 end 2 should be filled within 72 hr Deperment of Health and Mentel Hygiene. Important: If Item 27 is marked other than "natur any injury or other traumatic event, the Modest once.		1 ☐ Burial 2 ☐ Cremetic 4 ☐ Donetion 5 ☐ Other			lata		morial C		7-19-1997	Orange	e, VA		
alti	permit. Pag Depertment Importent: It any injury o		21. Signatura of Funaral Sarv	ce Licens	saa		22	. Name and Addr	ess of Fecility					
m	Depermination of the service of the		10 4	. /	7112					HOME, F		03.01		
			23a ant 1 Enter the disease shock, or heart failure. I	or camp	lications that car	the deet	h. Do not ant	er the mode of dy	Ing, such es card	Baltimo ac or raspiratory a	rrast,	2121	Approximete	
d	Physician /Medicai Examiner		gardox, or rear sample.	lactority o	me cause on ea	op sne.						1	intervel Between Onset end Daath	
7			Immediate Ceuse (Finel disease or condition		11	cine	Tw	tracere	laval 1	aland			five days	
1			resulting in deeth)		e. (V ) O		r es e consec		P) T (()	Oleca			10 = 0.0033	
		lue		_	h									
	Attending Physicien: The law requires that the death certificate be executed ordeath. ector: After this certificate hes been signed by the ettending physician end by the funeral director, page 2 should be detached for use as the buriel-transit	Examiner	Sequentially list conditions,		Dua to (o	r es e conseq	juence of);							
68760,	be ey ician burie	aiE	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events Due to (or es											
587	ificate g phys as the	Physician/Medical	that initiated events resulting in deeth) Lest  Due to (or es e consequence of):								i			
Box (	n certifi anding use as	Š	d											
ă	d for use	ciai	Pert II. Other significent cond	idlama sa	atribution to do	4b bt ==t ==	diam'r da ab a		Color to Polar	00h D14	*************			
P.O.	the cache	hys	reith. Other significant cond	ILIONS CO	filliputing to dea	th but not lest	Jiling in the ui	ndenying cause g	IVON IN PORT.		Yes 2□ No		the cause of death?	
Б.	res that the de	by P		- ~			-			- "	163 20 140	3 I FIO	Daoiy 4 A Olikilowii	
ď	been sig									24e. Wes	an autopsy	24b. W	era autopsy findings eileble prior to	
000	s bee	Completed					-			репо	ormed?	CO	mpletion of causa deeth?	
R	The law ate hes page 2	mo								10	Yes 2500	1[	☐Yes 2☐ No	
ita	certificate	0	25. Wes case referred to med	cal		·	_		26. Plece of D	eeth (Check only				
f V	ysicien: is certific director,	To B	axaminer? 1 ☐ Yes 2 ◯ No		Hospital:	patient 2	ER/Outpatier	t 3 DOA Ot	hor	Home 5 ☐ Resi		ner (Specif	(y)	
0	ding Phys h. After this funeral di	ü	27. Manner of Death 1 Naturel 5 ☐ Pen	dina	28a. Dete of	injury Dey Year)	28b. Time of	28c. Inju			how injury occu-			
<u>S</u>	ath. or: Af he fu	atic	2 ☐ Accident inve	stigation	(1)	23, 13,	,,		Yes 2□No					
Division of Vital Records,	ter de irecte n by 1	Certification:	3 ☐ Suicide 6 ☐ Cou 4 ☐ Homicide dete	mined	28e. Place o building	f Injury - At ho , etc. (Specify	me, farm, str	eet, factory, office		28f. Location ( City or To	Street end Num wn, Stete)	ber or Rura	al Route Number,	
	ital o rai D						,							
	To the Hospital or Attending within 24 hours efter death.  To the Funeral Director: After completely filled in by the fune.	edical	29a, Certifier 1 Certification (Check only one) 1 Medic	ying Phy ai Exami	ner: On the bes	is of exeminal	wledge, death tion end/or Inv	occurred et the ti restigation, in my	ime, date end plac opinion, death occ	ce, end due to the curred et the time,	cause(s) end m date and place,	enner es s , end due to	teted. the ceuse(s)	
	ithin ithe outle	Σ	29b. Signature end titla of cert	fier	end manne		,	29c. Licen	se number		29d. Date signe	ed (Month.	Dev. Yeer)	
	F > F 8		Johad You	155eP	MD	At	hadou	Pic	584		July 15	191	17	
	(F)	-	20 Name and address (		- Annual Complete of the Compl		020) (7	Point)	1 2		5 , , ),	, 17.	11	
	( 1 )		30. Name and address of pers  God Samaril  31. Data filled (Month, Day Ye	wno o	(USD. TA	5 6 p.1	(Type,	Paul	2011/2015	d Dall	Figh of Mr.	M.A.	21229	
	Sta	e			32. Reg	gistrar's Signa	ture	NAVEN I	SUMITUAN	W / 13W (1)	77710777		431	
	Registra		JUL 221	397	Jula	gistrar's Signa Davidson	-Andel	2						

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 1 22 1 9 5

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Tima of Death Month **Physician** Ames 199 4b. City, Town, or Location of Death PM /Medical 4a. Facility Neme (If not institution, give street and number) 4c. County of Deeth Examiner JOSEPH RICHIE HOSPICE BALTIMORE N/A If Undar 1 Yaar 8. Data of Birth (Month, Dey, Yeer) 5. Sociel Sacurity Number 7. Aga (In yrs. last birthday) If Under 24 Hrs. Birthplace (Steta or Foreign Country) **Funeral** 100 M 2□ F Months Days Hours 218-10-6444 Yrs. 77 Director 09/05/1919 Maryland Usuel Residence of Decedent death with the Maryland 10a State 10b. County 10c. City. Town or Location show 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Director MD 1 □ Yes 2 □ No N/A BALTIMORE 10e Street and Number 10g. Citizen of Whet Country? 10f. Zip Code 2507 ELSINORE AVENUE 21216 U.S.A. Funeral 14. Race - American Indien, Bleck, White, etc. 12. Wes Decedant Ever in U,S. Armed Forces? 1 XYes 2 □ No If Yes, Give 11 Marital Status 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puerto Rican, etc.) 1 Nevar Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: **Black** à 3 NWidowed 4 ☐ Divorced Year or Dates: Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working lite. DO NOT use retired) 15. Decedent's Education (Specify only highast grede completed) 16b. Kind of Business/Industry I Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) Hospital Security Officer 12th permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 is marked othe any injury or other traumatic event 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be THOMAS SCOTT SUSIE SCOTT 19a. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) JAMES SCOTT, JR. 2507 ELSINORE AVENUE, BALTO, MD 212 e of Disposition (Name of 7/21 Dete 20c. Location - City or Town, State 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 7/21 1 Burial 2 ☐ Cremation 3 ☐ Removal from State Garrison Forest Veteran Cem. Owings Mills, MS 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Fecility
LEROY O. DYETT & SON FUNERAL HOME, P.A
LEROY O. DYETT & AVE., BALTO. 21207 21. Signature of Funeral Service Lice P.A. oficiations that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errast, one cause on each line. Approximate Intervel Between Onset end Death **Physician** /Medical Immediete Cause (Finel disease or condition resulting in death) Examiner Examiner iding physician end ise es the burial-transit Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequence of) P.O. Box 68760, Physician/Medical arcinoma etten ò signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 € Onknown namia Records, þ 24b. Were eutopsy findings available prior to Completed 24a. Wes en eutopsy performed? completion of cause of deeth? page 2 1 Yas 2 No 1 Yas 2 No Division of Vital Be 25. Wes case referred to medical 26. Plece of Death (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 Inpatient 2 ER/Outpetient 3 DOA 2 27. Menner of Death 28e. Date of Injury (Month, Dey Yeer) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? Certification: Affect 1 Natural 5 Pending if or Attending after death. I Director: Aft investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicida 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) AQ U 4 - Homicide To the Hospital o 29e. Certifier 1 🗹 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end placa, end due to the ceuse(s) end menner es steted. Medical 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menper stated. 29b. Signeture and tale of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Robert C. I run M.D. 8>8 N. Eutaw St. Balbo 32 Registrar's Signature 31. Dete filed (Month, Dey, Year) State JUL 2 2 1997 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 1 9 6

					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cert	ificate of	Death		Reg. No.			
	Dhunis		1. Decedent's Neme (First, Middle, Las	STE	~~				2. Dete of Dec	eth Dey	Year	3. Time of Deeth	
	Physici /Medi		DONALD L			JULY		97	16:27				
	Examir		4e. Fecllity Neme (If not institution, give	street and number)				4b. City, Town, or		4c. County	of Deeth		
			Howard County Gen	eral Hospi	ital			Columbia		Howa	ard		
	Funeral Director		201-32-0093	7. Age Mg M 2□ F	(In yrs. last	birthday) Yrs.	If Under 1 Yea Months Dey:		8. Dete of Birt (Month, De July 14		9. Birthple Country	ce (Stete or Foreign y) Ohio	
	pue *		Usuel Residence of Decedent  10a. Stete 10b. County		10c City To	wn or Loca	ation				100	d Janista City Limite	
	sho	5								100	d. Inside City Limits  1 ☐ Yes 2 No		
	he N	ect	10e. Street end Number			10000							
	ath with the Meryler 23s or 25s-f show	rai Dir	738 Pleasant Hill	Road			10f. Zlp Code 2104			10g. Citizen of What Country? USA			
21215-0020	72 hours efter death with the Meryland natural', or items 23a or 28a-f show dical Examinet must be notined at	by Funeral Director	11. Maritel Status  1 □ Never Merried 2 ☒ Married  3 □ Widowed 4 □ Divorced	12. Wes Decedent E Armed Forces? 1 ∑Yes 2 □ N If Yes, Give Yeer or Detes:	s? If Yes, specify Cuban, Mexican, Pu □ No 1 □ Yes 2 ☒ No Specify:				pecify Yes or No- o Rican, etc.)		e - Americar ck, White, et Whit	c.	
15-0	n 72 hours "natural", ledical Ext	Completed	15. Decedent's Ed (Specify only highest gre	lication 16e. De (G (G (Iff.)			nt's Usuel Occu nd of work don O NOT use retir	upation e during most of wor ed)	rking	16b. Kind of Bu	usiness/Indu	stry	
212	should be filed within of Mentel Hygiene. marked other than "a	mo	Elementery/Secondery (0-12)	College (1-4or 5-	) A	rtist		00)		Artist			
	Hyg other		17. Fether's Neme (First, Middle, Last)					18. Mother's Ner	ne (First, Middle,	Meiden Sumer	10)		
an	ked c	To Be	Tilden Stepp					Olga Tr	rivett				
Maryland	C/ 0 0 0	_	19e. Informent's Neme/Reletionship (7 Nancy Stepp (Wi	ype, Print) .fe)				et end Number or Ru Hill Rd.				21043	
Baltimore,	permit. Pages 1 end Depertment of Heeith Important: If Item 27 any Injury or other tr once.		20e. Method of Disposition  1 □ Burial 2\(\sum_{\text{Q}}\)Cremetion 3 □  4 □ Donetion 5 □ Other (Specify		20b. Plece ceme Carro	of Dispositery, creme	tion (Neme of otory or other pi remation	ace) Ju	11y <sup>Pete</sup> 17, 1997	20c. Location -			
Balti	permit. Pages Depertment of Himportant: If the any Injury or of once.		21. Signeture of Funeral Service Licen	S00	. 1	22.1 Wi	Verme end Add	ress of Fecility ineral Hor n Knolls I	mes, Inc	mbia M	2104	15	
	_		23a. Pert1. Enter the disease, or comp shock, or heart feilure. List only	lications het caused i	the deeth. D							Approximete	
	Physician /Medical Examiner		Immediate Cause (Finel disease or condition resulting in deeth)	. Atter		colic	Card	iovasal				ntervel Between Onset end Deeth	
-	ted nsit	nine		b							1		
60,	tificete be executed ig physician and es the buriel-transit	ai Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that in list and as the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the conditions, if the conditions, if the conditions, if the conditions is the conditions of the	c	Due to (or es e consequence of):								
x 68760,	entificete ding phys se es the	/Medic	resulting in deeth) Last  Due to (or es e consequence of):										
Box	etten for u	Physician/M											
Ö	the de	ysic	Pert II. Other significant conditions co	ntributing to death but	not resulting	In the und	erlying cause g	iven in Pert I.	23b. Dld t	obacco use co	ntributa to t	he cause of death?	
, P.O	ires thet the deeth cer signed by the ettendin d be deteched for use	by Ph	Coronary Arter	By Par	, Sw	zen	x2		101	res 2□ No	3 Probe	bly 4 Unknown	
of Vital Records,	requ	Completed b	)				1		24e. Wes	en eutopsy med?	avell	e eutopsy findings able prior to pletion of cause	
Re	vicien: The lew certificate hes b director, page 2 s	d L							101	es 200 No	1 🗆 `	_/	
ta			25. Wes case referred to medical					26 Place of Dog			10	les zigno	
>	Physician: r this certific ral director,	To Be	examiner?	Hospitel:	2 NED/	Outpetlent	3 DOA	ther	oth <i>(Check only o</i> lome 5 ☐ Resid		or (Specific)		
0	Phy orthis eral o		27. Menner of Deeth	28e. Dete of Injury	/ 28b	. Time of	28c. Inj			ow injury occur			
lon	odling th. : Afte	딅	1 Preduced 5 Pending investigation	(Month, Dey	Year)	Injury		ork? ∐Yes 2∐No					
Division	il or Attending Physical derivation of the chart. After this din by the funeral did in b	Certification:	3 Suicide 6 Could not be 4 Homicide determined	)	28f. Location (Street end Number or Rural Route Number, City or Town, State)								
	To the Hospital or Attending Phywithin 24 hours efter deeth. To the Funeral Director: After thi completely filled in by the funeral	edicai C	29e. Certifier (Check only one)  1 Certifying Phy 2 Medical Exam	sician: To the best of ner: On the bests of e end menner stet	examinetion e	ge, deeth o end/or inve	ccurred et the stigetion, in my	time, dete end plece oplnion, deeth occu	, end due to the orred et the time,	ceuse(s) end me dete end place,	enner es stet end due to th	ed. ne cause(s)	
	Vithir To th	M	29b. Signeture and title of certifier		Den		29c. Licer	nse number		29d. Date signe	d (Month, De	ay, Yeer)	
			lady w	1- M	NAS	_)	DB	1473		July 1	6,19	97	
	7	-	30. Name and eddress of person who c	ompleted cause of de	eth (Item 23a	) (Type Pr				1,	-111		
1				4565				WAY E	LL'COTT	CITY	W10 2	1072	
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registrar	's Signeture	2 6 2			24 20 11		200)	-	
	Registr		1111 2.2.1997	gua Da	udson-1	andele	9						

State of Maryland / Department of Health and Mental Hygiene 9 1 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Mary A. Scott 16. 1997 8:12 a.m. July /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Baltimore County

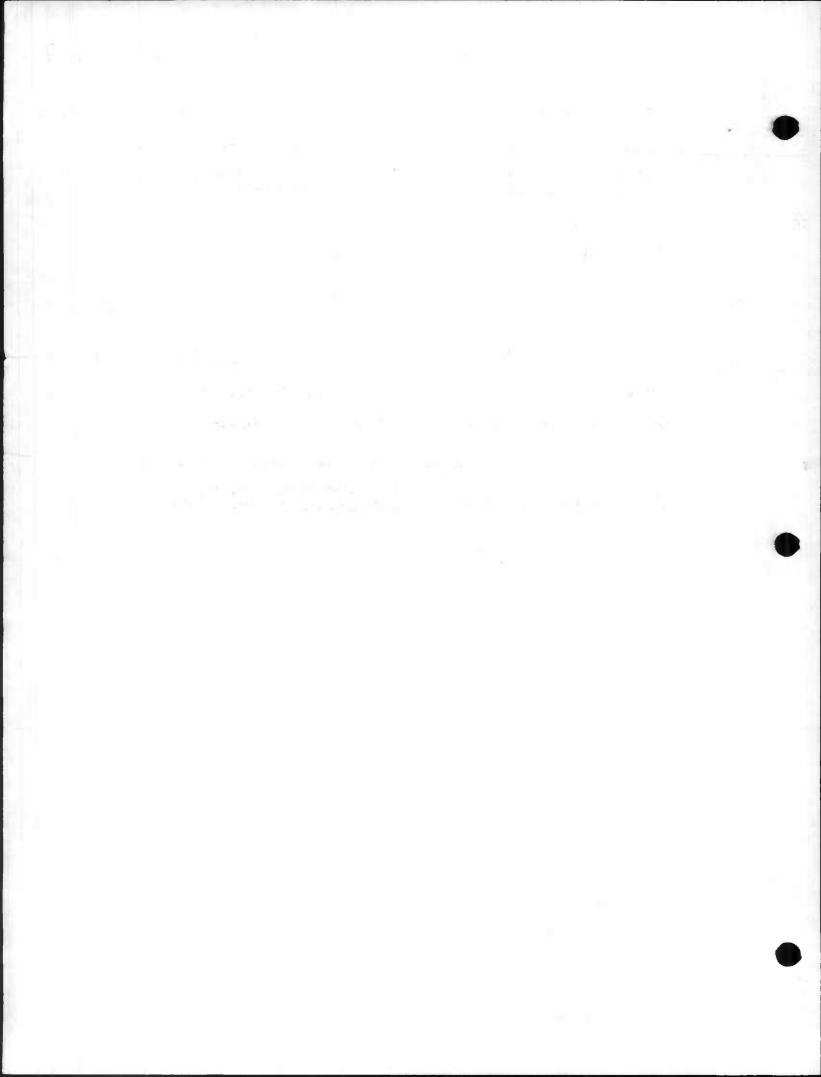
If Under 1 Year | If Under 24 Hrs. 8. Date of Birth

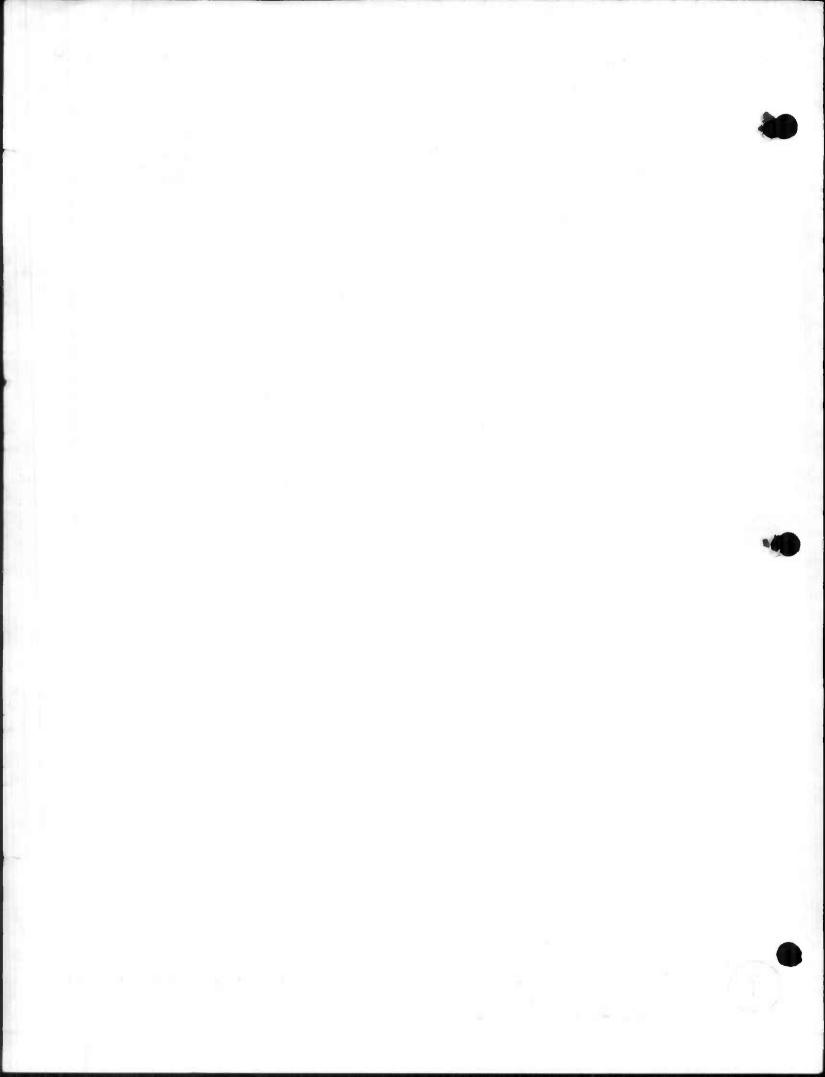
Adouths Davs Hours Min. (Month, Day, Year) Stella Maris Baltimore 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stete or Foreign Country) **Funeral** 1 M 2 F Yrs. 220-40-8307 Director September 12, 1902 Ireland Usual Residence of Decedent deeth with the Maryland 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, it a Medical Examinar must be notified at 1 ☐ Yes 2 ☐ No Director Maryland Harford Bel Air 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 64 East Broadway 21014 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ② No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11. Meritel Status permit. Pages 1 and 2 should be filed within 72 hours eftar to Department of Health and Mentel Hygiena. Important: If item 27 is marked other than "natural", or his any Injury or other traumatic event, it is Medical Examination. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yes 2 No Specify: by 3 Widowed 4 □ Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) N/A Cook Baltimore County Schools 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) 2 Martin Glynn Mary Anne MacDermott 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Jerome A. Meusel' (Brother -in -law) 64 E. Broadway Bel Air, Maryland 21014 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 □X Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Baltimore National Cemetery July 18, 1997 Baltimore, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Facility E.F. Lassahn Funeral Home, Inc. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. 11750 Belair Road Kingsville, Maryland 21087-1351 Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner bunial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initieted events resulting in death) Last and Due to (or as a consequence of) physiclan s the burial P.O. Box 68760. Physician/Medical Due to (or as a consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 X Unknown MENTIA Division of Vital Records, by 24b. Were autopsy findings eveileble prior to completion of cause of deeth? 24a. Wes an autopsy performed? Completed 1 Yes 2 No 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certified completely filled in by the funeral director, 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 🕱 No 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 27. Manner of Death Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 X Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stele) 4 Homicide Medical 29a. Certifier \*\*Cortifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, end due to the ceuse(s) and manner as stated.

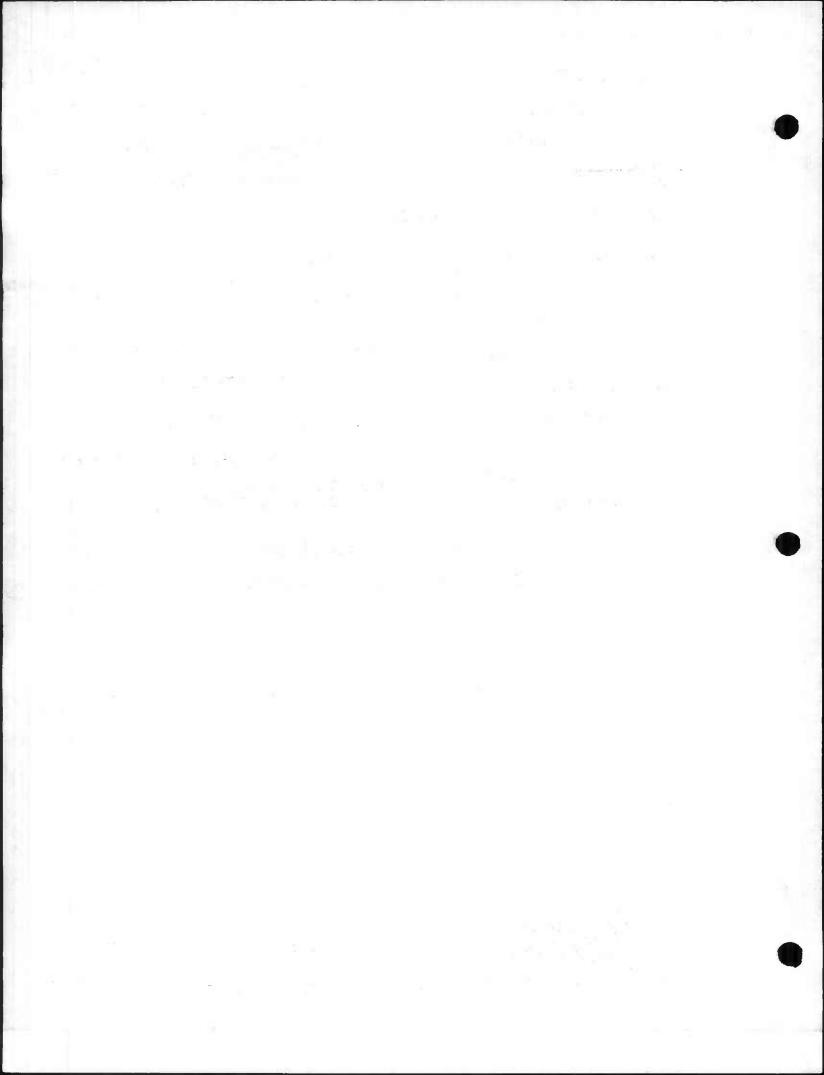
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of centifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name end address of person who completed cause of death (Item 23a) (Type, Print) OSCERDANO BUTIMON MO EBRAHIM IPAKCH! 31. Date filed (Month, Day, Year) 32. Registrar's Signeture State Registrar

.





Item: #5 Per Informant Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Film G-753 11-19-97RC State of Maryland / Department of Health and Mental Hygiene 97-22199 Certificate of Death I. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month Day **Physician** EDWARD JACOB SMITH 8:03PM 9 1997 JULY /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner PHYSICIANS MEMORIAL HOSPITAL If Under 1 Year If Under 24 Hrs.
Hours Min. PLATA CHARLES 8. Date of Birth (Month, Dey, Year) 5 Social Security Number 9. Birthplace (State or Foreign Country)
MARYLAND 6 SAY 7. Age (In yrs. lest birthdey) **Funeral** 1□-M 2□ F 217-40-6606 Usuel Residence of Decedent Yrs. Director May 27.1943 the Meryland 10e Stete 10h Counts 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f show traumatic event, the Moolcal Examiner must be notified at MD CHARLES LA PLATA Director 1 ☐ Yes 2€ No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? deeth with 139 WEST QUAIL LANE USA 20646 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1∆ Yes 2 □ No If Yes, Give Year or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiena. Important: If Item 27 Is marked other than "naturel", or item any Injury or other traumatic event, the Medical Examination. 1 ☐ Never Married 2 ☐ Married 3altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No à Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) YEARS Elementery/Secondary (0-12) MANAGER COMMUNICATIONS AT&T 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Neme (First, Middle, Last) Be MARGARET HETTERICK STEPHEN SMITH 2 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) JOYCE SMITH/ WIFE 139 WEST QUAIL LANE LA PLATA, MD 20646 20b. Plece of Disposition (Name of carmetery, cremetory or other plece)
Gardens Of Faith CEMET 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑Bunal 2 ☐ Cremetion 3 ☐ Removal from State ROSSVILLE, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee per VR 22. Name and Address of Facility
CONNELLY FUNERAL HOME of ESSEX MACE AVE, BALTIMORE, MD 21221 R.Terry Connelly 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** ACUTE MYOCARDIAL INFARCTION /Medical Immediete Cause (Finel MINUTES diseese or condition resulting in death) Examiner ATHEROSCLEROTIC CARDIO VASCULAR DISEASE Examiner YEARS physician end the burial-trensit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting In death) Last Due to (or es a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? Completed peen page 2 certificate 1 🗆 Yes 2□ No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician:
 124 hours after death.
 Funeral Director: After this certific. 25. Was cese referred to medical Be 26. Place of Deeth (Check only one) examiner? Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Manner of Death 28e. Date of Injury (Month, Dev Yeer) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending Investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident illed in by the 6 Could not be determined 3 Sulcide Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 | Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, and due to the ceuse(s) end menner es steted. Medical Medical Examiner: On the besis of exemination end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) and menner stated. To the I within 2 29b. Signeture 29c. License number 29d. Date signed (Month, Dey, Year) D46419 ddress of person who completed ceuse of deeth (Item 23e) (Type, Print) Charlene A. Letchford, M.D. 404 E. Charles St. La Plata, MD 20646 31. Date filed (Month, Dey, Year) Registrar's Signature State NOV 07 1997 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible, 22200 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month 52 URNER ARGARE July 20. 1997

4b. City, Town, or Location of Death

BALTIHORE

4c. County of Deeth

a

9. Birthplece (State or Foreign

Height

BALTIMORE MD21213

7. Age (In yrs. last birthdey) If Under 1 Year

Examiner **Funeral** Director the Maryland r than "natural", or items 23s or 28s-f show the Medical Examiner result be notified at 72 hours after Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed withit Depertment of Heelth and Mental Hygiene. Important: if flem 27 is marked other than any Injury or other trainment.

**Physician** 

/Medical

Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Stetus 1 ☐ Never Married ※ Married 1 ☐ Yes 2 📆 🔭 1 ☐ Yes 2FTNo Specify: p 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 12 th INSPECTOR LABORER -17. Fether's Neme (First, Middle, Last) Be JOHN R. HARGROVE GEORGINE 19e. Informent's Neme/Relationship (Type, Print) RICHARD E. TURNER-Hus. 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Dete trial 2 ☐ Cremation 3 ☐ Removel from State 7-26-97 4 ☐ Donetion 5 ☐ Other (Specify) GARRISON AFF OREST FOLLA CEM. 21. Signatura of Funeral Service Licensee **Physician** /Medical Immediate Ceuse (Final diseese or condition resulting in death) Examiner Tinzerria the buriel-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequence of) ROSEPSIS P.O. Box 68760. physician 90 Physician/Medical as a consequence of): for use es Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. signed by Diabetes Well: tus. Records, þ 9 Sateral Below Knee Augustation Completed hes page 2 certificate Division of Vital To the Hospital or Attanding Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, i 25. Was case referred to medical Be Hospital: 1 ☐ Yes 2 No ၉ 1 Department 2 ER/Outpatient 3 DOA 27. Manner of Death 28e. Dete of Injury (Month, Dev Year) 28b. Time of Certification: 28c. Injury et Work? Neturel 5 Pending 1 ☐ Yes 2 ☐ No 2 ☐ Accident investigation 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 4 Homicide 29a. Certifier Medical 29b. Signeture and title of certifier 29c. License number 1. Kin us) 17031 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) KWANG

4a. Fecility Neme (If not institution, give street end number) oo Liberty

Medical Center

6 Sex

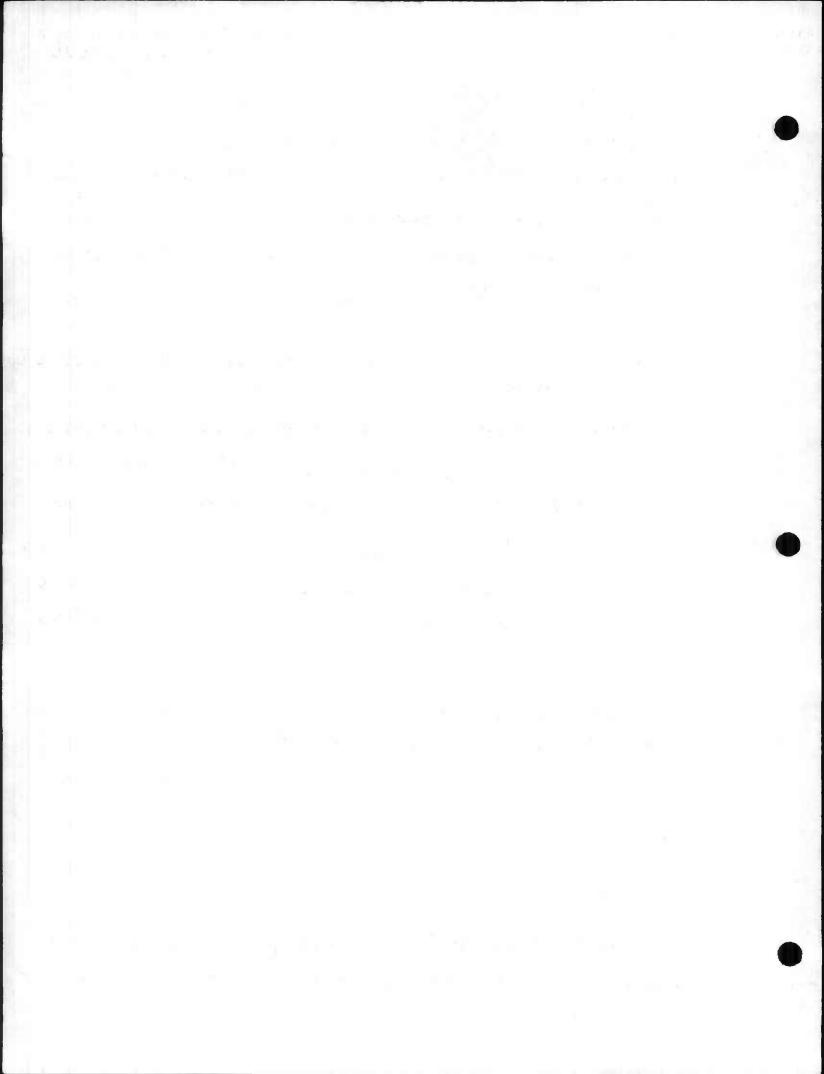
5. Sociel Security Number

8. Date of Birth (Month, Dey, Year) JUL 9, 1922 Deys Hours 1□M XXF ATLANTIC, NJ 75 Yrs. 195--12-4731 Usual Residence of Decede 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits X Yes 2□No Director MD BALTIMORE n/a 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1818 N. APPLETON STREET 21217 UNITED STATES 14. Race - American Indien Bleck, White, etc. Specify BLACK 16b. Kind of Business/Industry WESTERN ELECTRIC Cb 18. Mother's Name (First, Middle, Meio MARLEY 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 1818 N. APPLETON STREET, BALTIMORE, MD # 17 20c. Location - City or Town, State OWINGS MILLS, MD 39. Pert1. Enter the disease, or compile thons that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heert feilure. List only one ceuse on each line. MARCH FH. 4300 WABASH AVENUE Approximate Intervel Between Onset end Death mering 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings evellable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? No No 1 Yes 2 No 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred Location (Street and Number or Rural Route Number, City or Town, Stete) 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end manner stated. 29d. Date signed (Month, Dey, Yeer) N. Kim. M.D. 2600. Liberty Medical Center. Ballimore, MD. 31215

State Registrar 31. Dete filed (Month, Day, Year)

JUL 2 2 1997

32. Registrer's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Date of Deeth **Physiclan** Month 5:39 Am Lee laylor Joseph /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Locetion of Death 4c. County of Death **Examiner** Baltimore 521 OAK Land Ave If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplace (Stete or Foreign Country) **Funeral** 10 M 2□ F Deys Hours Min. 212-78-5618 34 Yrs. Director MARYLand Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show is marked other than "natural", or items 23a or 28a-f shov traumatic event, the Medical Examinar must be notified at 1 Yes 2 No Baltimore Director MY 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Ave 21212 USA DAKLand Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 El Yes 2 □ Nog 1-83 If Yes, Give Year or Dates: /1-/2-91 Items 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 1 ☐ Never Married 2 Married Saltimore, Maryland 21215-0020 1□ Yes 2□No Specify: BLack by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion
(Give kind of work done during most of working
life. DQ NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry d 2 should be filed within 72 h and Mentel Hygiene. 7 Is marked other than "ne College (1-4or 5+) Elementary/Secondery (0-12) Chemical Spricalist U.S. ARMY 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Caerie Bethea Lymon 2 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) Depertment of Health ar Important: If Item 27 is any Injury or other trauonce. Peges 1 and 2 521 OAKLAND Ave Balto. Md. Carrie WILLAMS 20b. Placa of Disposition (Name of 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removel from Stete
4 ☐ Donetion 5 ☐ Other (Specify) Owings mill, Md, Veteran Cometery 7/22/97 21. Signature of Fun val Service U Jeff Miller P.C. 23a. Part1. Enty the Iseese, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or earl feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Finel Severe hyportia 1 mon diseese or condition resulting in deeth) Examiner Examiner CMU preumonitis 1 mon physician end the burial-transit the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury thet initieted events resulting In deeth) Lest Due to (or es e consequence of): insufficiency Chonic Rened Box 68760. Be Completed by Physician/Medical Due to (or es e consequence of): 80 use P.O. signed by the e Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dfd tobacco use contributa to the causa of death? pneumocystis, MAI bacteromia 1 ☐ Yes 2 No 3 Probably 4 Unknown Records, 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? hopo Calcemia MRSA, Severe anemia hpo Kalomia 2 No 1 ☐ Yes 2 No Division of Vital or Attending Physician: 25. Wes case referred to medical examiner? funeral director, 26. Plece of Deeth (Check only one) Hospitel: 1 Yes 2 No Other: 4 ☐ Nursing Home 5 Residenca 6 ☐ Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 28e. Dete of Injury (Month, Day Year) 27. Manner of Death 28b. Time of Injury 28c. injury et Work? 28d. Describe how injury occurred After Natural 5 Pending investigation deeth. 1 Yes 2 No 2 Accident efter deeth Director: in 24 hour. the Funeral Directory filled in by the 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 ☐ HomicIde Hospitai Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner es stated.

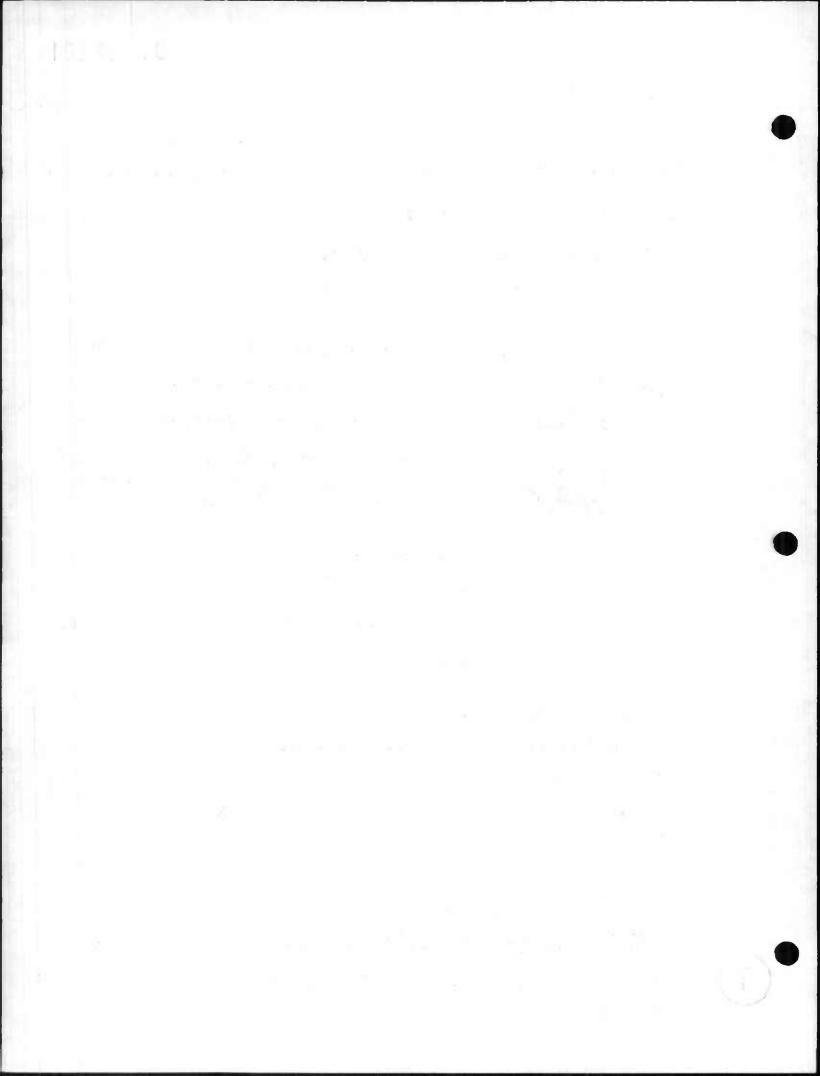
2 Medical Exeminer: On the bests of exemination end/or investigation, in my opinion, death occurred et the time, date end pleca, end due to the cause(s) end manner stated. 29a. Certifier completely (Check only one) To the Vithin 2 29b. Signetyre end title of cartified 29c. License number 29d. Date signed (Month, Dey, Yeer) 30. Name end eddless of person who completed cause of deeth (Item 23e) (Type, Print) Ballo. VAMC 10 N. Greene Street, 21221 MACKOWIAK MD 31. Date filed (Nonth, Day, Year) 32. Registrar's Signature State

**DHMH 16 Rav 6/95** 

Registrar

JUL 2 2 1997

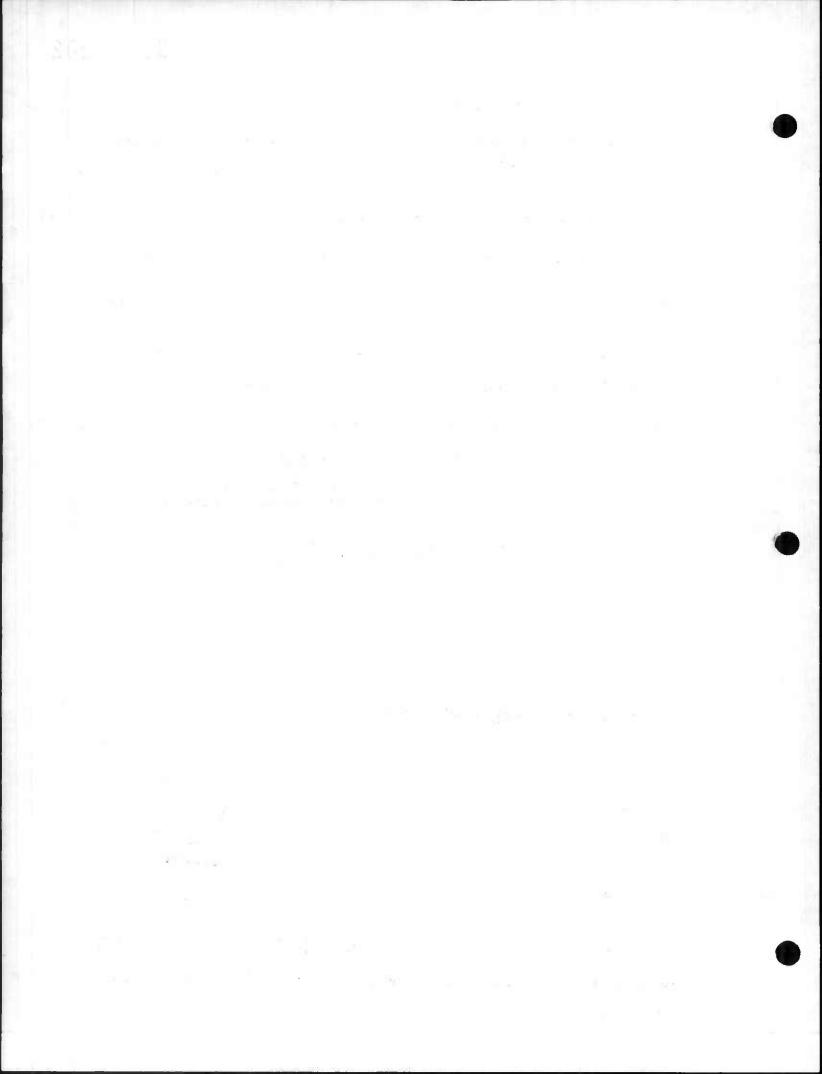
wha Savidson



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 22202

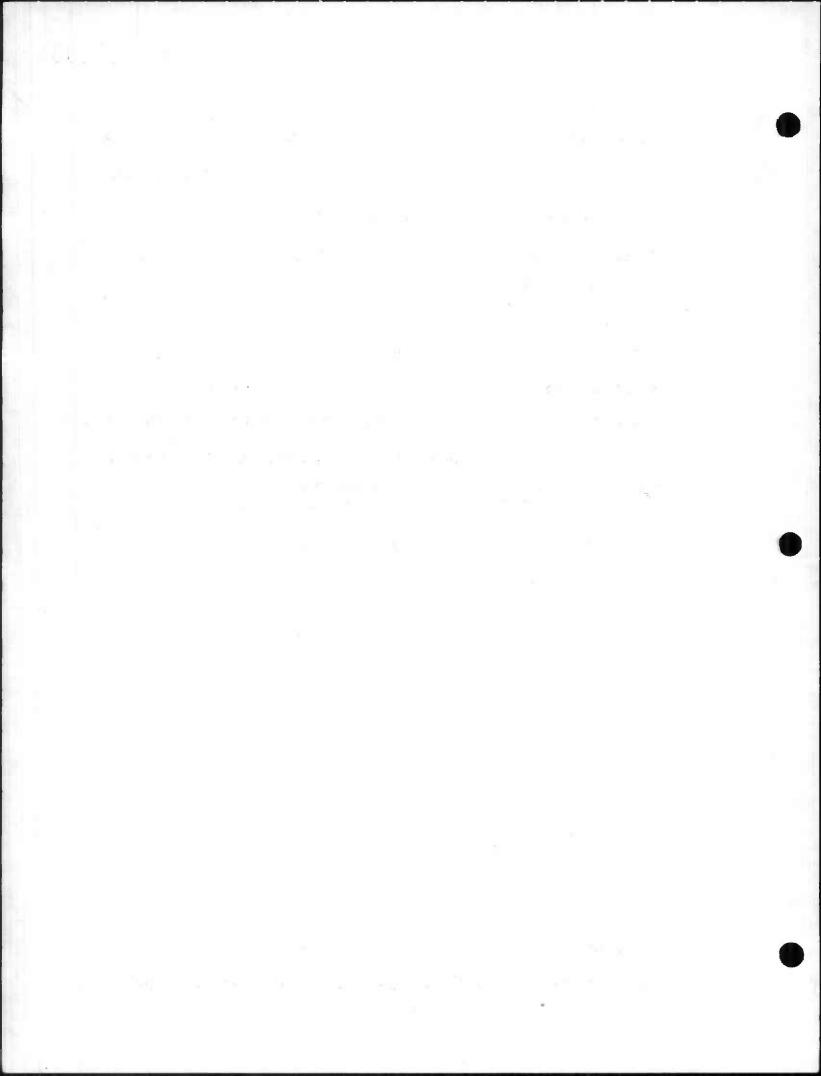
					•	Certifica	te of	Death	F	leg. No.	- trip bio	L. O L.
	Dhusisi		Decedent's Neme (First, Middle, Last)						2. Dete of Dee Month		Yeer	3. Time of Deeth
	Physici /Medi		ELIZABETH SPEN	CER JANN	IEY '	VEALE			July 1			4:30 PM
	Examir		4e. Fecility Name (If not institution, give	street end number)				4b. City, Town, or L	ocation of Death	4c. County	of Deeth	
Ĺ		, .	12750 Greenspr	ing Ave.				Owings			timor	е
	Funeral Director		5. Social Security Number 6. Security Number 219-16-9430	7. Age IM 2√2 F 86		Yrs. If Und Months	er 1 Year Days	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Dey 05-12-	Yeer) -1911	9. Birthplac Country Mary	ce (Stete or Foreign
	and w		10e. State 10b. County		10c. City,	Town or Location					10d	I. Inside City Limits
	Manyl f sho	Funeral Director	MD Baltim	ore	. (	Owings M	fi 11:	8			100	1 ☐ Yes 12 ☐ No
	the		10e. Street end Number				ip Code			Og. Citizen of	What Country	
	3a or	0	12750 Greenspr	ing Aug			211	17			,	
	me 2	Jera		12. Was Decedent Ev		. 13. Was Dec		ispanic Origin? (Sp an, Mexican, Puerto	pecify Yes or No-	USA 14. Rad	a - American	Indian.
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiena. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Exercises must be notified at once.	by	1 Never Married 2 Married  3√3√Widowed 4 Divorced	Armed Forces?  1 Yes 2 No If Yes, Give Yeer or Dates:		If Yes, sp 1 ☐ Yes		sn, Mexican, Puerto Specify:	Rican, etc.)	Specif.	ck, White, etc	
0	2 ho	Completed	15. Decedent's Educ	cation		16a. Decedent's Us	uel Occup	pation		16b. Kind of B	usiness/Indus	stry
218	thin 7	pje	(Specify only highest grede Elementery/Secondary (0-12)	College (1-4or 5+	)	(Give kind of w life. DO NOT	ork done use retire	during most of world)	king			
	od wi	5	12 years			Homemake	r			Own	Home	
Maryland	d oth	Be (	17. Fether's Name (First, Middle, Last)	18. Mother's Nem	ne (First, Middle,	Maiden Sumen	len Sumeme)					
yla	Meni Meni	2	Stuart Symingt	ces Spe	ncer							
Jar	2 sho and is m		19e. informent's Name/Relationship (Ty)	oe, Print)		19b. Mailing Addre	ss (Street	and Number or Ru	ral Route Numbe	r, City or Town,	Stete, Zip Co	ode)
~	os 1 and 2 of Health a Item 27 is other trai		Frances V. Horic	h (daugh	ter	3204	Cave	es Rd.,	Owings	Mill:	s, MD	21117
Ore	Jes 1 For H		20a. Method of Disposition 1 Transport 2 ☐ Cremetion 3 ☐ R		120b. Ple	ca of Disposition (National of Disposition (Na	ame or		Date	20c. Location	City or Towr	ı, Stete
altimore,	ment ant: h		4 ☐ Donetion 5 ☐ Other (Specify)	omoval nom ototo	St.	Thomas-	Gar	rison		Owing	gs Mi	11s, MD
Ball	Depart Import any in		21. Signeture of Funerel Service License	Holy	5 /	Henr	y W	ss of Fecility JEnkin	ns & Sc	ns Co	. 01	212
			23a Part Enter the disease, or compliance, or heert failure. List only on	cetions that caused the	ne death.	Do not enter the mo	de of dylr	rk Rd.,	or respiratory arr	est,	A	Z 1 Z pproximate nterval Between
	Physician /Medical Examiner	Examiner	Immediate Cause (Finel disease or condition resulting in death)		ue to (or e	es e consequenca of	):	tage				
ó	an and		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury	D	ue to (or e	es e consequenca of	):					
Box 68760,	The law requires that the death certificate be executed ate has been signed by the attanding physician and paga 2 should be detached for use as the bunat-transit	in/Medicai	that initiated events resulting in death) Lest Due to (or es e consequence of):									
œ.	death e ath	sicie	Pert II. Other eignificent conditions con	tributing to death but	not resulti	na in the underlyina	cause giv	ren in Pert i.	23b. Did to	obacco use co	ntribute to th	he cause of death?
, P.O.	v requires that the death ce been signed by the attandi should be detached for use	by Physician/	Anemia	hypor	4		oueso gre					bly 4 Unknown
Records,	e law require: has been sig ga 2 should b	Completed t							24e. Wes e		avella	e eutopsy findings able prior to pletion of cause eth?
	The sate t	Con							1□ Y	es 2 No	1 🗆 Y	Yes 2□ No
ij	cartificate	Be	25. Was case referred to medical examiner?					26. Plece of Dee	th (Check only or	re)		
5	physic this c	၉	1 165 2001110	ospital: 1 ☐ Inpatient 28e. Dete of Injury (Month, Dey 1		R/Outpetient 3 D		4 □ Nursing Ho	ome 5 Resid			
Division of Vital	Attending Physicien: The is redeath. r death. ector: After this cartificate he by the funaral director, paga	ation:	27. Manner of Deeth  1 Neturel 5 Pending 2 Accident investigation	y et k? Yes 2 □ No	28d. Describe h	ow Injury occur	red					
Ž	Dital of Att nous after d nega Direct filled in by	Certification:	3 Suicide 6 Could not be determined	building, etc.	(Specify)	e, ferm, street, facto			28f. Location (S City or Town	n, Stete)		
1	1	edicai	29e. Certifier (Check only one)  1 Certifying Phys 2 Medical Examin	cian: To the best of er: On the basis of e end manner stete	xeminetion	edge, death occurre n end/or investigetio	det the tir n, In my o	ne, date end plece, pinlon, deeth occur	end due to the c red et the time, d	euse(s) and me ate end pleca,	enner es stete end due to th	ed. e ceuse(s)
400	a di di	Me	29b. Signeture ego title of comiling	ond mainer state		29	c. Licens	e number	5	9d. Date signe	d (Month Da	v. Year)
-	F Grad		126/1				See.	4988		_	8-97	
	^ -	•	20 Normand History	)		0.1 (7.1)	ンフ	7/33		+-11	7-11	
	1		30. Name end eddress of person who co	3, W.D. 1	0755	5 Falls 12	٤.,	Lether	ille, 1	hd.	21093	5
	Sta		31. Dete filed (Month, Day, Year)	32. Pegistrar	s Signatur	delle						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 22203

				Certificate of	of Death	Reg. No.				
Physic /Med		1. Decedent's Name (First, Middle, Last)  RANK VIN	(4)		J	Dete of Deeth Month Day	3. Time of Death 2:30 A.,			
Exam	iner	4e. Fecility Neme (If not institution, give stree Gilcrest Center	et end number)		4b. City, Town, or Location TOWSON		y of Deeth timore			
Funera Directo		5. Social Security Number 6. Sex 215-07-950C Was Residence of Dacadent	2 F 7. Age (In yrs. les	t birthday) If Under 1 Ye Months De	ear If Under 24 Hrs. 8. Eys Hours Min. Oct	Dele of Birth Month, Dey, Yeer)  7, 1912	9. Birthplece (State or Foreign Country) New York			
death with the Maryland rms 23a or 28a-f show grount be notified at	ctor	10a. Stete 10b. County MD Baltimore			10d. Insida City Limita					
th with th	Funeral Director	10e. Street end Number 17 Juliet Lane, Uni	t 204	10f. Zip Cod	21236		on of Whet Country?			
permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylan Depertment of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or fisms 23a or 28a-f show myorizer: if item 27 is marked other than "natural", or fisms 23a or 28a-f show any injury or other traumatic avent, the Medical Examination of the firematic avent, the Medical Examination of the firematic and firemat	þ	1 Never Married 2 Married	Ves Decedent Ever in U,S. Imed Forces? XYes 2□No fYes, Give WW II feer or Dates:	13. Was Decedent of If Yes, specify C	of Hispenic Origin? (Specify cuben, Mexican, Puerto Ricar No Specify:		ce - American Indien, ck, White, etc. fy: White			
2 should be filed within 72 hr n end Mental Hygiene. is marked other than "natur raumatic avent, me Medical	Completed	15. Decedent's Educatic (Specify only highest grede con Elamantary/Secondary (0-12)	n npleted) Collaga (1-4or 5+)	16a. Decedent's Usuei Oc. (Give kind of work do life. DO NOT use ret	cupation ne during most of working tired)		Quarry			
be file ital Hyg d othe avent,	B	17. Fether's Name (First, Middle, Lest)				st, Middle, Maiden Sumer				
hould d Men marke	7	Joseph A. Vinci	Maria · (\text{\text{\text{Waria}}} \)		State Zin Ondel					
elth er 27 is or trau		Helen Vinci	,,,,		ane, Unit 204					
permit. Pages 1 and: Depertment of Heelth Important: If item 27: any injury or other tr once.		20a. Method of Disposition  1 🕅 Burial 2 □ Cremetion 3 □ Remo 4 □ Donelion 5 □ Other (Specify)	cem	te of Disposition (Neme of tetery, cremetory or other page Valley Me	other plece) 7 Mem. Gdns. 7/19/97 Timonium, MD					
Depentit. Imports any inje		21. Signeture of Puneral Service Licensee	the		dress of Facility G FUNERAL HOME Ford Rd., Balt		21214			
Physiclan /Medical Examiner		23a. Jent Enter the disease, or complication on a cell limited control on a cell linitial control on a cell limited control on a cell limited contro	Sp multi	ple CUA se consequence of):	dying, such es cardiac or res	piretory errest,	Approximete Intervel Between Onset end Deeth 2 4RS 24RS			
law requires that the death certificate be executed es been signed by the attending physician and a 2 should be deteched for use es the buriel-transit	Medical Examiner	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disaase or Injury thet Initiated events resulting In death) Lest	Farluke	s e consequence of):  HR() s e consequence of):	18		6mo			
the attendir	Physician/	d Pert II. Other significent conditions contribu	ting to death but not resulting	given in Pert I.	23b. Did tobacco use co	entribute to the cause of deat				
res that the de signed by the be deteched	by Phy				1 ☐ Yes 2 ☒ No	3 Probably 4 Unkno				
e law require hes been sig je 2 should b	Completed b		,		24e. Wes en eutopsy performed?	24b. Were eutopsy findings eveilable prior to completion of cause of death?				
pa at	e Cor	27 14				1□ Yes 2⊠No	1 ☐ Yes 2 ☐ No			
	ToB	25. Was case raferred to medical axaminer?  1 Yes 2 No Hospi	1 □ Inpatient 2 □ ER	Outpetient 3 DOA		eck only one) 5 ☐ Residenca 6 🛎Ott	ner (Specify) In Pt GILL			
leath. leath. lor: After the fune	Certification:	2 Accident Investigation 3 Suicide 6 Could not be	e. Data of Injury (Month, Dey Year) 28		☐ Yes 2☐ No	Describe how Injury occur	over or Rural Route Number.			
To the Hospital or Att within 24 hours effer of To the Funeral Direct completely filled in by		4 Homicida	building, etc. (Spacify)		time, dete end plece, end d	City or Town, Stete)				
the Hospital hin 24 hours the Funeral hipletely filled	edical	(Check only 2 Medical Examinar: (	On the besis of examinetion and mennar stated.	end/or Investigation, in my	y opinion, deeth occurred at	the time, date end pleca,	end due to the ceusa(s)			
within 2 To the	M	29b. Signature end title of certifier		-	+7707		d (Month, Dey, Year) 8, 1997			
		30. Name and address of person who comple	ted cause of deeth (Itam 23	(he) (Type, Print)	17707 Ste 203 I	30 H	ח ארות			
	ate	31. Dete filed (Month, Dey; Year)	32. Registrer's Signeture	a capolles of	01123	rutumoke, M	V 2124			



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death Month Day Vaar **Physician** lerbar July 199-8 /Medical 4a. Facility Nama (If not Institution, giva straat and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Beltimor Elder Care Genesis Kandallstown If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) **Funeral** Months Days 150M 2□ F 248-44-231 Yrs. June S.C. Director 68 3,1929 Usual Rasidance of Dacedant with the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show / is marked other than "natural", or items 23a or 28a-f shot traumetic event, the Medical Examiner must be notified at 1 ☐ Yas 2 ☐ No Director MD. A.A.CO. SEVERN 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23a any injury or other traumatic event, the Medical Experience 2006. 421 QUEENSTOWN ROAD 21144 USA Funeral 12. Was Decedant Evar In U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Yas #☐ No If Yas, Give Yaar or Datas: 1 Navar Married 2 Marriad **AFRO** Baltimore, Maryland 21215-0020 1□ Yas 2⊞ No Specify: AMERICAN þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) R.H. SHOOK LABORER 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be **VANDROFF JAMES** ROSIE VANDROFF 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rurel Routa Number, City or Town, Stata, Zip Code) 10006 VILLAGE GREEN DR. WOODSTOCK, MD. 21163 BEATRICE BERRY FRIEND 20b. Piace of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1#☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 7/23/97 LANSDOWNE, MD. 4 ☐ Donation 5 ☐ Othar (Specify) MT. ZION CEM. 21. Signatura of Eunaral Sarvica Licansaa 22. Nama and Addrass of Facility
ESTEP BROTHERS FUNERAL HOME P.A. 23a. Part 1 Senter tha disaasa, or compileations that causad the daath. Do not antar tha mode of dying, such as cardiac or raspiratory arrast, shock, or heart failure. List only one cause on each line. 21217 Approximata Intervel Between Onset and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Examiner Dua to (or as a consaquance of): Examiner The law requires thet the daeth certificate be executed attending physicien end for use as the buriel-transit Sequentially list conditions, if any, laading to immadiata cause. Entar Undarfying Cause (Diseasa or Injury that Initiated avants rasulting in death) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown δ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed certificate has rector, pege 2 1 ☐ Yas 1 □ Yas 2 □ No or Attending Physician: funeral director Be 25. Was casa rafarred to medical axaminar? 26. Pleca of Daath (Check only ona) To Othar: 

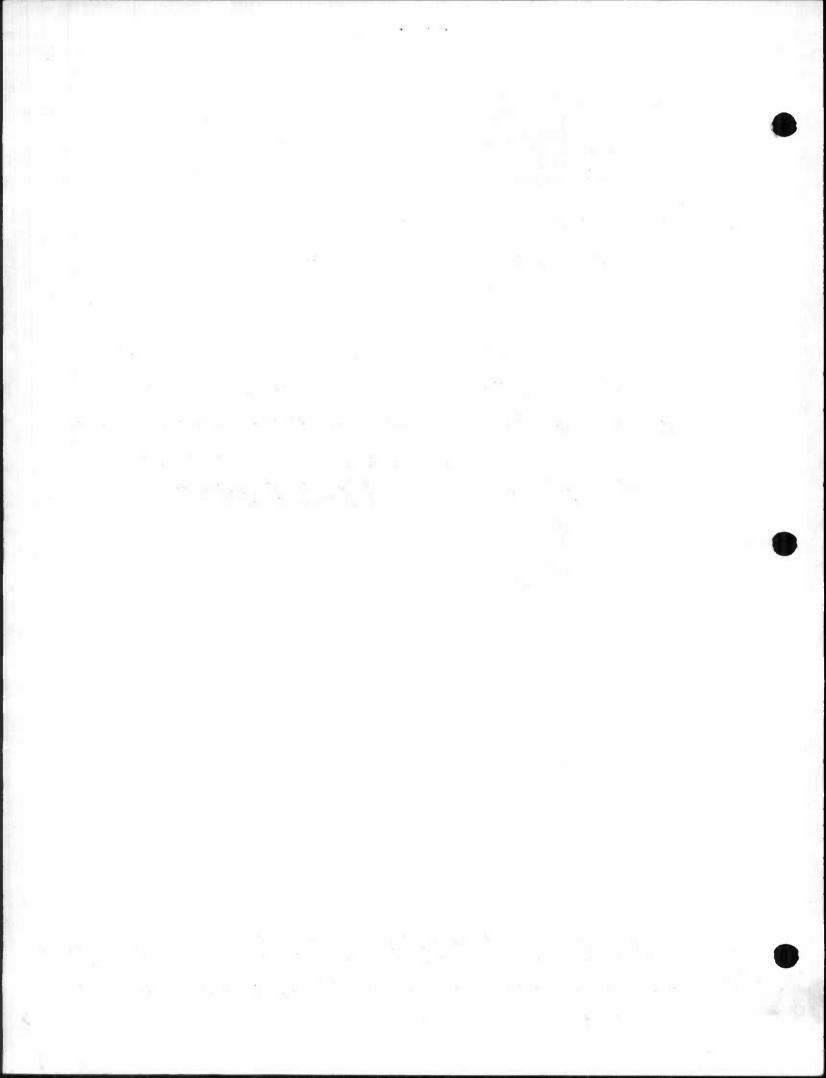
Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas ZENO 1 Inpatiant 2 ER/Outpatient 3 DOA After this 27. Mannar of Death 28c. Injury et Work? 28d. Dascribe how injury occurred Certification: 28a. Data of Injury (Month, Day Year) 28b. Time of Natural 5 Panding death. 1 Yas 2 No Invastigation 2 Accidant after deat Director: 6 Could not be datarmined 3 Sulcida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 281. Location (Street and Number or Rurel Routa Number, City or Town, Stata) filled in by 4 Homlcida Hospital 24 hours Descritifying Physician: To the best of my knowledga, daath occurred at tha time, date and place, and dua to the ceuse(s) and mannar as stated.

| Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the time, deta and place, and dua to the cause(s) and mannar stated. Medical 29a, Cartifia (Check only one) Pin th 29b. Signature and title of certifian 29c. Licansa number 30, Nama and addrass of person who complated cause of deeth (Item 23a) (Type, Print) Court ROAD, BALTIMONE, MD M. CABBEIL 4000011

State Registrar

31. Data filad (Nonth, Day, Year) 2 2 1997

32. Registrar's Signatura what Davidson Randell



DHMH 16 Rev 6/95

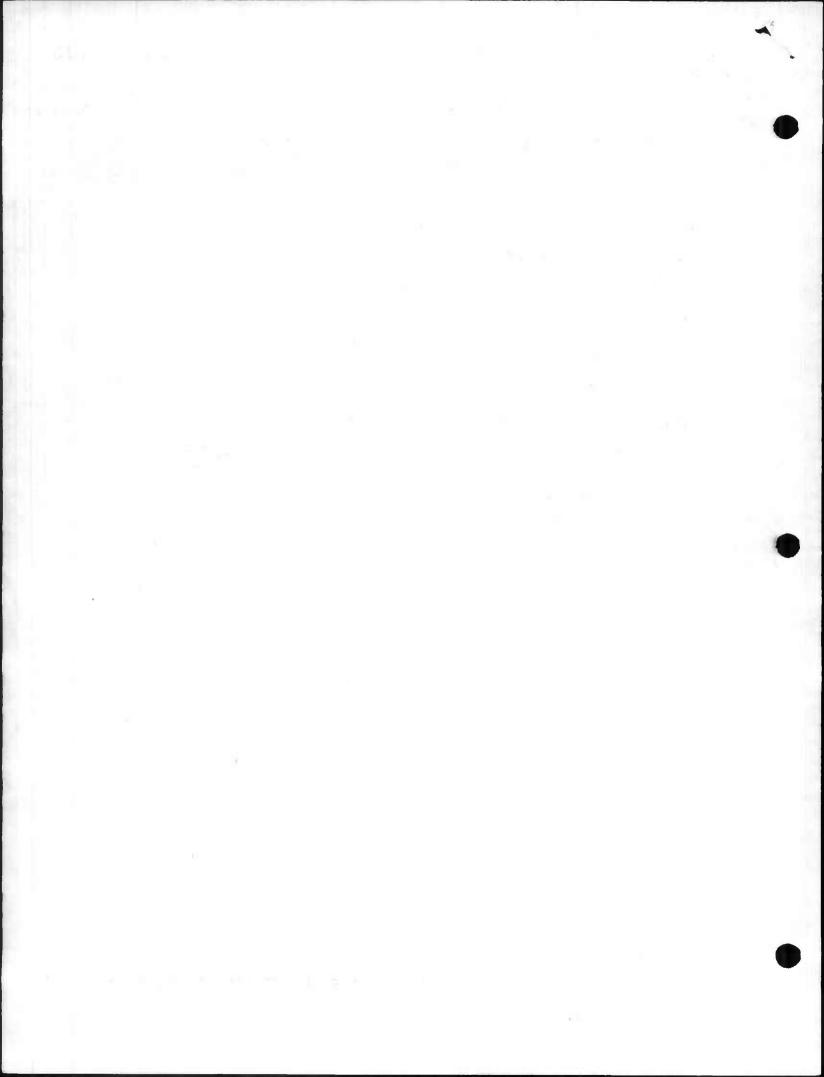
State

Registrar

31. Date filed (Month, Day, Yaar)

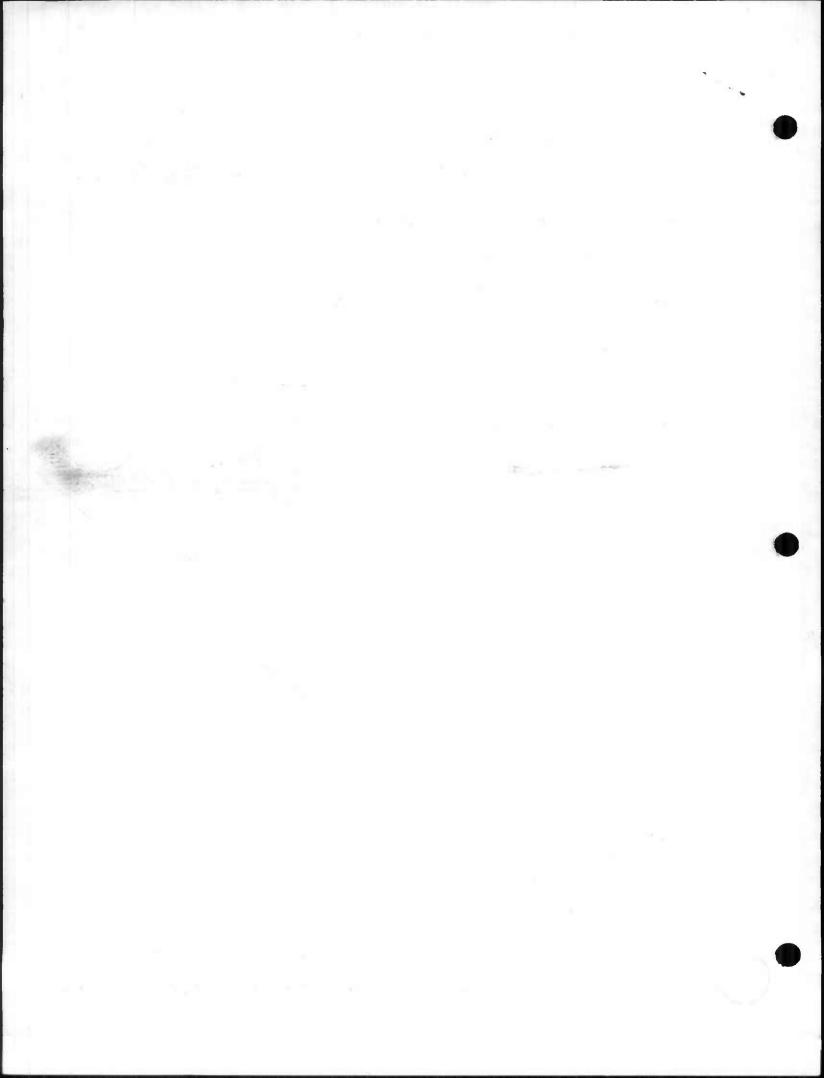
32. Registrar's Signature

ul Davidson-Randelle



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 22206 State of Maryland / Department of Health and Mental Hygiene 22206

د د	LIAMS  1. Decedent's N	Name (First, Middle,	Last)			rtificate of	Douin	2. Dete of D	Reg. No.		3. Time of Dea		
Physician	31/11	PIRCA	WILA	UAM.	5			Month JULY	17 19	Year Q 7			
/Medical	4a Esciliby Nam	ne // not institution					4h City Town	or Location of Dee			2:05 A		
xaminer		ne (If not institution, TY MEDIO			th 4c. County	of Death							
	5. Social Securi		6. Sex		land hidhalas	If Under 1 Yea	BALTI		<i>D</i>	P/A			
ineral rector	238-26	-4945	1 M 2B7F	7. Age (In yrs.		Months Days	s Hours M	Irs. 8. Date of B in. (Month, D	Dey, Year)	U.R.C.	lace (State or For		
ž == 3	Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or Location									1	0d. Inside City Lir		
28a-f show notified at	Marylon	n 1	1/4		Balti	WIRE					1 Ves 2		
be notified	10e, Street end		/ / /		131111	10f. Zip Code			10g. Citizen of	Affrat Cour	1-2		
o a iii	2013	Cuften	AUTH	1118			1217		45		ntry :		
era	11. Maritel Statu				IS 13			(Specify Vec or N		a - Americ	an Indian		
into care, in series of series of series of series care showing of series of	11. Maritel Status  12. Was Decedent Ever in U,S. Armed Forces?  1 Never Married 2 Married  3 Widowed 4 Divorced  12. Was Decedent of Hispenic Origin? (Specify Ni Yes, specify Cuban, Mexican, Puerto Rican I Yes, Sive Year or Dates:								Bla	ck, White,	etc.		
De la la	15. Decedent's Education (Specify only highest grade completed)  [Give kind of work done during most of woll life. DO NOT use retired)								16b. Kind of B				
rt, the Medical	(S	Specify only highest	grade completed)		(Give	kind of work don DO NOT use retir	e during most of a	vorking					
e e	9 4 91	Secondary (0-12)	College (1	1-40r 5+)	HIUSE	ink			Our	Han	· C		
e 9	17. Father's Nar	me (First, Middle, La	ast)				18. Mother's N	lame (First, Middl	le, Maiden Sumen	70)			
To Be	GEUIG	ie OL	IVER				MARY	Smi a	E				
T-	19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, Cit.									Stete. Zip	Code)		
Ta.	Genta	18/11/	liane	Son	21/3	Clitto	2 AVER		A HIMUR				
the state of	20a. Method of	Disposition	111110	20b. I	Pleca of Dispo	osition (Neme of		Date	20c. Location -				
0		2 Cremation 3				metory or other pi		- 1					
5	21. Signature of Funeral Servica Licansee  22. Name and Address of Pacifity  24. Signature of Funeral Servica Licansee  22. Name and Address of Pacifity  23. Signature of Funeral Servica Licansee												
any Ir	21. Signature of	4 Donation 5 Other (Specify)  1. Signature of Funeral Service Licensee  2. Name and Address of Pacility (HATIRINI - HARRIS F. H.  2. Name and Address of Pacility (HATIRINI - HARRIS F. H.  2. Name and Address of Pacility (HATIRINI - HARRIS F. H.  2. Name and Address of Pacility (HATIRINI - HARRIS F. H.											
	1 0	Beroy >	Jarris		B	Altono	R, sid	2/3/5	-				
	23a. Part1. Eat	ter the disease, or c	omplications that o	caused the dear	th Do not ent	ter the mode of di	and euch ac care	lian or reeniretony	errest		Approximete		
	J SHOCK, OF	HOBIL IBIIUTO. LIST OL	nly one cause on e	each line.	art. Do not on		ring, such es care	nac or respiratory	0.1001,		Intervel Betwee		
	SHOCK, Of I	Heart railure. List of	nly one cause on e	each line.							Intervel Betwee		
dical	Immediate Cau	use (Final dition	nly one cause on e	each line.							Intervel Betwee		
dical niner	Immediate Cau	use (Final dition	nly one cause on e	Atheras		-c Carelo		lar Su			Intervel Between		
dical niner	Immediate Cau	use (Final dition	nly one cause on e	Atheras	clirati	-c Carelo					Intervel Between		
dical niner	Immediate Cau disease or cond resulting in dea	ise (Final dition tth)	nly one cause on e	Affects  Due to (	clirati	quence of):					Intervel Between		
ial-transit Examiner	Immediate Cau disease or cond resulting in dea	ise (Final dition tth)	nly one cause on e	Affects  Due to (	clerets or as a consec	quence of):					Intervel Between		
ial-transit Examiner	Immediate Cau disease or concresulting in dea Sequentially lisi if any, leading t cause. Enter U Cause (Disease that initiated ev.	use (Final dition tth)  at conditions, to immediate inderlying a or injury ents	nly one cause on e	Due to (a	clerets or as a consec	quenca of):					Intervel Between		
is the bunal-transit and control of the bunal-transit and control	Immediate Cau disease or concresulting in dea Sequentially list if any, leading to cause Enter U Cause (Disease that initiated ev- resulting in dea	use (Final dition tth)  at conditions, to immediate inderlying a or injury ents	nly one cause on e	Due to (a	or as a consecutive or es e consecutive	quenca of):					Intervel Between		
the bunal-transit	Immediate Cau disease or concresulting in dea Sequentially list if any, leading to cause Enter U Cause (Disease that initiated ev- resulting in dea	use (Final dition tth)  at conditions, to immediate inderlying a or injury ents	nly one cause on e	Due to (a	or as a consecutive or es e consecutive	quenca of):					Intervel Between		
for use as the bunal-transit	Immediate Cau disease or concresulting in dea Sequentially list if any, leading to cause Enter U Cause (Disease that initiated ev- resulting in dea	use (Final dition tth)  at conditions, to immediate inderlying a or injury ents	a	Due to (c	or as a consector as	quence of): quenca of):	rosu	lar Su		ntribute to	Intervel Betwee		
ached for use as the bunal-transit and the state of the s	Immediate Cau disease or concresulting in dea Sequentially list if any, leading to cause Enter U Cause (Disease that initiated ev- resulting in dea	use (Final dition atth)  at conditions, to immediate inderlying a or injury ents th) Last	a	Due to (c	or as a consector as	quence of): quenca of):	rosu	lar Six	Dease di tobacco use co		Intervel Betwee Onset and Dee		
ached for use as the bunal-transit and the state of the s	Immediate Cau disease or concresulting in dea Sequentially list if any, leading to cause Enter U Cause (Disease that initiated ev- resulting in dea	use (Final dition atth)  at conditions, to immediate inderlying a or injury ents th) Last	a	Due to (c	or as a consector as	quence of): quenca of):	rosu	lar Six	Dease d tobacco use co		Intervel Betwee Onset and Dee		
by Physical Armania and be detached for use as the bunal-transit as a by Physicalar/Medical Examiner	Immediate Cau disease or concresulting in dea Sequentially list if any, leading to cause. Enter U Cause, (Disease that initiated evresulting in deal Part II. Other signature or cause of the cause of t	use (Final dition atth)  at conditions, to immediate inderlying a or injury ents th) Last	a	Due to (c	or as a consector as	quence of): quenca of):	rosu	23b. Dk	d tobacco use co	3 ☐ Prot	o the cause of debebly 4 10 Unit		
be detached for use as the burial-transit and by Physician/Medical Examiner	Immediate Cau disease or concresulting in dea Sequentially list if any, leading to cause. Enter U Cause, (Disease that initiated evresulting in deal Part II. Other signature or cause of the cause of t	use (Final dition atth)  at conditions, to immediate inderlying a or injury ents th) Last	a	Due to (c	or as a consector as	quence of): quenca of):	rosu	23b. Die 1 [24a. Wa per	d tobacco use co	3 ☐ Prot	o the cause of debebly 4 2 United the cause of debebly 4 12 United		
pe 2 should be detached for use as the burial-transit	Immediate Cau disease or concresulting in dea Sequentially list if any, leading to cause. Enter U Cause, (Disease that initiated evresulting in deal Part II. Other signature or cause of the cause of t	use (Final dition atth)  at conditions, to immediate inderlying a or injury ents th) Last	a	Due to (c	or as a consector as	quence of): quenca of):	rosu	23b. Did 10 24a. Wa per	d tobacco use co	3 Prot	o the cause of debebly 4 2 Onlean to the cause of debebly 4 2 Onlean to mpletion of caus death?		
page 2 should be detached for use as the bunal-transit	Immediate Cau disease or conc resulting in dea  Sequentially list if any, leading t cause. Enter U Cause (Disease that initiated ev- resulting in dea	use (Final ditton tith)  at conditions, to immediate Inderlying e or injury ents th) Last	a	Due to (c	or as a consector as	quence of): quenca of):	piven in Part I.	23b. Die 1 = 24a. Wa per per per 1 = 1 = 1	d tobacco use co Yes 2 No Is an autopsy formed? If al.	3 Prot	o the cause of debebly 4 2 United the cause of debebly 4 12 United		
page 2 should be detached for use as the bunal-transit	Immediate Cau disease or concresulting in deal Sequentially list if any, leading to cause. Enter U Cause (Disease that initiated everesulting In deal Part II. Other signature of the sequence	use (Final dition tith)  at conditions, to immediate inderlying a or injury ents tith) Last  gnificant conditions	b. C. d. Hoenital:	Due to (c	or as a consector as	quence of): quence of): quence of): quence of):	given in Part I.	23b. Die 1 Care Par	d tobacco use co Yes 2 No is an autopsy formed? If sec 2 No	3 Prot	o the cause of debebly 4 10 not of cause and Dee		
Il director, page 2 should be detached for use as the burial-transit  To Be Completed by Physician/Medical Examiner	Immediate Cau disease or concresulting in deal Sequentially list if any, leading to cause. Enter U Cause (Disease that initiated everesulting In deal Part II. Other signature of the sequence	use (Final dition tith)  at conditions, to immediate inderlying a or injury ents tith) Last  gnificant conditions	b	Due to (c	or as a consector as	quence of): quence of): quence of): quence of): quence of):	given in Part I.  26. Place of I	23b. Die  24a. Wa per  24a. Te  24a. Wa per	d tobacco use co Yes 2 No is an autopsy formed? If sec.  Yes 2 No one)	3 Protein	o the cause of debebly 4 10 not of cause and Dee		
To Be Completed by Physician/Medical Examiner	Immediate Cau disease or concresulting in deal Sequentially list if any, leading to cause. Enter U Cause (Disease that initiated evresulting in deal Part II. Other signal of the cause of the cause (Disease that initiated evresulting in deal of the cause (Disease that initiated evresulting in deal of the cause (Disease that initiated evresulting in deal of the cause o	ise (Final dition tith)  at conditions, to immediate Inderlying e or injury ents  gnificant conditions  eferred to medical  2 No  Death  5 Pending	b. C. d. Hospital: 1 1 28a. Date (Monit	Due to (c	or as a consector as	quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):	26. Place of Inther:	23b. Die  24a. Wa per  24a. Te  24a. Wa per	d tobacco use co Yes 2 No is an autopsy formed? If sec 2 No	3 Protein	o the cause of dobably 4 United to the cause of dobably 4 United and the cause of dobably 4 United and the cause of dobably 4 United and the cause of dobably 4 United and the cause of dobable and		
I director, page 2 should be detached for use as the bunal-transit  To Be Completed by Physician/Medical Examiner	Immediate Cau disease or concresulting in dea  Sequentially list if any, leading to cause. Enter U Cause (Disease that initiated evresulting in dea  Part II. Other signature of the cause	eferred to medical  Company  C	b. C	Due to (compared to the compared or as a consequence or as a consequence or as a consequence of a consequen	quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):	26. Place of Inther: 4 Nursingury at ork?	23b. Did  24a. Wa per par par 102  24a. Wa per par 24a. Wa 25a. Describe	d tobacco use co Yes 2 No Is an autopsy formed? Tyes 2 No rone) sidenca 6 Other how injury occur	3 Prot	o the cause of debebly 4 2 Unkers end per to mpletion of caus death?			
by the funeral director, page 2 should be detached for use as the busin-transit and by the funeral director. To Be Completed by Physician/Medical Examiner	Immediate Cau disease or concresulting in deal Sequentially list if any, leading to cause. Enter U Cause, (Disease that initiated evresulting in deal Part II. Other signal of the cause of	eferred to medical gnificant conditions  eferred to medical conditions  gnificant conditions  eferred to medical conditions  for investiga  for investiga  for investiga  for investiga  for investiga	b. C	Due to (compared to the compared or as a consequence or as a consequence or as a consequence of a consequen	quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):  quence of):	26. Place of Inther: 4 Nursingury at ork?	23b. Did  24a. Wa per  24a. Wa per  24a. Wa 25b. Death (Check only 25c. Death (Check only 25c. Describe	d tobacco use co Yes 2 No is an autopsy formed? If sec.  Yes 2 No one)	3 Prot	o the cause of debelly 4 Onkere eutopsy findingiable prior to mpletion of cause death?			
by the funeral director, page 2 should be detached for use as the bunal-transit on the funeral director, page 2 should be detached for use as the bunal-transit on the funeral director. To Be Completed by Physician/Medical Examiner	Immediate Cau disease or concresulting in deal Sequentially list if any, leading to cause. Enter U Cause (Disease that initiated eversulting in deal Part II. Other signal of the cause of	eferred to medical  gnificant conditions  gnificant conditions  eferred to medical  Conditions  gnificant conditions  for investigat  for inve	Hospital: 1 28a. Date of the ded	Due to (c  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)	or as a consequence or as	quence of):  quenc	26. Place of Inther: 4   Nursingury at ork?	23b. Die  24a. Wa per Par  24a. Wa per Par  28d. Describe  28f. Location City or Tr	d tobacco use co Yes 2 No Is an autopsy formed? If sec 2 No Yone) Is idence 6 Oth Is how injury occur (Street end Numbown, Stete)	3 Prot	o the cause of debebly 4 10 under the cause of debebly 4 10 under the cause of debebly 4 10 under the cause of death?		
by the funeral director, page 2 should be detached for use as the busin-transit and by the funeral director. To Be Completed by Physician/Medical Examiner	Immediate Cau disease or concresulting in deal Sequentially list if any, leading to cause. Enter U Cause (Disease that initiated everesulting in deal Part II. Other signal of the cause of	eferred to medical gniflcant conditions eferred to medical color investiga or investiga eferred to medical color investiga of could no de determin	Hospital: 1 1 second tion to be ed 28e. Place building.  Physician: To the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer than the taminer th	Due to (c  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Pue to (c)  Due to (c)  Due to (c)  Pue to	or as a consector as	quence of):  quenc	26. Place of Ither: 4 Nursingury at ork?	23b. Did  24a. Wa per Par  1 ©  Death (Check only g Home 5 □ Res 28d. Describe  28f. Location City or To	d tobacco use co  Yes 2 No  Is an autopsy formed?  Tyes 2 No  Young Common to the common town, state)  Is couse(s) end must own, state)	24b. We ever con of (	othe cause of debebly 4 2 Unk ere eutopsy findire eliable prior to mpletion of cause death?  2 Yes 2 No		
by the funeral director, page 2 should be detached for use as the butal-transit and by the funeral director. To Be Completed by Physician/Medical Examiner	Immediate Cau disease or concresulting in deal Sequentially list if any, leading to cause. Enter U Cause, (Disease that initiated evresulting in deal Part II. Other significant in the sequential initiated evresulting in deal Part II. Other significant initiated evresulting in deal Part II. Other significant in the sequential initiated evresulting in deal Part II. Other significant initiated evresulting in the sequential initiated evresulting in the sequential initiated events in the sequential initiat	eferred to medical  gnificant conditions  eferred to medical  gnificant conditions  eferred to medical  Could no determin  1 Certifying  2 Medical Ex	Hospital: 1 1 second tion to be ed 28e. Place building.  Physician: To the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer than the taminer th	Due to (c  Due to (c)  Due to	or as a consector as	quence of):  quenc	26. Place of Inther: 4   Nursingury at ork?   Yes 2   No	23b. Did  24a. Wa per Par  1 ©  Death (Check only g Home 5 □ Res 28d. Describe  28f. Location City or To	d tobacco use co Yes 2 No Is an autopsy formed? If al. If	24b. We ever on of the second	o the cause of debelly 4 2 Unk ere eutopsy findingiable prior to mpletion of cause death?  2 Yes 2 No		
In by the funeral director, page 2 should be detached for use as the burial-transit	Immediate Cau disease or concresulting in deal Sequentially list if any, leading to cause. Enter U Cause, (Disease that initiated evresulting in deal Part II. Other significant in the sequential initiated evresulting in deal Part II. Other significant initiated evresulting in deal Part II. Other significant in the sequential initiated evresulting in deal Part II. Other significant initiated evresulting in the sequential initiated evresulting in the sequential initiated events in the sequential initiat	eferred to medical gniflcant conditions eferred to medical color investiga or investiga eferred to medical color investiga of could no de determin	Hospital: 1 1 second tion to be ed 28e. Place building.  Physician: To the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer than the taminer th	Due to (c  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Pue to (c)  Due to (c)  Due to (c)  Pue to	or as a consector as	quence of):  quenc	26. Place of Ither: 4 Nursingury at ork?	23b. Did  24a. Wa per Par  1 ©  Death (Check only g Home 5 □ Res 28d. Describe  28f. Location City or To	d tobacco use co  Yes 2 No  Is an autopsy formed?  Tyes 2 No  Young Common to the common town, state)  Is couse(s) end must own, state)	24b. We ever on of the second	o the cause of debelty 4 2 United and Deer of the cause of debelty 4 2 United and Deer of the cause of the ca		
by the funeral director, page 2 should be detached for use as the bunal-transit  apple 2  in the funeral director, page 2 should be detached for use as the bunal-transit  apple 2  in the funeral director, page 2 should be detached for use as the bunal-transit  apple 2  in the funeral director, page 2 should be detached for use as the bunal-transit  apple 2  in the funeral director, page 2 should be detached for use as the bunal-transit  apple 2  in the funeral director, page 2 should be detached for use as the bunal-transit  apple 3  in the funeral director, page 2 should be detached for use as the bunal-transit  apple 3  in the funeral director, page 2 should be detached for use as the bunal-transit  apple 3  in the funeral director for use as the bunal-transit  apple 4  in the funeral director for use as the bunal-transit  apple 4  in the funeral director for use as the bunal-transit for use as the b	Immediate Cau disease or concresulting in deal Sequentially list if any, leading to cause. Enter U Cause, (Disease that initiated evresulting in deal Part II. Other significant in the sequential initiated evresulting in deal Part II. Other significant initiated evresulting in deal Part II. Other significant in the sequential initiated evresulting in deal Part II. Other significant initiated evresulting in the sequential initiated evresulting in the sequential initiated events in the sequential initiat	eferred to medical  gnificant conditions  eferred to medical  gnificant conditions  eferred to medical  Could no determin  1 Certifying  2 Medical Ex	Hospital: 1 1 second tion to be ed 28e. Place building.  Physician: To the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer: On the between the taminer than the taminer th	Due to (c  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Pue to (c)  Due to (c)  Due to (c)  Pue to	or as a consector as	quence of):  quenc	26. Place of Inther: 4   Nursingury at ork?   Yes 2   No	23b. Did  24a. Wa per Par  1 ©  Death (Check only g Home 5 □ Res 28d. Describe  28f. Location City or To	d tobacco use co Yes 2 No Is an autopsy formed? If sec 2 No Is an autopsy	24b. We ever or for a series of the control of the	o the cause of de bebly 4 Onker e eutopsy finding eliable prior to mpletion of cause death?  If Route Number, teted.  In the cause(s)  Dey, Year)		
by the funeral director, page 2 should be detached for use as the bunal-transit on a significant on a significant of the funeral director. To Be Completed by Physician/Medical Examiner	Immediate Cau disease or concresulting in deal Sequentially list if any, leading to cause. Enter U Cause, (Disease that initiated evresulting in deal Part II. Other significant initiated evresulting in deal Part II. Other significant initiated evresulting in deal Part II. Other significant initiated evresulting in deal Part II. Other significant initiated evresulting in deal Part II. Other significant initiated evresulting in deal Part II. Other significant initiated evresulting in deal Part II. Other significant initiated events in the part II. Other significant initiated events in the part II. Other significant initiated events in the part II. Other significant initiated events in the part II. Other significant initiated events in the part II. Other significant initiated events in the part II. Other significant initiated events in the part II. Other significant initiated events in the part II. Other significant initiated events in the part III. Other significant initiated events in the par	eferred to medical  gnificant conditions  eferred to medical  gnificant conditions  eferred to medical  Could no determin  1 Certifying  2 Medical Ex	Hospital: 1 1 28a. Date (Mont) to be amliner: On the beamliner: On the band manual Clark.	Due to (c  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Pue to (c)  Due to	or as a consequence or as	quence of):  quenc	26. Place of Ither:  4 Nursingury at ork?  Yes 2 No	23b. Did  24a. Wa per Par  1 ©  Death (Check only g Home 5 □ Res 28d. Describe  28f. Location City or To	d tobacco use co Yes 2 No Is an autopsy formed? If al. If	24b. We ever or for a series of the control of the	o the cause of debebly 4 one of debebly		
by the strength of the strengt	Immediate Cau disease or concresulting in deal Sequentially list if any, leading to cause. Enter U Cause, (Disease that initiated evresulting in deal Part II. Other significant initiated evresulting in deal Part II. Other significant initiated evresulting in deal Part II. Other significant initiated evresulting in deal Part II. Other significant initiated evresulting in deal Part II. Other significant initiated evresulting in deal Part II. Other significant initiated evresulting in deal Part II. Other significant initiated events in the part II. Other significant initiated events in the part II. Other significant initiated events in the part II. Other significant initiated events in the part II. Other significant initiated events in the part II. Other significant initiated events in the part II. Other significant initiated events in the part II. Other significant initiated events in the part II. Other significant initiated events in the part III. Other significant initiated events in the par	eferred to medical and title of certifier  Certifying and title of certifier  and title of certifier	Hospital: 1 1 28a. Date (Mont) to be amliner: On the beamliner: On the band manual Clark.	Due to (c  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Pue to (c)  Due to (c)  Pue to	or as a consequence or as	quence of):  quenc	26. Place of Inther:  26. Place of Inther:  4 Nursing ury at ork?  Yes 2 No  se number  C.M.E.	23b. Did  24a. Wa per  24a. Wa per  25d. Check only g Home 5 - Res  28d. Describe  28f. Location City or To	d tobacco use co  Yes 2 No  Is an autopsy formed?  Yes 2 No  Yes 2 No  Yes 2 No  Yes 2 No  Yes 2 No  Yes 2 No  Yes 2 No  Yes 2 No  Yone)  Sidenca 6 Other one one of the own, State one own, State own	24b. We expected a second of the second of t	o the cause of debebly 4 2 Onlead and Dee obebly 4 Dee ob		
ector: After this certificate has been signed by the attending physicia by the funeral director, page 2 should be detached for use as the bur the funeral director, page 2 should be detached for use as the bur iffication: To Be Completed by Physician/Medical	Immediate Caudiseese or concresulting in deal Sequentially list if any, leading to cause. Enter U Cause (Disease that initiated everesulting in deal Part II. Other signal of the cause of the cause (Disease that initiated everesulting in deal Part II. Other signal of the cause o	eferred to medical and title of certifier  Certifying and title of certifier  and title of certifier	Hospital: 1 1 28a. Place ed 28e. Place building to the caminer: On the beand manifely completed cause of the caminer: On the building to complete cause of the caminer: On the building to complete cause of the caminer: On the building to complete cause of the caminer: On the building to complete cause of the caminer: On the building to complete cause of the caminer: On the building to complete cause of the caminer: On the building to complete cause of the caminer of t	Due to (c  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Due to (c)  Pue to (c)  Due to (c)  Pue to	or as a consector as	quence of):  quenc	26. Place of Inther:  26. Place of Inther:  4 Nursing ury at ork?  Yes 2 No  se number  C.M.E.	23b. Did  24a. Wa per  24a. Wa per  25d. Check only g Home 5 - Res  28d. Describe  28f. Location City or To	d tobacco use co Yes 2 No Is an autopsy formed? If sec 2 No Is an autopsy	24b. We expected a second of the second of t	o the cause of debebly 4 2 Onlead and Dee obebly 4 Dee ob		



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 2 2 0 7

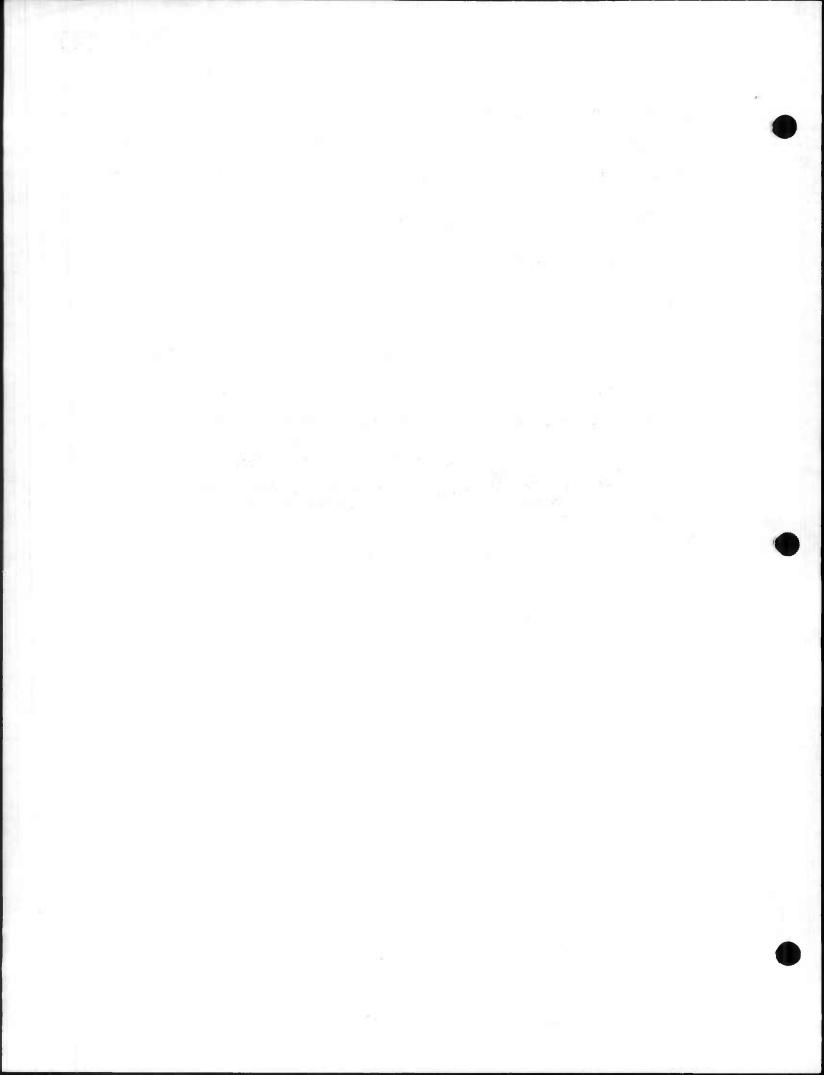
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month Yaar July Frances Clementine Williams 15 1997 /Medical 7:30 am 4e. Fecitity Nama (If not Institution, giva straat and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner 406 S. Poppleton Street Baltimore Baltimore City | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth | Months | Days | Hours | Min. | (Month, Day, Birthplace (Stata or Foraign Country) 5. Social Sacurity Number 7. Age (In yrs. last birthday) **Funeral** Days 1 ☐ M 2 🂢 F Director Yrs 220-14-7579 Maryland Usual Rasidance of Decedant permit. Pagas 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if them 27 is marked other than "natural". or any injury or other traumatic event 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No Director MD N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 406 S. Poppleton Street 21223 IISA Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Rece - Amarican Indian, Black, White, etc. 1 ☐ Yes 2 ☑ No If Yas, Giva Year or Dates: 1 Navar Merried 2 Married 1 ☐ Yas 2√2 No þ Specify 3 Widowed 4 ☐ Divorced white Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) College (1-4or 5+) 6 Waitress Food Service 17. Fethar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Surneme) Be unknown unknown 19a. Informant's Neme/Ralationship (Typa, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Jesse J. Williams, son 6503 Mountain Dale Road, Thurmont, MD 20b. Plece of Disposition (Nama of cematary, cremetory or othar place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 Burial 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Meadowridge Memorial Park 7/18/97 Elkridge, MD 21. Signature of Funeral Service Licensee 22. Nama and Address of Facility Gary L. Kaufman Funeral Homes 7250 Washington Blvd., Elkridge, MD 21075 23a. Part I Enfar the disease, or complications that caused the death. Do not enter the mode of dying, such es cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batw Physician /Medical Immediate Ceuse (Final disaase or condition rasulting in daath) Examiner Examiner physician and the burial-transit The law requires that the death certificate be asscuted Saquantially list conditions, if eny, laading to Immediate ceusa. Entar Undarlying Causa (Disaase or Injury thaf Initiated avants rasulting in death) Lest Dua to (or as a consequance of): P.O. Box 68760. eun : drs Wices Physician/Medical Due to (or as e consequence of): for use es Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. been signed by the should be deteched 23b. Did tobacco uee contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records. Be Completed by 24a. Was an eutopsy performed? 24b. Were eutopsy findings availabla prior to completion of ceuse of daath? paga 2 1 Yas 2 XNo cartificata Division of Vital in or Attending Physician: The effer death.
If Director: After this carificate ad in by the funeral director, pa 25. Was casa refarred to medical examinar? 26. Place of Death (Chack only ona) Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yas 2X No Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatlant 3 ☐ DOA 27. Mannar of Daath 28a. Data of Injury (Month, Day, Yeer) 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? Natural 5 Pending Invastigation 1 ☐ Yas 2 ☐ No NA 2 Accident 6 Could not be 3 ☐ Suicide 28a. Place of Injury - At homa, farm, street, fectory, office building, atc. (Spacify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 29e. Certifier 1 🗷 Certifying Physician: To tha best of my knowledga, daath occurred at the fime, date and place, and dua to tha causa(s) and menner as statad. Medicai (Check only one) 2 Madicel Examinar: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and mennar stated. 29b. Signeture and title of certifie 29c. Licansa number 29d. Data signed (Month, Day, Yaar) mmm who completed causa of daath (Item 23e) (Type, Print) 30. Nama and eddrass of parson Hann on -dward 2305 N. Charles St., Balto., Md.

State Registrar

JUL 2 2 1997

31. Data fited (Month, Day, Year)

32. Ragistrer's Signatura



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 22208

						Cei	rtificate	of	Death		R	leg. No.				
		1. Decedent's Neme (First, Middle							. Date of Dee	th		3. T	ime ot Deeth			
Physician /Medical		Lorna			W.		Ţ	Vate	ers		Month July	Dey 21	Yeer 1997	12	:25AM	
Examiner		4e. Fecility Neme (If not institution	give street	and numbe	er)		·				tion of Deeth		ty of Deeth		L Z JAM.	
<b>1</b> , , , , , , , , , , , , , , , , , , ,		North Oaks R	etirem	ent C	enter			т	Pikesv	1110		Pal+	imore			
Funeral		5. Sociel Security Number	6. Sex	7.	Age (In yrs. Ia	st birthday)	If Under 1	Year	If Under 24		. Date of Birth		9. Birth	piece (S	tate or Forei	
Director	-	216-14-8982 Usuel Residence of Decedent	1□M 2	2₽F	76	Yrs.	Months	Deys	Hours	Min.	B. Date of Birth (Month, Day June 1]	1921	Cou	ntry) cyla		
and **	- 1-	10a. Stete 10b. County			10c, City,	Town or Lo	cation						10d. Inside City Limits			
vith the Mary or 28a-f sho be notified	5	Md. Balt	imore		Pik	esvil	le							1 ☐ Yes 2K N		
3a or 2		10e. Street end Number 725 Mt. Wilse	on Lan	ne			10f. Zip C	ode 2120	08		1	log. Citizen o	f Whet Cou USA	ntry?		
r items 234	5	11. Marital Status			nt Ever in U,S	. 13.1	Was Decede	nt of H	ispanic Origi	n? (Speci	ify Yes or No-	14. R	ace - Ameri	can Indi	en,	
permit. Pages 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any highty or other traumatic event, the Medical Examiner must be notified at ance.  To Be Completed by Funeral Director	2	1 ☐ Never Married 2 ☐ Marri 3 ☐ Widowed 4 ☐ Divorced	ed 1[	Armed Forces? 1 ☐ Yes 2 ☑ No It Yes, Give Year or Dates:		13. Was Decedent of Hispanic Origin? (Spill Yes, specify Cuben, Mexican, Puerlo     1 ☐ Yes 2 1 No Specify:				Puerto Ri	o Rican, etc.) Black Specify			k, White, etc.  White		
72 hounders	2	15. Decadant	s Education				dent's Usuel	Occup done	ation during most o	of working		16b. Kind of	Business/Ir	dustry		
ed within 72 ho ygiene. A tre Medical A, the Medical		Elamantary/Secondary (0-12)	1	nnplated) 16a. Decedent's Us (Give kind of w life. DO NOT HOmemake				ratired	1)	, vorting		Own I	lome			
Hygied Co.		17. Fether's Name (First, Middle, I	ast)					T	18. Mother's	s Name (	First, Middle, I					
Mental H Mental H arked out atic ever	5	Capt. John	00.7	G.		Wall	er		Marga:					lurr	ay	
2 sho lend l le me raume	19a. Informent's Neme/Reletionship (Type, Print)  Mr. John Waters/Son  19b. Mailing Address (Street and Number or Rural 7304 Oskaloosa Dr. Roc													o Coda)		
and eeith	-		s/Son						sa Dr.	Rocl						
Pages 1 ent of H nt: If Ite ry or otl	20a. Method of Disposition  1 🖾 Burlel 2 🗆 Cremetion 3 🗆 Removal from State  20b. Pleca of Disposition (Name of cemetery, crematory or other place)  20c. L										Location - City or Town, State					
permit. Departm Importa any inju	ŀ	21. Signature of Funerel Servica I		v.		-					l Home,					
205 20		Kut 1	1	-	-						on, Md. 2					
		23a. Pert1. Enter the disease for shock, or heart failure. List	complication	s that caus	ed the deeth.	Do not ent	er the mode	of dyin	g, such es ca	ardiac or	respiretory err	est,		Appro	ximete el Between	
Physician	i	or roar rando.	, 0 000	.00 011 00011	into.									Onset	end Deeth	
/Medicai		Immediete Ceuse (Finel diseese or condition		Rin	0	Failur							Į.	2 ,	sks	
Examiner		resulting In daath)	a	141		as a consec		-					12	g. V	O K 5	
je je				11 -	erters 1:		juerice orj.						1	10	40000	
be sworuled ician and burial-transit		Sequentially list conditions	b. —	1746		es e conseq	mence of):								700)	
mand faltrar		if eny, leeding to immediate cause. Entar Underlying			200 10 (01	00 0 0011000	donoc ory.									
thysician thysician the burta		Sequentielly list conditions, if eny, leeding to immediate cause. Entar Underlying Cause (Disease or Injury that initieled events could be death). I continue the continue to the country of the country										-				
nding physicia use as the bu		Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I.														
at the death or d by the attend strached for us Physician/	-										23b Did to	obacco use	contribute t	o the ce	use of dear	
ed by the detached		Stroke						g				es 2 ₩ No			4 🗆 Unkno	
by by										_						
The law requires that the death certificate be assigned that has been signed by the attending physician a page 2 should be deteched for use as the burial.  Completed by Physician/Medical Ex											24a. Was e perfor		6/	eilable	opsy tinding prior to n of cause	
The law are has page 2											1 🗆 Y	es 20 No	1	□Yes	2 No	
	ŀ	25. Wes casa raterred to medical					-	-	26 Place o	f Doeth /	Check only on	201				
hysicia his car il direct		exeminer? 1 ☐ Yes 2 ☑ No	Hospita	al:	tiont 2 🗆 E	R/Outpatien	t 3 DOA	Oth			5 ☐ Reside		that /Cassi	(LA		
Property Pro		27. Mannar of Death	286	Deta of In (Month, D		28b. Time of		. Injun			d. Dascribe h			19)		
tal or Attending Physician: In after death: In Director: After this certification, by the tuneral director, Certification: To Be C		1 Accidant 5 Panding		(Month, D	Day Year)	Injury	М		k? Yes 2∐No							
after deat Olivector: Jin by the ertifica		3 ☐ Sulcide 6 ☐ Could n	ot be	. Placa ot i	njury - At hom	ne. tarm. str	eet, factory,	offica		28	t. Location (Si	treet and Nu	nber or Rur	al Route	Numbar.	
5 분유 도		4 Homicida	160	building, e	etc. (Specify)	,,					City or Town	n, State)				
To the Hospital or within 24 hours after To the Funeral Director prompletely Illied in Medical Cert		29a. Contifier 1 Certifying 2 Medical E	Physicien:	To tha bes	it of my knowl	edge, death	occurred et	the tim	ne, data end	placa, en	d due to the c	eusa(s) and	mannar es s	steted.	usa/s)	
the Print 2 the Pr	L	ongr	er	nd manner s	steted.		- Cottgation, ii			00001100	or the time, d	ato one plao		0 1112 00		
0 to 0 S		290, Signature and title of certifier					29c. l		e number		2	9d. Date sig	ned (Month,	Day, Yo	ear)	
_		1 / mel	~!	D				D	3867	5		7/2	1197			
7	1	30. Name and address of person v	no complate	ed cause of	daeth (Itam 2	23a) (Type.	Print)					,				
1)		JOEL MESHU		11.1			VER	55	_	B412	MORE	MD	2.	230	2	
State				32. Regis	trad Signetu	100				17-10		FU		200		
Registrar		31. Dete filed (Month, Day, Year) JUL 2 2 19	97	Joine	Signetu Davidsov	-Aand	Me.									

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month William Joseph Weinzirl 1997 July 11 5:00 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 2345 Searles Road Dundalk Baltimore. 5. Social Security Number 6. Sex 1 🖾 M 2 🗆 F If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** Yrs 219-14-1691 Director 73 April 1924 Maryland Usuel Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Director 1 ☐ Yes 2 No Maryland Baltimore Dundalk 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? Items 23a 2345 Searles Road 21222 United States Funeral 12. Was Decedent Ever In U.S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Dates: Koncan 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after or Department of Health end Mentel Hygiene. Important: If Itam 27 is merked other than "natural", or ther any Injury or other traumatic event. Its Menters 1 ☐ Never Married 2 ☑ Married Baltimore, Maryland 21215-0020 Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elamentery/Secondary (0-12) Collaga (1-4or 5+) 7 Years Carpenter Carpentry 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be William Weinzirl Caroline M. Hesse 19e. informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Janice F. Weinzirl/Wife 2345 Searles Road Baltimore, Maryland 21222
Dete 20c. Location - City or Town, Stete 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 1X Buriel 2 Cremetion 3 Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Garrison Forest V.A. Cem 7/14/97 Owings Mills, MD 22. Name and Address of Facility 21. Signeture of Funerel Servica Licansee Duda-Ruck Funeral Home of Dundalk, Inc. 1 COCAH 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, Approximate Intervel Between Onset end Daath **Physiclan** /Medical Immediate Cause (Final Failure disease or condition resulting in daeth) Examiner Physician/Medical Examiner Cardismyopath siclan end buriel-trensit The law requires that the death certificete be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseesa or Injury that initieted events resulting in death) Last physiclan s the burie Box 68760. eroran iseas Due to (or as e consequenca of) 88 use i Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 2 Yes 2 □ No 3 □ Probably 4 □ Unknown Chroniz Obstructive Pulmmany Records. Completed by 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Atrial Fibrilation page 2 1 Yes 1 ☐ Yes 2 No Division of Vital or Attanding Physician: 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No Certification: To this funeral 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 24 hours after death. 2 Accident the 6 Could not be detarmined 3 ☐ SuicIde 28f. Location (Street end Number or Rurel Route Number, City or Town, State) Pleca of Injury - At home, farm, straet, factory, offica building, etc. (Specify) filled in by 4 Homicide Hospital 1 Cartifying Phyelclan: To the bast of my knowledge, death occurred et the tima, deta and place, and due to the ceuse(s) end manner as steled.

2 Medical Examiner: On the basis of axamination end/or investigation, in my opinion, deeth occurred et tha time, dete end placa, end dua to the ceuse(s) end mannar stated. Medical 29a. Certifian complataly (Check only one) within 2 To the I th th 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 0 D 51185 Chustnams

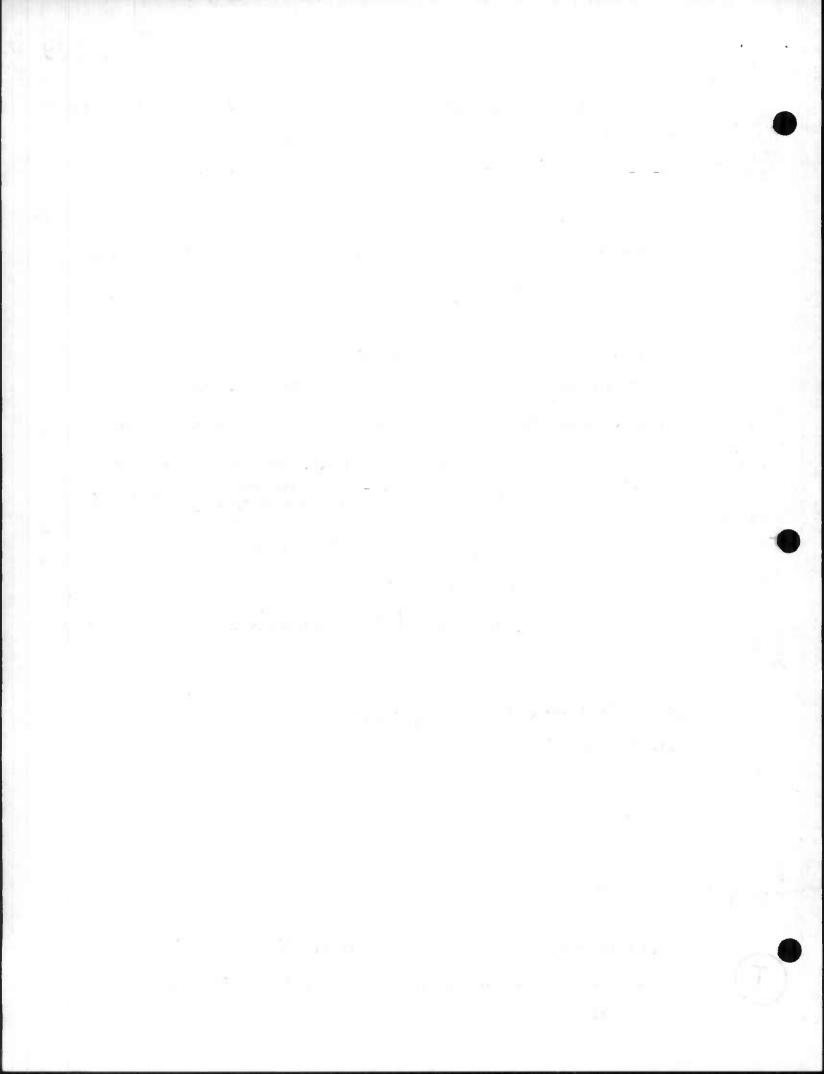
641

State Registrar

21. Data filed (Month, Day, Year)

Colheen Christmas MD, 5505 Hopkins Bayvicw Circle, Bultimore, Mb 21224 32. Registrar's Signeture

30. Name end eddrass of person who complated ceuse of deeth (Itam 23a) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 222 | 0

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** WEINLICH 5:50 hrs 18,1997 JU /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner CATONSVILLE CATONSVILLE COMMONS NURSING HOME BALTIMORE If Under 1 Year | If Under 24 Hrs. Birthplace (State or Foreign Country) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) Funeral Deys Hours 1□ M 2☑ F 217-14-5513 Yrs 90 Director JAN 14,1907 MARYLAND Usuel Residence of Decedent the Manylend 10a. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or Items 23a or 28a-f show traumatic event, the Madical Examinat must be notified at T√□ Yes 2 □ No Director MD N/A BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 775 W. CROSS STREET 21230 U.S.A. Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐XNo If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 11. Maritel Status 72 hours after 1 Never Merried 2 ☐ Married 3altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ XNo Specify: If Yes, Give Year or Dates: Specify: þ 3 Widowed 4 Divorced WHITE 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Illed within 7 I Hygiena. 12 should be filed within 7 and Mental Hygiena. Elementary/Secondery (0-12) College (1-4or 5+) 8TH GRADE MARYLAND NATIONAL BANK TELLER 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) LOUIS WEINLICH MAMIE KROGMAN 19e. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Health Item 27 i KATHLEEN GALLION (NIECE) 1903 OAK LODGE ROAD - CATONSVILLE, MD. 21228 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Date Pages 1 parmit. Pages Department of Important: if it any injury or o 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) HOLY CROSS CEMETERY 7/21/97 feral Service Licensee 22. Name end Address of Fecility
HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD usa 21229 23a. Part\_Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cerdiac or respiretory errest, shook, or heert feilure. List only one cause on each line. Approximate Intervel Between Onset end Death **Physician** Acute myocardial infarction /Medical Immediete Ceuse (Finel disease or condition resulting in deeth) hourt **Examiner** Examiner physician and the burial-transit Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or as e consequence of) Pert II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. P.O. 23b. Did tobecco use contribute to the cause of death? 3 Probably 4 Unknown abetes mellitus 1 Yes 2 No Division of Vital Records. þ 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed ypertensive Cardiovascular disease Thrombocytopenia. Dementia 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical examiner? Be 26. Plece of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 25€No 10 funeral 28a. Dete of Injury (Month, Day Year) 27, Manner of Deeth 28b Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: 24 hours efter death.

Funeral Director: After Hospital or Attending 1 Naturel 5 Pending 1 Tes 2 No investigation 2 Accident 6 ☐ Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide Medical 29a. Certifier 15 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner es steted. (Check only 2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. within 2 29d. Dete signed (Month, Day, Year) 29b. Signature end title of certifier analle Paulus D18362 30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) 3455 WILKENS AVENUE - BALTIMORE, MD DR. KOMAL DANG 21229 31. Date filed (Month, Day, Year)

32. Registrer's Signeture

Luka Aurdson-Randall

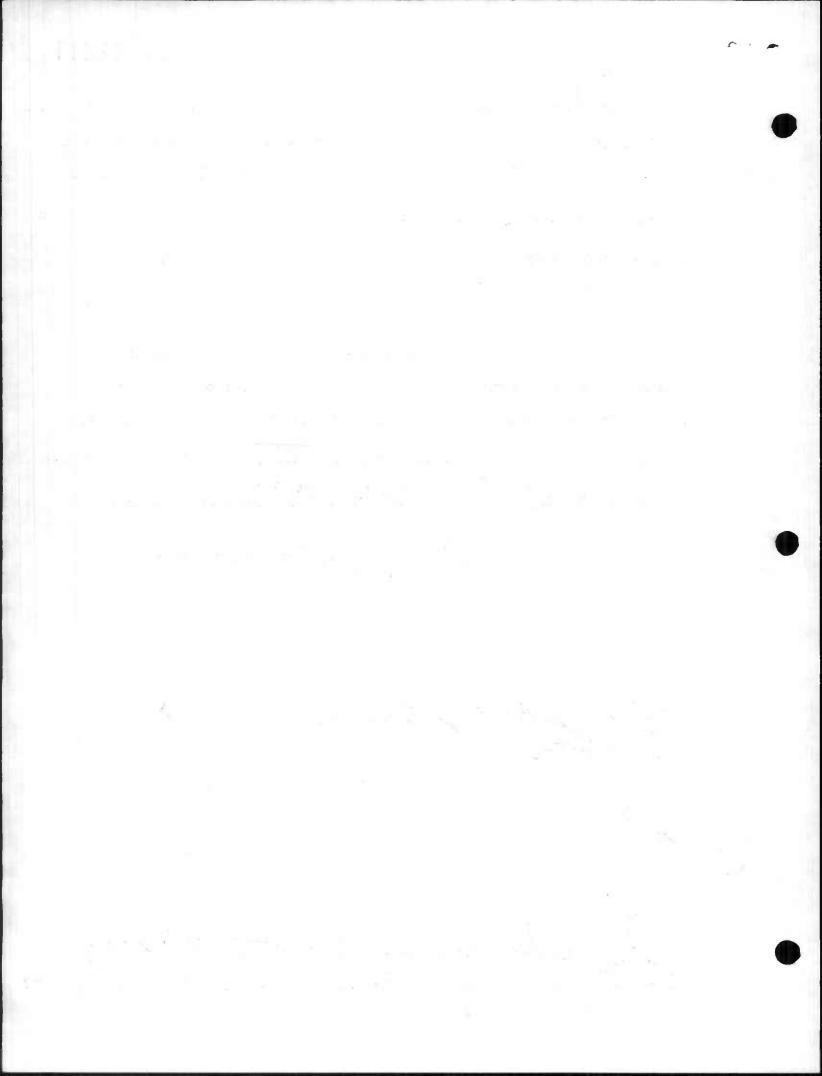
Registrar

State

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygien 7 Certificate of Death ITEM#20b FLM#G749 7/22/97 J.A. 1. Dacadant's Name (First, Middla, Last) 2. Date of Daath 3. Time of Death Month **Physician** Year July 17, 1997 4:00 A.M. Lula Marie Watkins Young /Medical 4a. Facility Nama (If not institution, giva straet and number) 4b. City. Town, or Location of Death 4c. County of Daath Examiner Baltimore County 8631 Willow Oak Road Parkville 5. Social Sacurity Number If Undar 1 Yaar If Undar 24 Hrs. 9. Birthplaca (Stata or Foraign Country) 6. Sax 7. Aga (In vrs. last birthday) **Funeral** 1□M 2NF Months Days Hours Yrs. Director 213-58-4140 79 Oct. 15, 1917 Maryland Usual Rasidance of Decedent the Maryland 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits r than "natural", or items 23s or 28s-f show the Medical Exprener must be notified at 1 ☐ Yas 2 🕱 No Director Maryland Baltimore County Parkville 10e Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? filed within 72 hours after death with 21234 Funeral 8631 Willow Oak Road U.S.A. Wes Decedent Evar in U,S. Armed Forcas?
 Yas 2∑No Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Ricen, atc.) 11. Marital Status 14. Race - American Indian, Black, White, etc. 1 Naver Married 2 Married 21215-0020 1 Yas 2 No Specify: If Yas, Give Yaar or Datas: Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 16b. Kind of Businass/Industry 15. Dacedant's Education 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) (Specify only highast grada complated) 7.27 is marked other than "ny traumatic event Elementary/Secondary (0-12) Collaga (1-4or 5+) Years Homemaker Own Home Baltimore, Maryland 17 Fathar's Name /First Middle ( est) permit. Pagas 1 and 2 should be file Department of Health and Mantal Hy Important: If item 27 is marked othe any lujury or other traumatic event once. 18. Mothar's Nama (First, Middle, Maiden Sumama) Be William Mary Booker Scriven Theresa Geldmacher 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Route Number, City or Town, State, Zip Coda) James L. Young, Jr./Husband 8631 Willow Oak Road, Baltimore, Maryland 21234 20b. Placa of Disposition (Nama of camatary, crematory or other place) 7/19/97 20a, Mathod of Disposition 20c. Location - City or Town, Stata 1 XBurial 2 ☐ Cremation 3 ☐ Ramoval from Stata Gardens of Faith Cemetery 7/19/97 4 Dogation 5 Dothar (Specify) Baltimore, Maryland 22. Nama and Addrass of Facility
John C. Miller, Inc. 21. Signally of Funeral Service License 6415 Belair Road, Baltimore, Maryland 21206 non Manuta 2000 Part first trata disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, shock or heart feiture. List only one cause on each line. Approximete Intarval Batween Onsat and Death **Physician** /Medical Immediate Causa (Final 1910 Carcinoma diseasa or condition rasulting in daath) Examiner Examiner The law raquires that the death certificate be executed bunial-trensi Sequantially list conditions, if any, leading to immadiata ceusa. Entar Undarlying Cause (Disease or injury that initiated avants rasulting In daath) Lest Due to (or as a consaquance of): physician s tha burial 68760 Physician/Medical Dua to (or as e consequance of): use as attending Box jo P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 ☐ Probably 4 ☐ Unknown 1 Yas 2 No signed b Records, þ Completed 24b. Wara autopsy findings available prior to 24a. Was an autopsy complation of causa of deeth? paga 2 1 ☐ Yas 2 No 1 ☐ Yes 2 ☐ No Division of Vital Physician: Be 25. Was cesa rafarred to medicel examinar? 26. Placa of Daath (Check only one) Other: 4 Nursing Homa 5 Rasidance 6 Other (Spacify)
Injury at 28d. Describe how Injury occurred 1□ Yas 2 No 2 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA 27. Manner of Death 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 5 Pending Invastigation Natural 2 Accidant 1 ☐ Yas 2 ☐ No 3 Suicide 6 Could not ba Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicida To the Hospital within 24 hours To the Funeral C Cartifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end menner as steted.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and mannar stated. 29a. Certifier edical complataly (Check only one) 29b. Signature a 29c. Licanse number Little of certifier 29d. Data signed (Month, Day, Yaar) in 30. Nema and address of person who complated gause of deeth (Itam 23a) (Type, Print) 0 Geor 31. Dete filad (Month, Day, Yaar)
JUL 2 2 1997 State Registrar



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible, State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month Voor **Physician** G900. Hoderson 1997 JULY 16 /Medical 4e. Fecility Nama (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Hospita Baltimore
If Under 24 Hrs. 8. Data of Birt Hanes If Under 1 Year 8. Data of Birth (Month, Dey, Yeer) 9. Birthplece (Stata or Foraign Country) 5. Sociel Security Number 6. Sex 7. Aga (In yrs. last birthdey) Days Months Hours 1 M 2 F 248-32-9342 Usuei Residence of Decedent 12, 1924 South Carolina Yrs. Director 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notified at Baltimore 1 ☐ Yes 2 No Director md. atonsville 10e. Street and Number 10f. Zip Code 10a. Citizen of What Country? Smithwood Avenue Baltimore (La tal Status 12. Was Decedent Ever in U.S. 13. Was Armed Forces? 13. Was Armed Forces? 21228 Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - American Indien, Bieck, White, etc. 1 Yes 2 No If Yes, Give Yaer or Datas: 1 Never Married 2 Married Specify: Black Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 □ Divorcad 16e. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry el Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 17. Fether's Name (First, Middle, Last) TRIVate 18. Mothar's Nama (First, Middle, Maidan Sumama) Is marked of Pearson JaRB permit. Pages 1 end 2 sh. Department of Heelth and Important: If item 27 is ma. any injury or con-19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) Catonsville, Maryland 21228 Slondell Garth, owell 20b. Pleca of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 1 Buriel 2 □ Cremetion 3 □ Removel from State
4 □ Donation 5 □ Other (Specify) 97 Randallstown Maryland 5 Other (Specify) Joseph H. Brown JR. Funeral Home, PA. 21. Signeture of F neral Service Lie nsae 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate Approximete Intervei Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel diseese or condition resulting In death) · BULMONARY EDEMA 12 hours Examiner Due to (or es e consequence of): Examiner ASCUD 10 years physiclan end the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): Records, P.O. Box 68760 Physician/Medical Due to (or as a consequence of): Pert II. Other significant conditione contributing to death but not resulting in the underlying cause given in Pert 1. 23b. Did tobacco use contributa to the cause of death? 1 | Yes 2 | No 3 Probably 4 Unknown obstructive pulmonary 24e. Wes en eutopsy performed? 24b. Were eutopsy findings available prior to DIABETES mellitus completion of cause of deeth? 1 ☐ Yes 2 ☐ No 25. Was case referred to medical axaminar? NAME: ANNIE Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA After this 28e. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? Neturel 2 Accident 5 Pending investigation 1 Tyes 2 No ne Hospital or Attendi n 24 hours efter death ne Funeral Director: A 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 Suicida 28e. Place of Injury - At home, farm, straet, fectory, offica building, etc. (Specify) 4 Homicide Cartifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the cause(s) end menner es steted.

| Cartifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the cause(s) end manner stated.

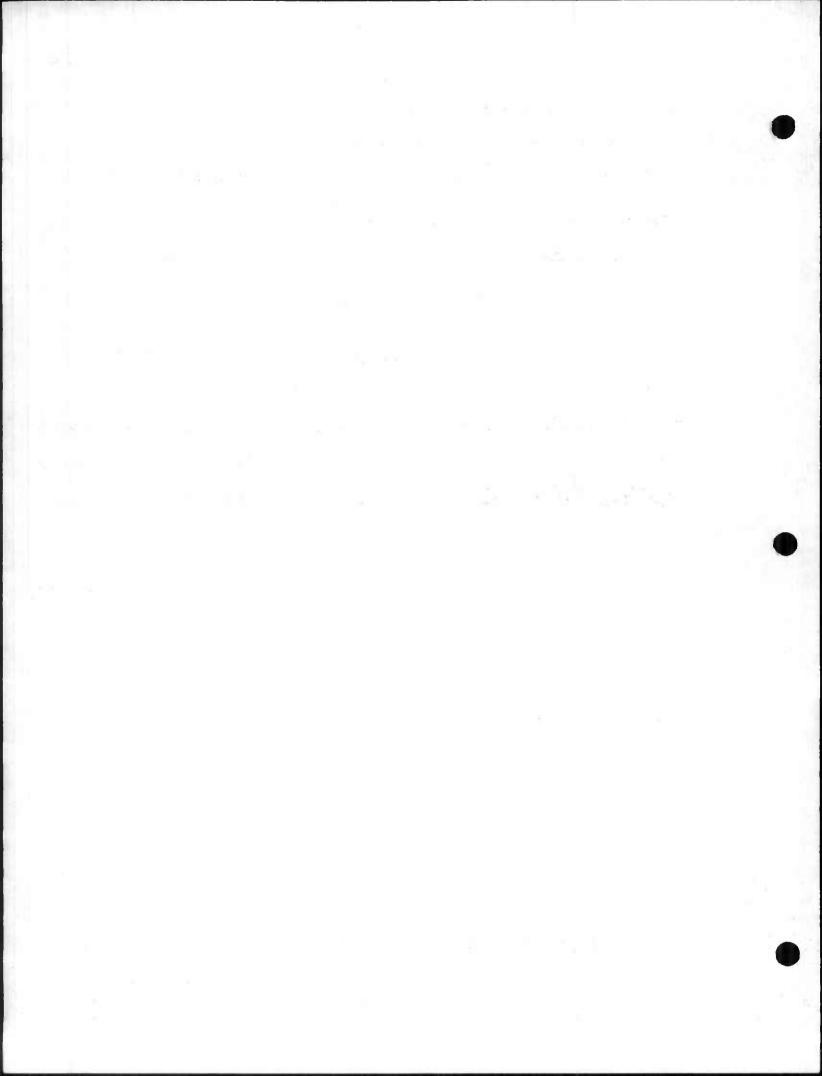
| Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end manner stated. 29a. Certifier To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Lundle mo D2264 d address of person who completed cause of deeth (Item 23e) (Type, Print) 21229 900 SOUTH CATEN AVENUE BALTIMORE. SNYDER m.D.
32 Registrer's Signeture Jerome MARKAND 31. Date filed (Month, Dey, Year) State 2 3 1997 Registrar

ANDERSON

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 22213

					,		tificate of	Death		Reg. No.	C- C	2210		
			1. Decedent's Name (First, Middle, La	st)					2. Date of De		Vaca	3. Time of Death		
	Physici /Medic		STELLA BA	LSARICK					July	22 Y	Year	1:50am		
8	Examir		4a. Facility Name (If not institution, giv					4b. City, Town, or	Location of Death	4c. County	of Death			
7			Johns Hopkins Un	iversity Bo	ay u rew	Medical	Center	Baltim	270		N/A			
	Funeral		5. Social Security Number 6. S	Sex 7. Ag		last birthday)	If Undar 1 Yaar Months Days					laca (Stata or Foreign		
35	Director		220-05-7395 Usual Residence of Decedent	□M 2F	77	Yrs.	Months Days	Hours Min.		/08/1920 Maryland				
	land land		10a. State 10b. County		10c. City	y, Town or Lo	cation				10	Od. Insida City Limits		
	Man	Funeral Director	Maryland N/A			Baltim	ore					1  Yes 2□No		
	r 28s		10e. Streat and Number				10f. Zip Code			10g. Citizen of V	What Coun	try?		
	N with	<u>=</u>	405 S. Duncan St	reet			21231			USA				
	ms 2	Jer	11. Marital Status	12. Was Decedent	Ever in U,	S. 13. V		Hispanic Origin? (S	pecify Yas or No		e - America			
20	iges 1 and 2 should be filed within 72 hours after death with the Maryland it of Health and Mental Hygiene. If item 27 Is marked other than "natural", or items 23e or 28e1 show or other traumatic event, the Medical Examiner must be notified at	by Fu	1 ☐ Naver Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced		2. Was Decedent Ever in U,S. Armed Forces?  1 ☐ Yes 2 ☐ No  If Yes, Give A  1 ☐ Yes 2 ☐ No  Specify:					Specify				
ò	tura tura	Pa	15. Decedant's Ed			16a Deced	ent's Usual Occu	pation		16b. Kind of Bu	Whi:			
21215-0020	in 72	Completed	(Specify only highest gre	ide completed)	e completed)			during most of wo	rking	100.11	2011/2001112			
212	filed with Hygiene. Ither than	E	Etamantary/Secondary (0-12) 9th	Collage (1-4or	5+)	House	vi fo			Domes	stic			
p	illec I Hyg other	BeC	17. Father's Name (First, Middle, Last,	)	Housewife 18. Mot				me (First, Middle,	Maiden Sumam				
Maryland	Mental Merical Merical	ToB	Joseph Janiuk	Joseph Janiuk										
ary	2 should and Men Is marke aumatic	-	19a. Informant's Name/Relationship (	Type, Print)	Jnknown ural Route Numb	er, City or Town,	Stata, Zip	Coda)						
	1 and 2 Health a om 27 ls		Victor J. Balsari	ictor J. Balsarick SR/husband 405 S. Duncan Street  a. Method of Disposition 200b. Placa of Disposition (Name of proposition of page o								21221		
re,	f Hei		20a. Method of Disposition		20b. P	laca of Dispos	sition (Name of natory or other pla	ace)	Date	20c. Location -	City or To	wn, State		
E	Pages nent of I int: If ite		1 Burial 2 Cramation 3 C 4 Donation 5 Other (Specif		1	klawn	latory or other pre		7/24/97	Baltimore,				
altimore,	구두주루		21 Signatore of Funeral Service Lice		000		. Nama and Addr		, ,			7		
ä	Depariment of the popular of the pop		David J. Weber Funeral Home 401 S. Chester St. Baltimore, Maryland 23a. Parl 1. Enter the disease or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. Lint only one cause on each line.											
	_		23a Part 1 Enter the disease or com	plications that cause	d the death	Do not ante	01 S. Ch	ester St.	Baltim	ore, Mar	ryland	3 21231		
	Dharalalau		shock, or heart failure. List only	ona causa on each l	ine.	i. Do not ante	or tria moda or dy	11g, 3doi1 a3 oarola	o or raspiratory a	11001,		Interval Betwaan Onsat and Death		
	Physiclan /Medical		Immediate Cause (Final			0						1		
н	Examiner		disease or condition resulting in daath)	a. Multi	Syste	m Or	gan fai	lure				week		
		e e										12month		
	tificate be executed g physician and as the burial-transit	in in	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events  Due to (or as a consequence of):  Due to (or as a consequence of):									ALLOWIN		
Ć,	exec in an ial-tr	EX												
68760,	The law requires that the death certificate be executed ate has been signed by the attending physician and page 2 should be detached for use as the bunal-transit	Physician/Medical												
68	g phy as th	Pe	resulting in death) Last		540 10 (01	ao a comsaqu	341104 017.							
Box	andin use	1		d										
	that the death cert ed by the attandin detached for use	icia	Part II. Other algnificant conditions of	ontributing to death b	out not resu	ulting in the un	derlying cause g	ivan In Part I	23b. Did	lobacco use co	ntribute to	the cause of death?		
P.0	t the by th	hys										bably 4 Unknown		
	as that igned I be det	ру Р	Urinary tract	Infection										
Records,	require been sig should b	pq k								an autopsy	24b. We	ere autopsy findings ailable prior to		
000	w requ	Completed	Diabetes						pend	rmed?	COL	mpletion of cause daath?		
R	The law ata has page 2	шо	N# 101 11 4						10	Yes 2 No	1.	Yes 2 No		
ta	iclan: The cartificata rector, pag	Be C	Atrial Elbrillet 25. Was case referred to medical	100				26 Place of De	ath (Check only o			22310		
of Vital	ing Physician:  After this cartific, funeral director,	To B	axaminar? 1 ☐ Yas 2 ☑ No	Hospital:	ent 2	ER/Outpatien	t 3□ DOA O	than	dome 5 ☐ Rasi		ar (Snecifi	v)		
0	Phys ar this eral di		27. Manner of Daath	28a. Data of Inju (Month, Da	_	28b. Time of	28c. Inju		_	now injury occur				
sion	ath. Aftar a fune	atio	1 ☑Natural 5 ☐ Pending 2 ☐ Accidant investigation		y Year)	Injury		onk? ]Yes 2 □ No						
8	Py th	Certification:	3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicida datermined	Zoe. Place of in	jury - At ho	me, farm, stre	et, factory, office	)	28f. Location (	Street and Numb	ber or Rura	l Route Number,		
ā	9 9 9 5	ert	4   Homicida	building, et	c. (Specin)	"			City or To	vii, State)				
6	y fills		29a. Cartifier 1 ☐ CertifyIng Ph	ysician: To the best	of my know	wledga, daath	occurred at the t	ime, data and place	and dua to tha	ceusa(s) and ma	anner as st	ated.		
-	To the lose within a to the Fundament of the Fundament of the Fundament of the Fundament of the fundament of	Medical	one) 2 Medical Exam	niner: On the basis of and manner st	ated.	ion and/or inv	estigation, in my	opinion, death occi	aned at the time,	uate and placa,	and due to	(na Causa(S)		
	To the within a To the comple	Σ	29b. Signature and titla of certifier					se number		1.		d (Month, Day, Year)		
will to MO							76	120		July 29	19	97		
	,()		30. Nama and address of person who	complated ceusa of o	daath (Item	23a) (Type, I	Print)				_	-		
	10		William T. Tseng,	MD JHE	BHC	4940	Eastern	MC Bal	timore	HD 21	224			
	Sta	te	31. Data filed (Month, Day, Year)	32. Registe	rar's Signa									



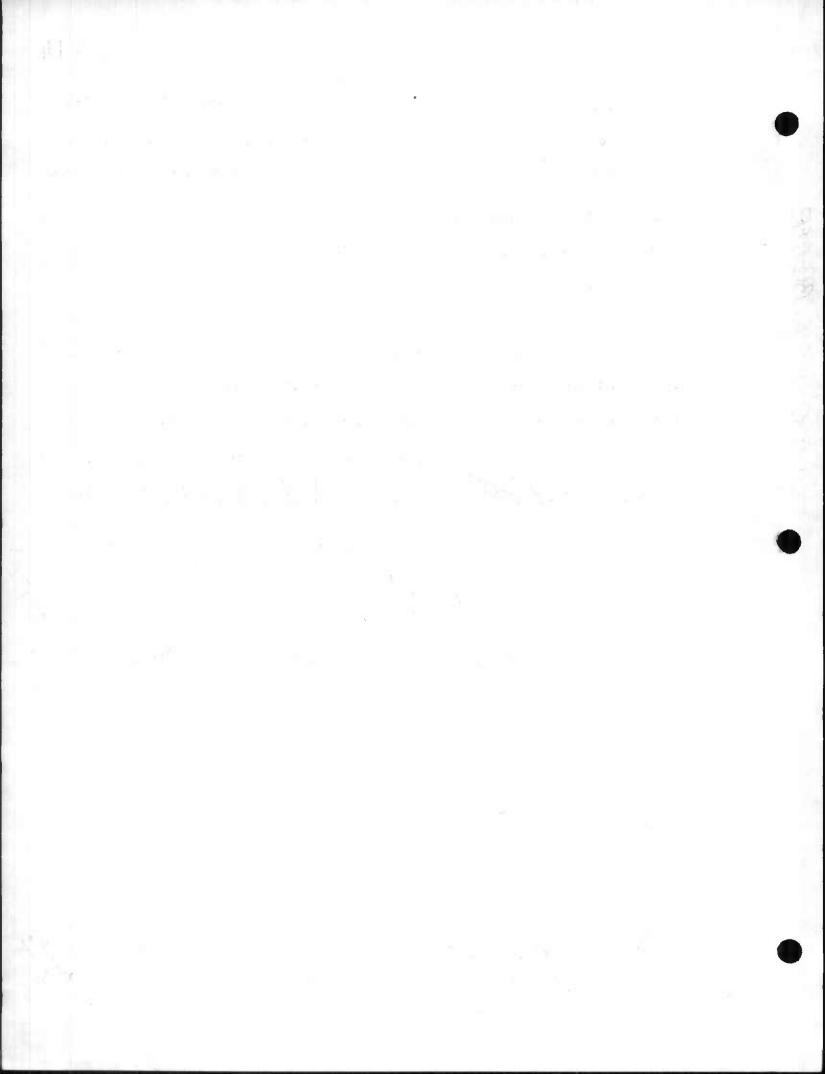
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 22214

					C	ertificate of	Death		Reg. No.			
1			1. Decedent's Neme (First, Middle, La	sst)				2. Dete of D	eeth	3. Time of Deeth		
	Physic		EDWARD JOSEPH BI	REMER	Month Juli	16 1927 Y	1:35AM					
N	/Medi Exami		4e. Fecility Neme (If not institution, gi				4b. City. Toy	wn, or Location of Dec				
E.	Exami	ner										
_			Doctors Hospita  5. Social Security Number 6.		n vrs. lest birthde	(av) If Under 1 Yea		nbelt	inth	Georges		
	Funeral			1X M 2□ F 82	Yrs	Months Deys		Min. (Month, L	irth (2007) 11, 1915	Birthplece (Stete or Foreign Country)		
	Director		Usual Residence of Decedent	02				maren	11, 1915	Pennsylvania		
	B		10e. Stete 10b. County	10	c. City, Town or	Location				10d. Inside City Limits		
	lah an	5	Maryland Prince	Gootgos			1 ☐ Yes 2 ☑ No					
	Pe l	Director		o oeoriges	capitor	Heights						
	with the Maryland is or 28a-f show Lbe notified at	급	10e. Street end Number	Ottoot		10f. Zip Code			10g. Citizen of Whe	al Country?		
	or death with the Maryla learns 23a or 28a-f sho ther must be notified at	Funeral	9535 Beach Park		· ·	2074.			U.S.A.			
	k do	L L	11. Maritel Status	12. Wes Decedent Ever Armed Forces?	r in U,S. 1	<ol><li>Wes Decedent of If Yes, specify Cu</li></ol>	Hispenic Orig ban, Mexican	gin? (Specify Yes or N , Puerto Rican, etc.)		American Indien, White, etc.		
20	of the control	F	1 ☐ Never Married 2 ☐ Married	1 Yes 2 No		1 ☐ Yes 2 🕱 No						
5-002	Fall,	d by	3 ☐ Widowed 4 ☐ Divorcad	Year or Dates:			-,,-		Specify.	White		
Ų.	72 h	Completed	15. Decedent's E (Specify only highest gr		16e. De	cedent's Usuel Occu ive kind of work done b. DO NOT use retir	upetion e during most	of working	16b. Kind of Busin	ness/industry		
2	Pa e all	du	Elementary/Secondary (0-12)	College (1-4or 5+)			ed)					
2	A DE SE	Sor		5+ years	Pri	ofreader			U.S. Gov	vernment		
p	o la constant	Be	17. Fether's Neme (First, Middle, Las				18. Mothe	r's Neme (First, Middl	e, Maiden Surneme)			
la	Ment Ment riced file	10	Edward Francis 1	3remer			Otti	lia Abele				
an	of but		19a. Informent's Name/Relationship	(Type, Print)	19b. Ma	iling Address (Stree	et end Numbe	r or Rural Route Num	ber, City or Town, Ste	ete, Zip Code)		
Σ	State of the state		Gregory Bremer	(Son)	23	17 Furnace	e Road,	Fallsto	n. MD. 21	1047		
P	2 £ £ £		20a. Method of Disposition		20b. Plece of Dis	position (Neme of remetory or other pl	aca)	Dete	20c. Location - Cit	y or Town, Stete		
more	Page out of		1 ☐ Buriel 2 🛱 Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci			ount Crem		7/18/07	Baltimo	nore. Maryland		
至	inger a		21. Signature of Funeral Service Lice	**	oreen m	22. Name end Addi	ress of Fecility	//10/7/	Buttono	ce, margrana		
ä	Day Man		1/ 10	/4/		Schimunel	k Fune	ral Home o	& Bel Air,	Inc.		
_			· vc-u	u		610 W. Mc	acPhau	Road, Be	l Air, MV.	. 21014		
			23a. Part1. Enter the disease, or con shock, or heart failure. List only	one cause on eech line.	deeth. Do not	enler the mode of dy	ring, such es o	cardiac or respirelory	errest,	Approximete Intervel Between		
	Physician			001	7 0	. /.		1 +	10.1.	Onset end Deeth		
	/Medical Examiner		Immediate Ceuse (Final disease or condition resulting in death)	· accu	u eu	nfest	4 -	reary	Julia	e one		
		L	resulting in death)	O Due	to (or as a con	sequence of):		-	0			
	pd it	Examiner	_	, se	105:5	/				GUZ Wark		
	ertificate be executed ling physicien and se as the burial-transit	ш	Sequentially list conditions,	O O Du	to (or as a cons	equence of):		2	10 1	1		
Ö,	e exe		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	alle	6 Ac	engre	e x	- 01	71 700	I Monty		
68760,	ate b hysic	Medical	thet initiated events resulting in death) Lest	Due	to (or as a gons	equence of):	K	-	1.			
9 ×	E 00 00	Me	L	Devib	had	Mase	, Var	dis	disared year			
80	0 0 0		-	9		0	7,					
-	deeth he etten ed for u	Physician	Part II. Other significant conditions	contributing to death but no	ot resulting in the	underlying cause g	iven In Pert I.	23b. Die	tobacco use contri	bute to the cause of death?		
о. О	that the dended by the endeathed	hy						10	Yes 20 No 3	☐ Probably 4 ☐ Unknown		
S,	requires that been signed b hould be dete	by 6										
5	v require been sig should t							24a. We		24b. Were eutopsy findings		
8	_ 11 0	Set						per	formed?	eveilable prior to completion of cause of deeth?		
Record	The law ate hes b page 2 s	Completed										
Ø	icate							1L	Yes 2 No	1 ☐ Yes 2 ☐ No		
Vita	Physician: The this certificate rai director, pag	Be	25. Wes case referred to medical exeminer?	Hospital:		0	26. Plece	of Deeth (Check only	one)			
ot	this ai di	ဥ	1 Yes 2 LN6	mpatient	2 ER/Outpet	IBIT 3LI DOA	4 LI NUI	sing Home 5 Res				
		no	27. Manner of Deeth  1 Deatural 5 Pending	28a. Date of Injury (Month, Day Ye	par) 28b. Time Injur	/ W			how injury occurred			
Division	Attending or death.  ector: After by the fune	cat	2 Accident investigation 3 Suicide 6 Could not be	00			Yes 2 N	-				
$\leq$	or Attendesting of the destination of the destinati	Certification:	4 Homicide determined	28e. Plece of Injury - building, etc. (S	At home, farm, specify)	street, factory, office	•		28f. Location (Street and Number or Rural Route Number, City or Town, Stete)			
	rs e											
	Hosp 4 hos Fune ely fi	edical	(Check only 2 Medical Exa	nyelclan: To the best of my miner: On the basis of exa	minetion end/or	eth occurred et the tinvestigation, in my	time, date end	plece, end due to the	e ceuse(s) end menne , date end place, and	er es steted. I due to the ceuse(s)		
	To the Hospital or A within 24 hours efter To the Funeral Direction of	Med	oney	end menner stated.				1				
	V Viii	~	29b. Signeture end little of certifier		1	29c. Licer	nse number	- 0	29d. Date signed (A	Nonth, Dey, Year)		
	6		Jour (	Kan A	la	1)	133	37	MD	1/16/97		
	1		30. Name end eddress of person who	completed cause of deeth	(Item 23e) (Typ	Print)	0	1	2 1			
	M		TEHANCH	EU 88.	24 (	lennin	gh a	as VV.	JEVW4	deights		
	Sta	ite	31. Dete filed (Month, Day, Year)	32. Registrar's	Signature	6	/			0		
	Registi	ar	JUL 231997	Julia Durdson	- Randell							

DHMH 16 Rev 6/95

JUL 231997

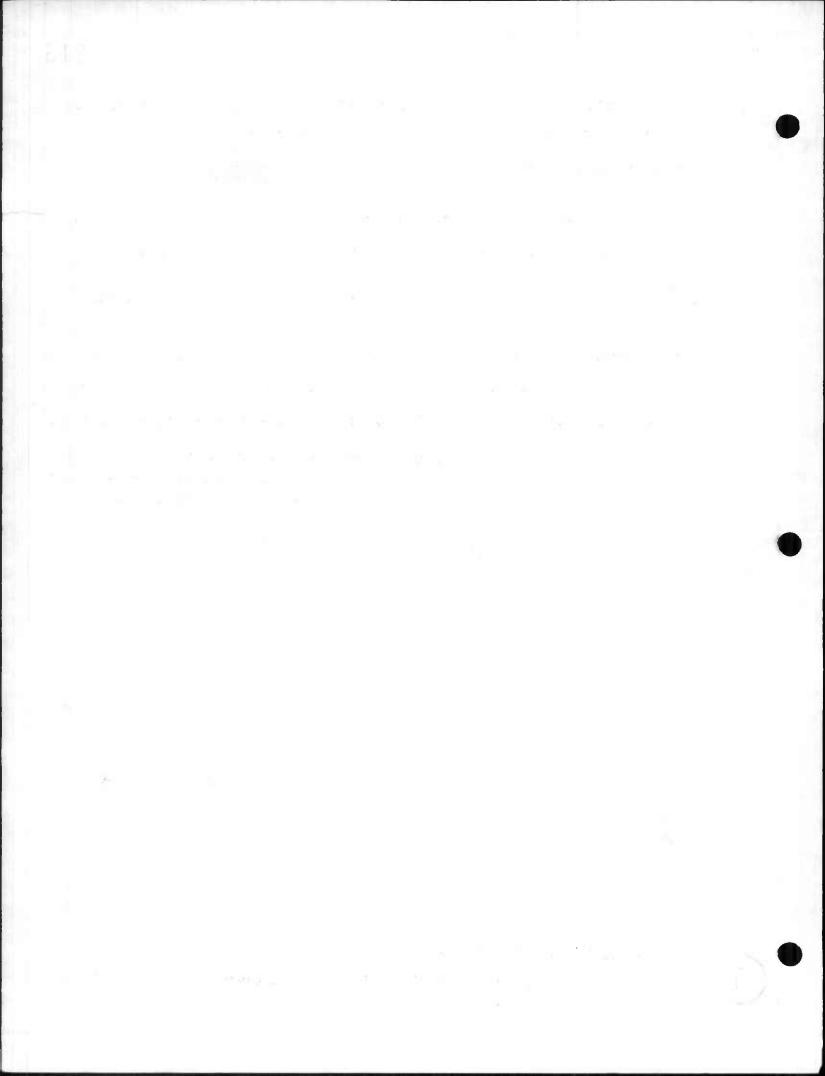


TYRONE BLACKWELL

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 22215

							Cer	tificate o	f Death			Reg. No.			
	Physic /Medi		Decedent's Neme (First, Mir  Tyror	e			Blac	ckwell	, Sr.		2. Dete of De Month JULY	Dey	Yeer 1997	3. Time of Death	
	Exami		4a. Fecility Neme (If not institu 1958 PEAR	tion, give stree LMAN	et end numb PLACE	per)			4b. City, To BALT		RE	4c. County of Deeth			
	Funeral Director		5. Sociel Security Number 219-66-5456	6. Sex		Age (In yrs. Id 40	ast birthday) Yrs.	If Under 1 Year Months Dey		24 Hrs. Min.	8. Dete of Bir (Month, De 09-06	th ey, Year) -56	9. Birthpl Coun	Birthplece (State or Foreign Country)  Md.	
	Maryland a-f ahow	ctor	Usuel Residence of Decedent  10a. State 10b. Cour  Md.	NA			Town or Lo						10	0d. Inside City Limits 1	
	th with the 23a or 28	al Director	10e. Street end Number 1753 Clifty	iew A	venu	e		10f. Zip Code 2121.				10g. Citizen of US		try?	
020	72 hours efter death with the Maryland "hatural", or items 23a or 28a-f show edical Examiner must be notified at	by Funeral	11. Maritel Status 1 ☑ Never Married 2 ☐ M 3 ☐ Widowed 4 ☐ Divord	arried	Vas Decade Armed Force I ☐ Yes 2 f Yes, Give Year or Date	<b>₹</b> No	<ol> <li>Was Decedent of Hispenic Origin? (Sp. if Yes, specify Cuban, Mexican, Puerton 1 ☐ Yes</li> <li>Yes</li> </ol> Management Specify:				ecify Yes or No Rican, etc.)		e - America ck, White, e v: Blac	etc.	
21215-0020	within piene. r than	Completed	(Specify only hig Elementery/Secondary (0-12 9th Grade	)	on m <i>pleted)</i> College (1-4 NA	or 5+)	16a. Decedent's Usual Occupation (Give kind of work done during most of w life. DO NOT use refired)  Painter			st of work				of homes	
Maryland	d 2 should be filed th end Mentel Hygi 7 Is marked other traumatic event,	To Be	17. Fether's Name (First, Midd John L. 19e. Informent's Neme/Relation	Gr	aves		Delor			ores	3	, Meiden Sumer	Bla	Blackwell	
a	l and 2 lealth e m 27 ls		Gwendolyn 20e. Method of Disposition	20b. Pl	19b. Meiling Address (Street end Number or Rural Route Number, City of 1753 Cliftview Avenue Balting Plece of Disposition (Name of cemetery, cremetory or other plece)						more, Maryland  Location - City or Town, Stete				
Baltimore,	permit. Peges 'Depertment of Findortant: If the any Injury or of 2005s.		Burial 2 Cremetio 4 Donetion 5 Other 21. Signature of Funeral Servi	(Specify)	vel from Sta	ate V C	shel:	L Mem.	Gard			-97 Du		k, Md. nd 21202	
	QD2 e 0		23a. Pert1 Enter the diseese, shoot or heart failure. L	or complication	ons thet cau	sed the death.						North rrest,	Aver	Approximete Intervel Between	
	Physician /Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Presenting in death)  Due to (or es e consequenca of):											Onset end Death		
90,	certificate be assecuted ding physician end ise as the bunel-transit	I Examiner	Ceuse (Diseese or Injury thet initieted events resulting In deeth) Lest  Due to (or es e consequence of):  d.												
Box 68760,	certifi ding	an/Medical													
P.O.	requires that the death een signed by the etter hould be deteched for u	by Physician										23b. Did tobacco use contribute to the cause of dea			
Vital Records,	2 S L	Completed b								24a. Wes en eutopsy performed?		24b. Were eutopsy findings evelleble prior to completion of cause of deeth?			
Vital F	Physician: The lattice that the second director, page	To Be Cor	25. Was case referred to medi exeminer? XXYes 2□ No	cal Hosp	oitel: Other:				t Yes 2 □ No 1 Yes  ath (Check only one)  Home XXResidenca 6 □Other (Specify)			Yes 2□ No			
Division of	Attending Phy or deeth. ector: After this by the funeral of	Certification: T	27. Menner of Death  1 Neturel 5 Pen- 2 Accident inve	ding stigation d not be	Be. Dete of I (Month,	Injury Dey Yeer)	28b. Time of Injury	28c. In	ury et ork? □ Yes 2 □	No	28d. Describe	how injury occur	red		
ō	5 to to		29a. Certifier 1 ☐ Certifi	ing Physicia	building,	, etc. (Specify) est of my know	ledge, death	occurred et the	time, date er	nd pleca,	City or To	wn, Stete) cause(s) end me	enner es st	eted.	
	To the Hospital within 24 hours To the Funeral I completely filled	Medical	29b. Signature end title of certi		end menner	steted.		29c. Lice	nse number		ed et the time,	date end place, 29d. Date signe JULY	d (Month, L	Dey, Year)	
	T		Stephen 5	, Rac	ated cause of	of deeth (Itely		Print)			imore,	Mary			
	Sta Registr		31. Dete filed (Month, Day, Yea	r)	32	July Disnati	m Rand	.00							



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 22216 State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First Middle Last) 2. Data of Death 3. Time of Death **Physician** 11:23 A.m John R. Burl Jr. Juh /Medical 4b. City, Town, or Location of Deeth 4a. Facility Nama (If not institution, giva straet end number) 4c. County of Deeth **Examiner** BURNIE ARUNDEL 140301TAL Anne MORTH GLEN If Undar 1 Yaar If Under 24 Hrs. 5 Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Days Hours 1₩ M 2□ F Yrs. Director 213 30 5139 Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show Maryland Queen Annes 1 ☐ Yas 2 No Stevensville 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? ò 103 Davidson Road items 23e 21666 U.S. Funeral 12. Wes Decedant Evar in U,S. Armed Forces? Was Dacedant of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Bleck, Whita, atc. filed within 72 hours after of Hygiene. Ither than "natural", or iter 1 □ Naver Marriad 2 □ Married 1**X** Yas 2 □ No If Yas, Give Yaar or Datas: by Specify: 3 ☐ Widowad 4 🔀 Divorced White Completed traumatic event, tre Medical 15. Dacedant's Education (Specify only highest greda completed) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use ratired) 16b. Kind of Businass/Industry Elemantary/Secondery (0-12) College (1-4or 5+) Electrical Inspector 12th City of Baltimore 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Surnama) Be and Mental John R. Burl Sr. Katherine Kane 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, State, Zip Coda) Important: If item 27 Is any injury or other trau Health Mark Burl 224 Carvel Road Pasadena, Maryland 21122 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other placa) Data 20c. Location - City or Town, State jo 1 █ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Glen Haven Memorial Park 7/19/97 Glen Burnie, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) ern/ Funeral Service Licenses 22. Nama end Address of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway amerous Baltimore, Md. 21225 the dations that causad the death. Do not antar the mode of dying, such as cardiac or respiretory errest, one cause on each line. **Physician** /Medical immediata Cause (Final disaasa or condition rasulting in death) Examiner Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immadiate cause. Entar Undarlying Causa (Disease or Injury that initiated evants rasulting in deeth) Last physicien s the buriel Physician/Medical Dua to (or as a consequence of): signed by the el Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown ò 24b. Wera autopsy findings eveilable prior to complation of causa of death? Completed 24a. Was an eutopsy parformed? 1 🗆 Yas 1 ☐ Yas 2 ☐ No certificate or Attending Physician: funeral director. 25. Was case refarred to medical examinar? Be 26. Pieca of Death (Chack only one) Hospital: 20 No Othar: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yas Inpatiant Certification: To 2 ER/Outpatient 3□ DOA this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? After 1- Natural 5 Panding s efter death. 1 ☐ Yas 2 ☐ No Invastigation 2 Accidant 6 Could not ba datarminad 3 ☐ Suicida 28f. Location (Streat and Number or Rurel Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) illed in by 4 Homlcide 24 hours Hospital edical 29a. Cartifier to certifying Phyaician: To tha best of my knowledga, daath occurred at the time, dete end place, end due to tha causa(s) and manner as stated. 2 Medical Examinar: On the basis of axaminetion and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the ceusa(s) and mannar statad. To the Vithin 2 29b. Signature and titla of certifiar 29c. License number MD Mama and eddrass of passon who complated cause of deeth (Item 23e) (Type, Print)

WPKN DKETWO, 301 H73-11774 Colen Buenis no. 31. Dete filed (Month, Day, Year) 32. Ragistrar's Signature State JUL 2 3 1997

ha verydoon

**DHMH 16 Rev 6/95** 

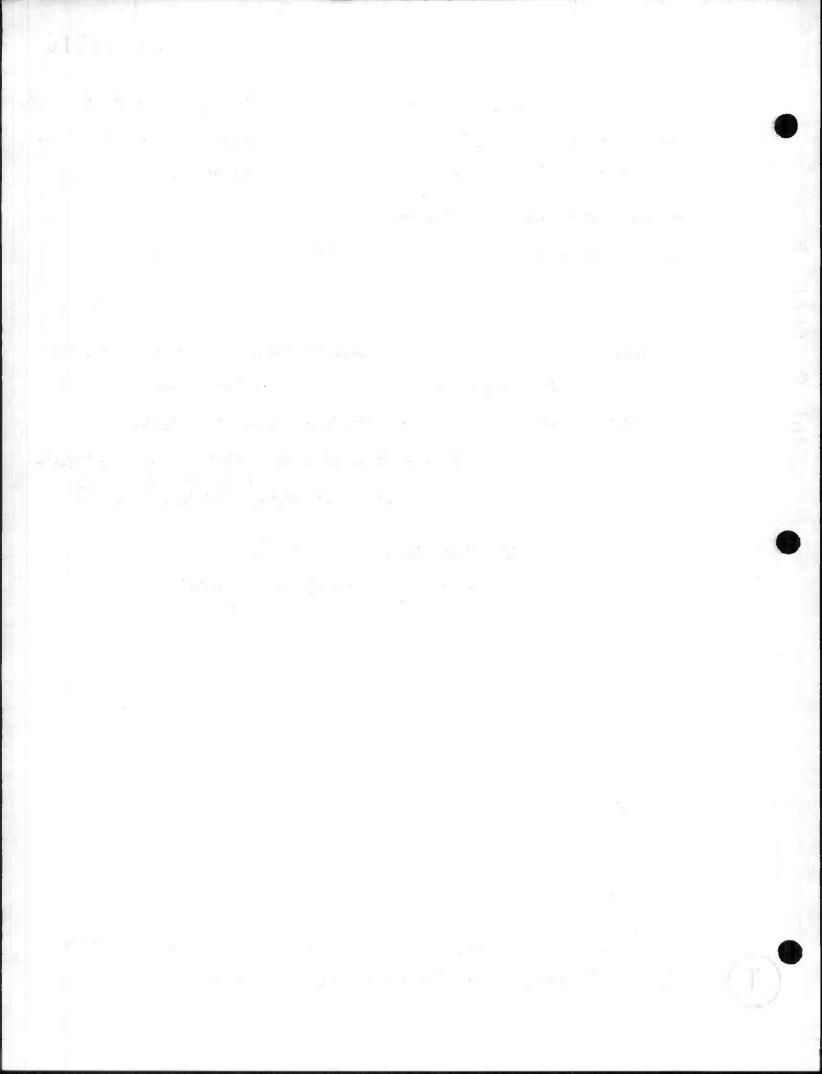
Registrar

Box 68760,

P.O.

Records,

Division of Vital



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 2 2 2 1 7 State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month Year BROWN ODELIA 1997 JULY 18 7:30 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner MD BAPTIST HOME FOR THE AGED BALTIMORE If Under 1 Yaar If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. (Month, Day, Year) 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 ☐ M 2 🖬 F 86 220-03-4580 Yrs Director FEBRUARY 181911 VIRGINIA Usual Residence of Decedent filed within 72 hours after deeth with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f show 1 XYes 2 □ No N/A BALTIMORE Director MARYLAND 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? "natural", or Items 23s or 1836 W. FAIRMOUNT AVENUE 21223 ().S.A. by Funeral Race - American Indian, Black, Whita, etc. 12. Was Decedant Ever In U,S. Armed Forces? 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, atc.) 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 🗷 No Specify: BLACK 3 ₺ Widowed 4 □ Divorced Completed traumatic event, the Medical 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedant's Education (Specify only highest grada completed) 16b. Kind of Business/Industry al Hygiene. Elamantary/Sacondary (0-12) Collage (1-4or 5+) OWN HOME 3RD GRADE DOMESTIC WORKER Baltimore, Maryland 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Pages 1 and 2 should be finent of Health and Mental Fint: If Item 27 Is marked of JEFFERSON LUCY BURGER NATHANIEL 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) ANNABELLE V. DUCKETT/NIECE or other tra 1836 W. FAIRMOUNT AVE., BALTIMORE, MARYLAND 21223 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 1 ■ Burial 2 Cremation 3 Removal from State Department of Important: If any Injury or 7-24-97 WEST CHESTER, PENNSYLVANIA ROLLING GREEN CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatur of Fineral Service Licansae 22. Name and Address of Facility JOSEPH H. BROWN JR. FUNERAL HOME 2140 N. FULTON AYENUE, BALTIMORE, MARYLAND 21217 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** /Medical Immediata Cause (Final Myocordial sushedies! disaase or condition rasulting in death) 10 minues Examiner Due to (or as a consequence of) Examiner 5 43 thanscloreric heaml The law requires that the death certificate be executed buriel-trensit Sequentially list conditions, if any, leading to immediate ceusa. Enter Underlying Cause (Diseasa or injury that initiated events resulting In death) Last and Dua to (or as a consequence of): Box 68760. Hy pontension 1045 Physician/Medical the Due to (or as a consequence of): USB BS 104-3 nellitus 1) lobeles P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Part i. detached 23b. Did tobacco use contribute to the cause of death? the signed by 1 Yes 2 No 3 Probably 4 Unknown peniphm disease cintenial Division of Vital Records, ð 99 24b. Were autopsy findings available prior to completion of ceusa of daath? director, page 2 should Be Completed 24a. Was en autopsy performed? peen After this certificate hes 2 NO 1 ☐ Yes 2 ☐ No Attending Physician: 25. Was cese referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 2 No 1 inpatiant 2 ER/Outpatient 3 DOA nours efter deeth.

neral Director: After this y filled in by the funeral di 27. Manper of Daath Certification: 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Panding investigation 1 Natural 1 Yes 2 No 2 Accident 6 Could not be datarmined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 \ Homicide 6 To the Hospital of within 24 hours of To the Funeral D 11 Certifying Physician: To the best of my knowledge, death occurred at the time, data end place, and due to the causa(s) and manner as stated.
2 Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) end manner stated. 29a. Cartifiar Medical completely (Check only one) 29b. Signature and title of certifier 29c. Licansa numbar 29d. Date signed (Month, Day, Year) 30494 7/20197 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Are Baltimore MD 212101 4660 Wilkons 32. Posistrar's Signatura 31. Date filed (Month, Day, Year) State 2 3 1997 Registrar

DHMH 16 Rev 6/95

THE STATE OF STATE OF THE STATE to a second And no Will march (f) W - 2 5 - 11 5 B 25 Tai Tai Buch The specially is (19) Strate and the second 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 22218 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** JOHN **EDGAR** BELL JULY 1997 16 UNKNOWN /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 2524 HARFORD ROAD BALTIMORE N/A 8. Dete of Birth (Month, Dey, Year) 9. Birthplace (Country) 9. CCUNITY) 9. Birthplace (Country) 9. Bir 6. Sex 1 M 2 ☐ F If Under 1 Yeer If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplace (Steta or Foreign Country) **Funeral** Months Deys 250-10-0632 115 Yrs. Director Usuel Residence of Decedent 10a. State 10b. County 10d. Inside City Limits 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumetic event, the Medical Examiner must be notified at NIA 1 Yes 2 No Directo CITY MARYLAND 10e. Street end Number 10g. Citizen of Whet Country? 2524 HARFORD 2121 KOAD pernit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health end Mental Hygiena. Important: If Item 27 Is marked other than "natural", or Hems 234 Funerai USA Raca - American Indien, Black, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Status 1) Yes 2 No If Yes, Give Yeer or Detes: 1 Never Married 2 Married 1 ☐ Yes 2 🕱 No Specify: BLACK þ 3 Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elamantary/Sacondary (0-12) Collega (1-4or 5+) UNKNOWN SERVICE WORKER URBAN OMMUNITY 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be 2 UNKNOWN UNKNOWN 19e. Informant's Name/Relationship (Type, Print) ADOPTED 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2524 HARFORD ROAD, BALTIHORE, HD. 21218
lace of Disposition (Name of Dete 20c. Location - City or Town, State Item 2. ETHEL JOHNSON DAUGHTER 20a. Method of Disposition
1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) important: If it any injury or o 7-22-97 LANS DOWNE, HARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) MT. ZION CEMETERY 22. Name and Address of Facility JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 2140 N. FULTON AVENUE, BALTIMORE, MD. 21217 disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, it failura. List only one cause on each line. Approximete Intervel Betw **Physician** /Medicai Immediete Ceuse (Final diseese or condition rasulting in deeth) Examiner Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting In deeth) Lest Physician/Medical Due to (or as e consequenca of) Pert II. Other algnificant conditions contributing to death but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No þ 24e. Wes en eutopsy performed? 24b. Were eutopsy tindings eveileble prior to Completed completion of cause of deeth? 1 Yes 2 No Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 1 ☐ Yes 2 No ome 51 Residence 6 Other (Specify)
28d. Describe how injury occurred Certification: To 1 Inpatient 2 ER/Outpetient 3 DOA 28e. Date of Injury (Month, Dey Year) 27. Menner of Daath 28c. Injury et Work? 28b. Time of 1 Naturel 5 Panding investigation 1 ☐ Yes 2 ☐ No 6 Could not be datermined 3 Suicide Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide Certifying Phyelclen: To the best of my knowledge, death occurred et the time, date and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the causa(s) end manner stated.

physician end the buriel-transit The law requires that the death certificets be axecuted Division of Vital Records, P.O. Box 68760, 80 950 for signed by the a d be dateched f cata has t certificata or Attending Physician: After this funeral s efter death. filled in by 24 hours e Hospital Medical

with the Meryland

Baltimore, Maryland 21215-0020

To the I within 2

State Registrar

DHMH 16 Rev 6/95

31. Dete filad (Month, Day, Year) 3

29a. Cartifier

(Check only one)

29b. Signature and title of certifie

30. Nama and address of person

600 N. Wolfe Street Baltimore, MD 21287

who complated cause of death (Item 23e) (Type, Print)

2+UA

29c. License number 023399 29d. Date signed (Month, Dey, Year)

July 22, 1997

For extra section is a second section of AN ART A TO TO NAME OF A STATE OF THE STATE They are the second of the sec 

Funeral

þ

Completed

Be

	ricase Type of Trink in Diack indelible lik. Assure All Copies Are Legible.
EDANGEC	State of Maryland / Department of Health and Mental Hygien 22
FRANCIS	7/30/07 dh

	FRAI					7/39/	artment	of	Health and I Death	Mental Hyg	iene /	22	219
	BROV Physicia /Medica	n	Items:23a part I  1. Decedent's Neme (First, M  FRANCE	ddle, Last)	LIVI		BRou		1	2. Dete of Death Month JULY	Day	Year 997	3. Time of Death 9:38P.M.
۱	Examine	r	4e. Facility Name (If not instituted JOHNS HOPKII	tion, giva street and n					4b. City, Town, or L BALTIMO		4c. County	of Death	
	Funeral Director		5. Social Security Number  217-68-1608  Usual Residence of Decedent	6. Sex 1 □ M 25€ F	7. Age (in	yrs. lest birthday)	If Under 1 Months	Year Days		8. Data of Birth (Month, Dey, AuG. 19	Y00r) 1963	9. Birthpl Count M AK	ace (State or Foreign ry)
	the Maryland 28s-f show		10a. State 10b. Could MARYLAND	nty N/A	100	c. City, Town or Lo	4-	46	TIMORE	CITY		10	od. Inside City Llmits 1 1 Yes 2 □ No
	5 2 5	<u>e</u>	10e. Street end Number				10f. Zip 0				o Citizen of	What Count	rv?

1522 BRENTWOOD AVENUE 12. Was Decedent Ever In U,S. Armed Forces? 1 Never Married 2 Married 1 ☐ Yas 2X No If Yes, Give Yaar or Dates:

 Was Decedent of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 KNo Specify:

21202

 Race - American Indian, Black, White, etc. Specify: BLACK

USA.

16b. Kind of Business/Industry

15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) dyRS,

16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) MAINTENANCE

BWT

MANSEL

BROWN SR.

BEATRICE

18. Mother's Name (First, Middle, Maiden Sumeme)

19a. Informent's Name/Relationship (Type, Print)

17. Father's Name (First, Middla, Last)

3 Widowad 4 Divorced

19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code)

BEATRICE BROWN 20a. Method of Disposition 1 ☐ Burial 2 Cremation 3 ☐ Removal from State

5 ☐ Other (Specify)

MOTHER) 3149 L VNDALE AVE., BALTIHORE MD. 21213

20b. Place of Disposition Name of cemetary, cremetory or other place)

Data 20c. Location City or Town, State METRO CREMATORY

7-24-97 BALTIMORE, MARYLAND

21. Signature of Fineral Sarvice Licensee

22. Name and Address of Fecility

22. Name and Address of Fecility

23. Name and Address of Fecility

23. Name and Address of Fecility

30. SEPH H. BROWN JR. FUNERAL HOME P.A.

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory errest,

Approximate

Approximate

Immediate Causa (Final disease or condition resulting in deeth)

4 Donation

COCAINE INTOXICATION

Due to (or es e consequence of):

Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest

Due to (or as a consequence of):

Dua to (or as e consequence of):

Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part f.

23b. Did tobacco use contribute to the cause of death? 3 Probably 4 MUnknown 1 ☐ Yes 2 ☐ No

24a. Was en autopsy performed?

24b. Were eutopsy findings available prior fo completion of causa of death?

1 TYes

UP Yes 2□ No

25. Was cese referred to medical examiner? 1X Yes 2 No

27. Manner of Death

1 Naturel

2 Accident

3 Suicide

29a. Certifier

4 Homicide

Hospital: 1 ☐ Inpatient 2 🂢 ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Dey Year) 5 Pending Investigation

found at home

28b. Time of fnjury 7/18/97 found 8:55 foundM

28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 Yes 2 No

Other: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 28d. Describe how injury occurred

26. Place of Deeth (Check only one)

subject ingested drugs

28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 1522 Brentwood Avenue, Baltimore, Md.

1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examíner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

29d. Date signed (Month, Dey, Year)

29b. Signatura and title of certifian 30. Name and address of person who completed cause of death (flem 23e) (Type, Print)

O.C.M.E.

JULY 19,1997

Stephen 5. (2 31. Date filed (Month, Day, Year) JUL 23 1997 S. Radentz, MP 111 Penn Street, Baltimore, Maryland 21201

6 XX could not be determined



filed within 72 hours efter of Hygiene. Baltimore, Maryland 21215-0020 "natural", or marked other permit. Pages 1 and 2 should be 1 Depertment of Health end Mentel I Important: If Item 27 is marked of

> **Physician** /Medical Examiner

> > physician end s the buriel-transit

signed d be de

Physician/Medical

þ

Be Completed

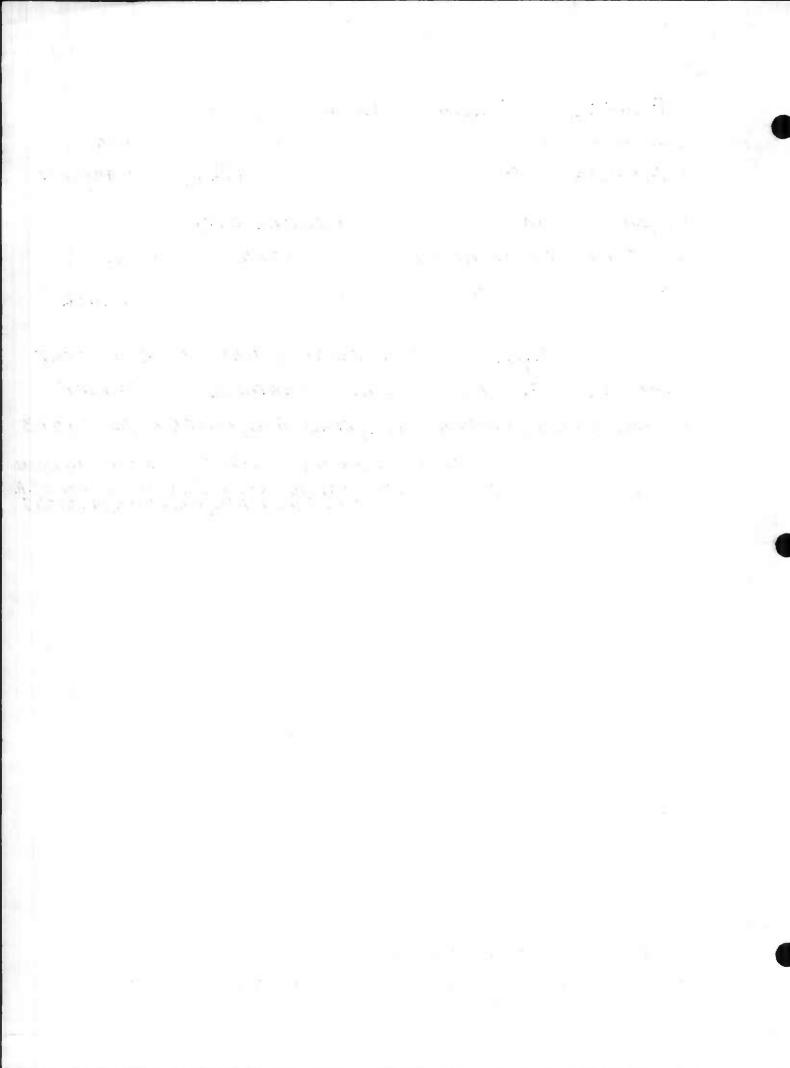
Certification: To

edical

The law requires that the death certificate be executed Box 68760 P.O. P Records, Division of Vital To the Hospital or Attending Physician: 'within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p.

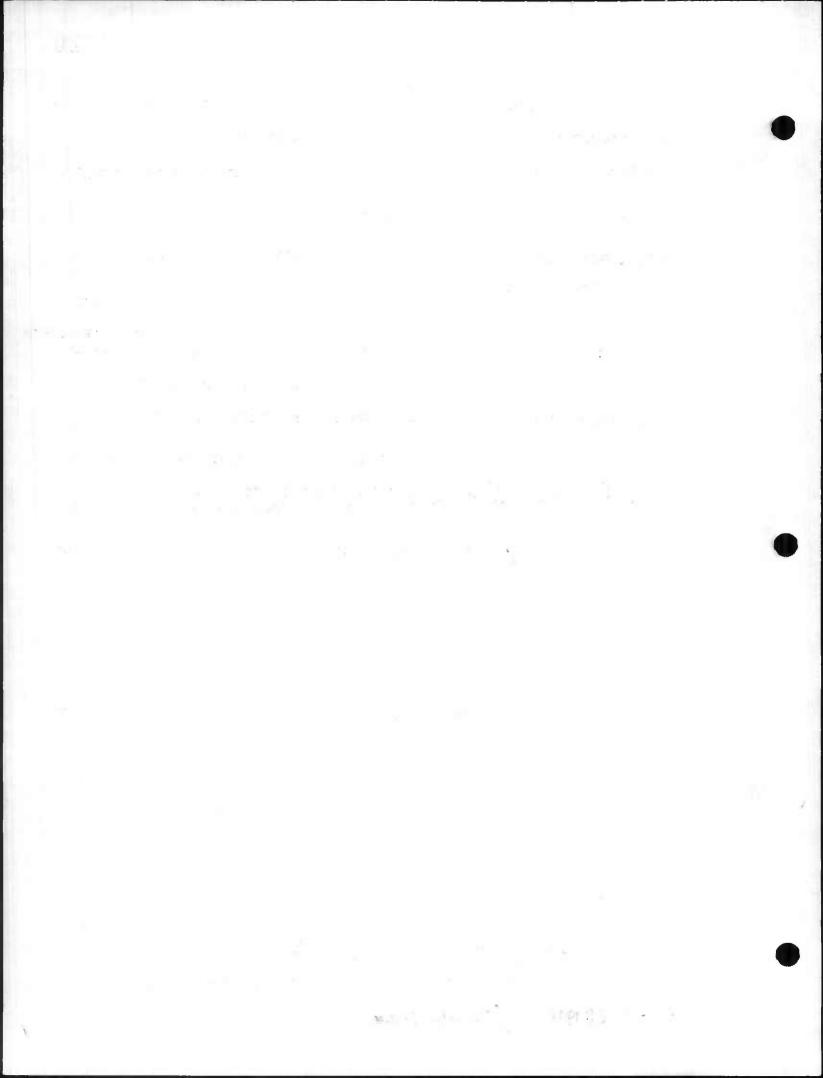
State Registrar



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 2 2 2 0 State of Maryland / Department of Health and Mental Hygien 2 2 2 2 0

		Decedent's Neme (First, Middle, Las	t)		Certificate of	Death	2. Date of Deat	eg. No.	3. Time of Deeth	
Physici			OHEN					6, Day 1997 Year	3 am	
/Medic Examin		4a. Fecility Neme (If not institution, give 5021 ARBUTUS AVE	the second secon			4b. City, Town, or Lo		4c. County of Dea	4	
Funeral Director		210 10 3200	9x 7. Age	e (In yrs. last birtl 73 Y	Months Days		8. Date of Birth (Month, Day, OCT. 28	7ear) 9. Bir	thplace (State or Foreign ountry) ARYLAND	
land land		Usual Residence of Decedent  10a. State 10b. County		10c. City, Town	or Location				10d. Inside City Limits	
Mary	ctor	MARYLAND N/A		E	BALTIMORE				1 No 2 No	
vith the	Funeral Director	10e. Street end Number			10f. Zip Code		10	0g. Citizen of What Co	ountry?	
ne 234	erai	5021 ARBUTUS AVE	12. Was Decedent I	Ever in U.S.	13. Was Decedent of	21215 Hispanic Orlgin? (Sp.	ecify Yes or No-	No- 14. Race - American Indian.		
15-0020 72 hours efter death with the Maryland "natural", or frems 23s or 28s-f show addres Exaconner must be notified at	by	1 □ Never Married 2 Married 3 □ Widowed 4 □ Divorced	Armed Forces?  1 ☑ Yes 2 ☐ N If Yes, Give Year or Dates:	io	13. Was Decedent of It Yes, specify Cut  1 ☐ Yes 2 No		Rican, etc.)	Black, Whi		
2 2 2	eted	15. Decedent's Ed (Specify only highest grad	ucation de completed)	16a. I	Decedent's Usual Occu Give kind of work done life. DO NOT use retire	pation during most of work	ing	16b. Kind of Business	Andustry DEPARTMENT	
2121 within iene. then	Completed	Elementary/Secondery (0-12)	College (1-4or 5	+)	SUPPLYMA			TATE OF MA		
al Hyg	Be C	17. Father's Name (First, Middle, Last)				18. Mother's Name				
Maryland 21215-0020 d 2 should be lifed within 72 hours at th and Mantal Hygiene. 7 is marked other than "natural", or traumatic event, the Medical Expon	P	ISAAC  19a. Intormant's Name/Relationship (7		COHEN	14-112-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	REBECC		ROFSKY	7 0 1	
Ma nd 2 sl alth an 27 is r		MRS. ANNA R. COF			Malling Address (Stree )21 ARBUTUS				Zip Code)	
Baltimore, Maryland 212: permit. Pages 1 and 2 should be liled within Department of Health and Mental Hygiene. Important: If item 27 is marked other than any Injury or other traumatic event, Ira Monce.		20a. Method of Disposition  1 □ Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify		cemetery	Disposition (Name of crematory or other place ISRAEL -		200	20c. Location - City or - BALTIMOR		
Baltim permit. Pa Departmen important: any injury	Ì	21. Signaturanol Flundal Service Licens	u Sem	1810		ISON & BRO				
Physician		23a. Part1. Enter the disease, or comp shock, or heart failure. List only of			t enter the mode ot dy	ing, such as cardiac	Rd Pikes or respiratory arre	sville, MD	Approximate Intervel Between Onset and Death	
/Medical Examiner		Immediate Cause (Finel disease or condition resulting in deeth)	а.	Due to (or as a co	MEULTIS				16 4N.	
uted J Insit	Examiner	b								
SK/6U, cate be executed physician and s the bunal-transit	Exa	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	_	Due to (or es a co	insequence of):					
68 / 60, ificate be executed physician and as the bunal-transi	edical	that initiated events  Due to (or as a consequence ot):								
	N/W		d						1	
that the death cered by the attendin	Physiclan/M	Part II. Other eignificant conditiona co	ntributing to death bu	it not resulting In	he underlying cause g	iven in Part I.	23b. Did to	bacco use contribut	to the cause of pleath?	
that the ed by the detache	Ph)	PEniplenn	VATCUL	m Di	EMB		1 □ Ye	98 2□No 3□P	robably 4 Unknow	
requires that the death cert been signed by the attending	Completed by	•					24a. Was ar perform		Were eutopsy tindings evailable prior to completion of cause of death?	
H S S S S S S S S S S S S S S S S S S S	mo						1□Ye	es 20 No	1 ☐ Yes 2 ☐ No	
	Be	25. Was case reterred to medical examiner?	U			26. Place of Deati	(Check only on	e)		
on or ding Anyari h. After in c	tion: To	27. Menner of Deeth  1 Natural 5 Pending	Hospital: 1 ☐ Inpatie 28e. Date of Injur (Month, Day	y 28b. Ti	me of 28c. Injury		me 5 Reside 28d. Describe ho	ow injury occurred	ecify)	
To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the funeral completely fi	Certification:	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. Place of Injubuilding, etc	ry - At home, tarr . (Specify)	n, street, factory, office		28t. Location (Sti City or Town	raet and Number or R n, State)	dural Route Number,	
To the Hospital of within 24 hours at To the Funeral D completely filled in	edical (	29a. Certifier (Check only one) 1 ☐ Certifying Phy 2 ☐ Medical Exami	alcien: To the best of ner: On the basis of end menner sta	exemination and	death occurred et the to or Investigation, in my	ime, date end place, opinion, death occurr	and due to the ca ed at the time, da	ause(s) and menner a ate and placa, and du	s steted. e to the cause(s)	
To the To the comp	Me	29b. Signature and title of certitier	. 1			se number		9d. Date signed (Mon		
70		// mue fe	with all	).	Dr	3 855		7.17.9	7	
20		30. Name and address of person who co	786	5820	Yonh M	Brit	no.	7,17.9		
Sta Registr		31. Date tiled (Month, Day, Year)  7. JUL 231997	32. Registre	r's Signature						

DHMH 16 Rev 6/95



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 2 2 2 2 1

Certificate of Death 1. Dacedant's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death **Physician** Month Year Alice Cihlar July 22, 1997 12:20am /Medical 4e. Fecility Nama (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Deeth Examiner Riverview Nursing Centre Baltimore Baltimore If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Ye.)
Months Days Hours Min. Jan. 25, 1 5. Social Sacurity Number 9. Birthplaca (Stata or Foraign Country) Maryland 7. Aga (In yrs. last birthday) Funeral 1 □ M 2 🕱 F 92 Yrs. Director 214-22-6611 Usual Rasidance of Decedant the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show 1 Yes 2 No Director Maryland Baltimore. Baltimore 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? ò 3 Dunsinane Drive, Apt. L. 21236 Items 23a U.S.A. Completed by Funeral death 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexicen, Puarto Rican, etc.) 12. Was Dacedant Evar in U,S. Armed Forces? 14. Race - Amaricen Indian, Black, Whita, atc. Pages 1 and 2 should be filed within 72 hours effer on an of Health and Mental Hygiene.
Int: If item 27 is marked other than "natural", or item.
If you other traumatic event, it a Mexical Examinal. 1 ☐ Navar Married 2 ☐ Marriad 1 ☐ Yes 2 ② No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: White Specify: 3 Nidowad 4 Divorcad 15. Dacedant's Education (Specify only highast grade complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) 6th grade Homemaker Own Home 17. Fether's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maldan Sumema) Be Henry Lappe' Elizabeth Telleland 19a. Informant's Nama/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stete, Zip Coda) 3 Dunsinane Drive, Apt. L., Baltimore, MD Joseph W. Cihlar Department of Heelth Important: If itsm 27 any injury or other tr (son) 21236 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematery, cramatory or other place) Data 20c. Location - City or Town, Stete 1 XBurial 2 Cremation 3 Ramoval from State Most Holy Redeemer Cem. 7/23/97 4 ☐ Donation 5 ☐ Other (Spacify) Baltimore. Maryland 22 Name and Address of Facility Schumuner Funeral Homes, Inc. 21. Signature of Funeral Service Licensee 9705 Belair Rd., Baltimore, MD Intar the disaasa, or complications that causad the death. Do not antar tha mode of dying, such as cerdiac or raspiretory arrast, or heeft feilura. List only one causa on aach lina. Approximate Interval Between Onsat and Death Physician Immediate Ceusa (Final disaesa or condition rasulting In death) /Medical DEMENTIA - PROBABLE ALZHEIMERS UPKNOWN Examiner Dua to (or as a consequence of). Examiner The law requires that the death certificate be executed buriel-transit Sequentially list conditions, if any, leading to immadiata ceuse. Entar Undarlying Causa (Diseasa or injury that initiated avants rasulting in daeth) Last Dua to (or as a consequence of): physician a P.O. Box 68760, Physician/Medical Dua to (or es a consaquance of): USB signed by the etter Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown HY PERTENSION Division of Vital Records, þ Be Completed 24b. Wara autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? STROKE No 1 ☐ Yes ANO After this certificate Hospital or Attending Physician: 24 hours effer death. Funeral Director: After this certifica 25. Was cesa rafarrad to medical 26. Placa of Daath (Check only one) axaminar? Other: 4 Aursing Homa 5 Rasidance 6 Othar (Specify) 2 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Daath 28a. Date of Injury (Month, Day Yaar) Certification: 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? 5 Pending invastigation Natural 1 ☐ Yas 2 ☐ No 2 Accidant illed in by the 6 Could not be datamined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Steta) 4 Homicida To the Hospital of within 24 hours e To the Funeral D Certifying Physician: To the best of my knowledge, death occurred et the time, data and place, and due to the causa(s) and manner as stated. 29a. Cartifian Medical (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the ceuse(s) end manner steted. 29d. Date signed (Month, Day, Year) D4000 and address of person who complated cause of death (Item 23a) (Typa, Print) Julia de la BALTIMERE, MO

State Registrar

11/4-11

WRC 97-4016-510 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. **HERMAN** State of Maryland / Department of Health and Mental Hygiene 7 CHAVIS Certificate of Death Item: 20b per FH G-749 7/23/97 dh 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month Dey **Physician** man JULY 1997 7:12 PM. /Medical 4e. Fecility Neme (If not institution, give street and number) 4c. County of Death 4b. City, Town, or Location of Deeth **Examiner** LIBERTY MEDICAL CENTER BALTIMORE If Undar 1 Yaar If Under 24 Hrs. 5. Sociel Security Number yrs. last birthday) 7. Aga (In 9. Birthpleca (Stata or Foreign **Funeral** 3.13-34-798 Usual Residenca of Decedant 10 M 2□ F Months Deys Hours Yrs. Director the Maryland 10c. City, Town or Location 10a. State 10b. Count 10d. Inside City Limits notified at 1 Yes 2 No Director Marylana 28a-f: 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country 6 must be Items 23a Funeral 12. Was Decedant Evar In U,S Armed Forces? 1 ☐ Yas 2 D No If Yes, Give Yeer or Datas: Was Decedent of Hispenic Orlgin? (Specify Yas or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 11. Marital Status filed within 72 hours after Hygiene. ther then "natural", or its 1 Never Married 2 Married altimore, Maryland 21215-0020 1□ Yes 2NNo Specify: à Specify: 3 ☐ Widowed 4 ☐ Divorced 0 Completed event, the Medical 16e. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be files.
Department of Health and Mental Hygh
important if Item 27 is merked
any injury or other marked other 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) a 0 19e. Informent's Name/Reletionship (Type, Print) (Sister 19b. Meiling Address (Street and Number or Bural Route Number, City or Town, State, Zip Code) 0 10 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 128797 1 ☐ Buriel 2 ☐ Cremetion 3 ☐Removel from Stata 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Sarvice Cicenses 22. Name end Address of Facility MUR d 01 23a. Part / Enter the disease, or complications thet causad the daeth. Do not entar the mode of dying, such as cardiac or respiratory errest, shock, or heer failure. List only one ceuse on each line. Approximete Intervel Between Onset end Death Physician /Medical Immediate Ceuse (Final Arteriosclerotic Cardiovascular Disease diseesa or condition resulting in deeth) Examiner Due to (or es e consequence of): physician end s the burief-transit The law requires that the deeth certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last Due to (or es e consequença of) 68760 Physician/Medicai Due to (or es e consequenca of) 98 Box use use for u P.O. 1 signed by the e Pert II. Other significent conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably ⊕Unknown Records, þ should b Completed 24b. Were eutopsy findings evaileble prior to completion of causa of deeth? 24a. Wes en eutopsy performed? certificate has b irector, page 2 sl INSPECTION 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) exeminer? 1X Yes 2 No Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 2X ER/Outpetient 3□ DOA this 27. Manner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After To the Hospital or Attenuers within 24 hours effer death.

To the Funeral Director: After the Funeral only the fur Neturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 - Homicide Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.

Medicat Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end placa, end due to the ceuse(s) end manner stated. 29a. Certifier Medicai (Check only one)

State

Stephen Radentz, 31. Date filed (Month, Day, Year)

29b. Signatura and title of cartifier

29c. License number O.C.M.E.

29d. Date signed (Month, Day, Year) JULY 19, 1997

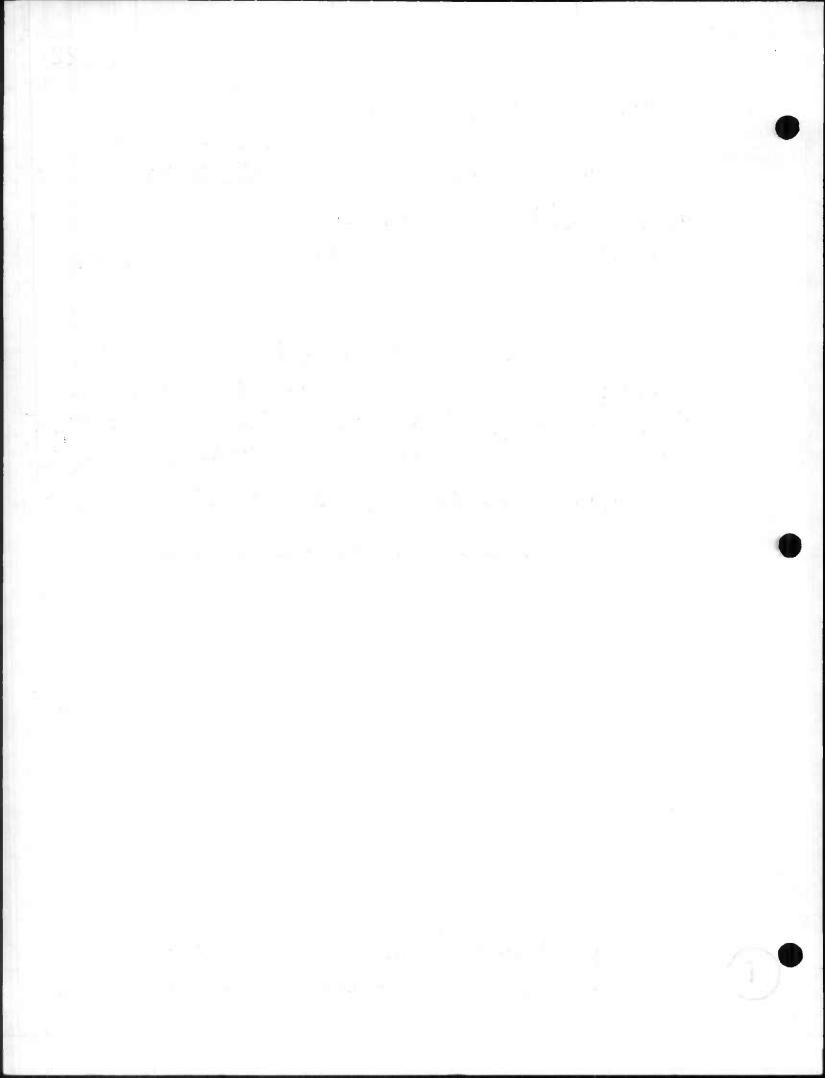
30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 M.D. 32. Registrer's Signature

JUL 2 3 199

Julia Davidson Bandall

Registrar

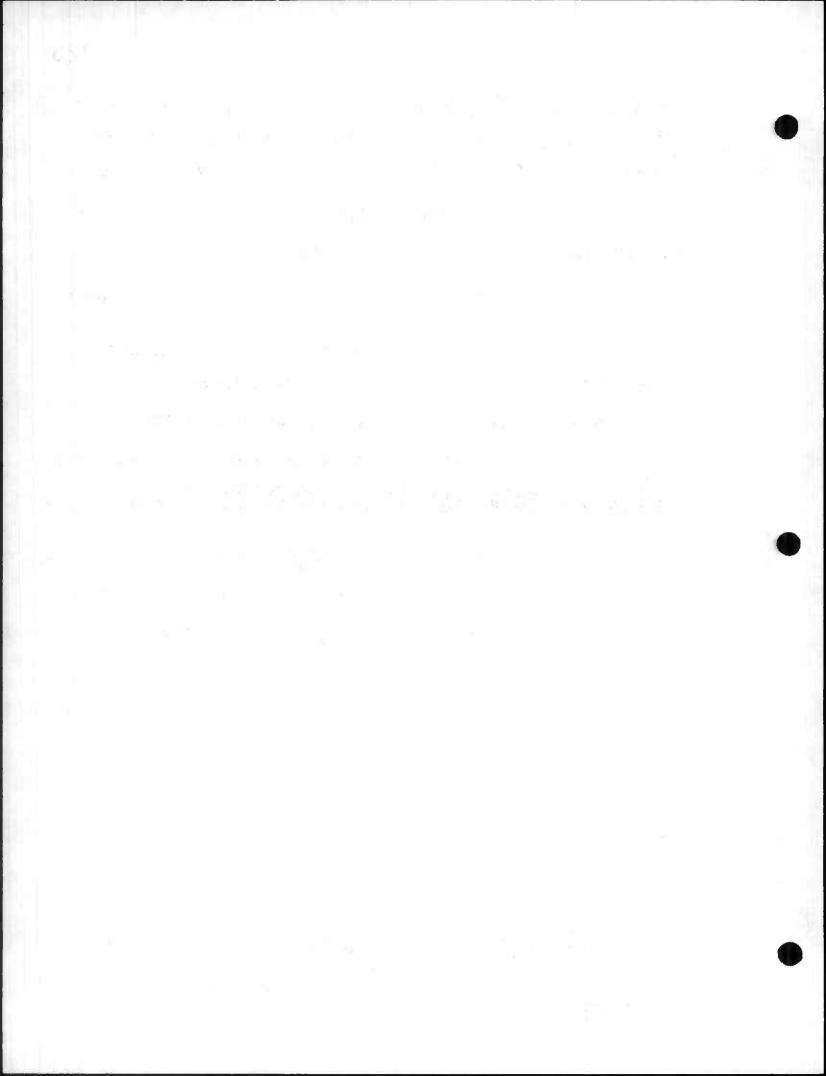


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene ] Certificate of Death t. Decedent's Neme (First, Middle, Lest) 2. Date of Deeth Month **Physician** Jul /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner CENTER MIDDLE RIVER BALTIMORE If Under 24 Hrs 8. Date of Birth (Month, Dey, Year) NOV. 21, 1919 5. Sociel Security Number Age (In yrs. lest birthday) 9. Birthplece (Stete or Foreign **Funeral** Deys Hours 1 M XXF MARYLAND 216-09-4234 Director Usual Residence of Decedent with the Marylend 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or Items 23e or 28e-f show treumatic event, the Maxical Examinat must be notified at MD CITY BALTIMORE CITY 1 Yes 2 No Director 10e. Street end Number 10g. Citizen of What Country? 10f. Zip Code 3512 FAIT AVENUE 21224 U.S.A. permit. Pages 1 and 2 should be filed within 72 hours efter death a Deportment of Heelth and Mental Hygiene. Important: If Itam 27 Is marked other than "naturet", or Itams 23, any Injury or other treumstic event, Itam Modical Experiments. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 X No It Yes, Give Yeer or Dates: 1 Never Merried 2X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 😾 No WHITE Specify: þ 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) HOUSE WIFE DOMESTIC 10 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) CHARLES SPERATO MARY DIBERARDO 19e. Intorment's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) FRANK J. CICHON / HUSBAND 3512 FAIT AVENUE BALTIMORE, MD 21224 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 7/24 STANISLAUS CEMETERY BALTIMORE, MARYLAND 22. Name end Address of Fecility CHARLES S. ZEILER & SON, INC. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart teilure. List only one cause on each line. 901 SOUTH CONKLING STREET BALTIMORE, MD 21224 Approximete Intervel Between Onset end Death **Physician** /Medical Immediate Cause (Finel diseese or condition resulting in deeth) Examiner Examiner sician end buriel-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initieted events resulting in deeth) Lest physician Box 68760 Physician/Medical the 80 P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. been signed by the should be deteched 23b. Did tobecco use contribute to the ceuse of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, by 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? Completed 1 Yes 2 No Division of Vital 25. Wes cese reterred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA funeral 28a. Dete of Injury (Month, Dey Year) 27. Manner ot Death Hospital or Attending Pt
 24 hours efter death.
 Funeral Director: After th 28b. Time of Certification: 28c. Injury et Work? 28d. Describe how Injury occurred 1 Naturei 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28t. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, tactory, office building, etc. (Specify) completely filled in by 4 Homicide within 24 hours e 29a. Certifier 1 🗲 Certifying Phyelcien: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted. Medical (Check only one) 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner stated. 29b. Signeture end title of certifies 29c. License number 29d. Date signed (Month, Dey, Yeer) 30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) 223 32. Registrar's Signature what Pavidson-Ray

**DHMH 16 Rev 6/95** 

State Registrar



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

THELMA
--------

CHELMA	State	of Maryland / Department of Health and I	Mental Hygiene	6666
CHERRY		Certificate of Death	Reg. No.	
	Decedent's Name (First, Middle, Last)		2. Date of Death	3. Time of

	ı
Physician	
/Medical	ŀ
Examiner	4
	ı

CHERRY

7. Age (In yrs. lest birthday)

Month JULY

of Death 1997 6:28P.M.

4e. Facility Name (If not institution, give street end number)

6. Sex

4b. City, Town, or Location of Death BALTIMORE

4c. County of Death

**Funeral** Director

the Maryland

7 is marked other than "natural", or items 23e or 28a-f show traumatic event, the Medical Examiner must be notified at death with

permit. Peges 1 end 2 should be filed within 72 hours effer c. Department of Healint and Mentel Hygiene.
Important: If Item 27 is marked other than "natural", or han any Injury or other transment.

Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

ed by the ettending physician end deteched for use es the buriel-trensit the death certificete be executed Division of Vital Records, P.O. Box 68760, signed by t hes this certificate funeral After deeth. Hospital or Attend 24 hours effer deeth Funeral Director: in by To the Hospital or within 24 hours eft To the Funeral DI completely filled in

Completed

Be

2

Certification:

Medical

THELMA 2733 ROUND ROAD 5. Social Security Number 239-48-3925 Usual Residence of Decedent 10a. State 10b. County Director MARYLAND 10e. Street and Number 2733 Funeral 11. Marital Status 1 □ Never Married 2 □ Married þ 3 Widowed 4 □ Divorced Completed Elementary/Secondary (0-12) 12++ GRADE 17. Father's Name (First, Middle, Last) Be WALTER BENJAMIN 20a. Method of Disposition 1 A Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Physician/Medical þ

1□ M 2XF 66 10c. City, Town or Location NIA

ROAD

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Dates:

Days Hours Yrs.

8. Date of Birth (Month, Day, Year) 9. Birthplace (Stete or Foreign Country) NOV. 17, 1930 NORTH CAROLINA

10g. Citizen of What Country?

14

BALTIMORE

If Under 1 Year | If Under 24 Hrs.

10d. Inside City Limits 1 Yes 2 No

21225

USA. 14. Race - American Indian, Black, White, etc.

 Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 ☐ Yes 2 No Specify:

Specify: BLACK 16b. Kind of Business/Industry

15. Decedent's Education (Specify only highest grade completed) College (1-4or 5+) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) COOK

F.W. WOOL WORTH'S

JOSEPH

18. Mother's Name (First, Middle, Melden Sumeme) HAN NAH

HOUSTON

19a. Informant's Name/Relationship (Type, Print)

19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2512 PARK HEIGHTS TERRACE BALTO, MD. 21215
use of Disposition (Name of Date 20c. Location - City or Town, State

CHERRY (SON)

20b. Place of Disposition (Neme of cemetery, cremetory or other place) GARRISON FOREST

7-21-97 OWINGS MILLS, MB.

Puneral Service Licensee

22. Name and Address of Facility JOSEPH H. BROWN JR. FUNERAL HOME 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximate

Approximate Approximete Intervat Between Onset and Death

diovegan Due to (or as a consequence of)

Due to (or as a consequenca of):

Part II. Other eignificant conditions contributing to death but not resulting to the underlying ceuse given in Part i.

23b. Did tobecco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

24a. Wes en eutopsy

24b. Were autopsy findings available prior to completion of cause of death?

INSPECTION 1□ Yes 2□No

1 ☐ Yes 2 ☐ No

25. Wes case referred to medicat examiner? Month 2 No

27. Manner of Death

2 Accident

4 Homicide

3 Suicide

Naturel

28a. Date of Injury (Month, Dey Year) 5 Pending investigation

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

Place of Injury - At home, farm, street, factory, offica building, etc. (Specify)

Other: 4 Nursing Home \$ Residence 6 Other (Specify) 28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28d. Describe how Injury occurred

26. Place of Death (Check only one)

29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29b. Signature and title of cartifier

29c. License number O.C.M.E.

29d. Dete signed (Month, Dey, Year) JULY 15,1997

30. Name end eddress of person who completed ceuse of death (Item 23e) (Type, Print)

J. Laron Locke M.D. 31. Date filed (Month, Dey, Year)

6 Could not be determined

111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signature

State Registrar

JUL 23 1997



No. 194 ARTH HALLEY I C. Market State Land 1 a limina i i i i i The transfer of the second sec The same participant processor of the same participant in the second of the same and the same an the second of the second secon Bullion Laborator Thank or the model and particular to the control of the control

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 7

Physic						tificate of	Dodin		R	leg. No.			
	ian	1. Decedent's Name (First, Middle, La	_						2. Date of Dee Month	th Day	Year	3. Time of Death	
/Med	ical	Carrie E.	Deans				4h Oit Ta		July	18,	1997	7:22 pm	
Exami	ner	4a. Facility Neme (If not institution, git Union Memori		tal			Balt	imo			nty of Deeth NA		
Funeral Director			Sex 7. Ag	76	Yrs.	Months Days		24 Hrs. Min.					
Marylan Ff show	tor	Md 10b. County NA		10c. City, Town							1	0d. Inside City Limits  X☐Yes 2 □ No	
th with the 23a or 28s	ral Director	10e. Street and Number  601 E. 29th S	treet			10f. Zip Code 2121	8		1	0g. Citizen o	f What Cour	ntry?	
be filed within 72 hours aftar death with the Maryland stai Hygiena.  Id other than "natural", or flems 23a or 28e-f show event, tre Med call Examinar must be not tred at	by Funeral	11. Marital Status 1 ☐ Never Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Armed Forces?  1  Yes 2  If Yes, Give Year or Dates:		J.S. 13. Was Decedent of Hispanic Origi If Yes, specify Cuben, Mexican,  1 ☐ Yes 2 No Specify:		gin? (Spe , Puerto I			14. Race - American Indian, Black, White, etc. Specify: Black			
within 72 ho ena. than "natur	Completed	15. Decadent's E (Specify only highest gr Elementery/Secondary (0-12)	ade completed)		16a. Decedent's Usual Occupation (Give kind of work done during most of work life. DO NOT use retired)					16b. Kind of		dustry Comm.	
filed with Hygiena. Wher than		12th Grade 17. Father's Name (First, Middle, Last	College (1-4or 5		ece	ptioni		r's Name	(First, Middle, I	Heal	th Ct	in.	
2 should be filed and Mantai Hygis Is marked other surratic event, to	To Be	Wilbert		Johnson	n		Eth		(r not, madro, r	John			
s 1 and 2 should f Haalth and Man Item 27 Is marke other traumatic		19a. Informant's Name/Relationship ( Roberta Tay	Type, Print)			Address (Stree							
permit. Pages 1 and Department of Haalth Important: if Item 27 any Injury or other trans.		20e. Method of Disposition    Burial 2   Cremation 3     4   Donation 5   Other (Special Section 2)   Cremation 3     4   Donation 5   Other (Special Section 2)   Cremation 3     5   Cremation 5   Other (Special Section 2)   Cremation 3     6   Cremation 5   Cremation 3     7   Cremation 5   Cremation 3     7   Cremation 3     7   Cremation 3     8   Cremation 3     9   Cremation 3     1   Cremation 3     1   Cremation 3     2   Cremation 3     3   Cremation 3     4   Cremation 5     5   Cremation 5     6   Cremation 5     7   Cremation 5	- 4	cemeter	i mo	ition (Name of atory or other place Cem Name and Addr	etery ess of Facility	y Ba	-24-97 ltimor	e, Ma	imore	e, Md. nd 21202	
		23a. Part1. Unter the disease, or com- shock, or heart failure. List only	plications that caused	I the death. Do n		M.C. M r the mode of dy			1101 or respiretory erro		rtn A	AVENUE Approximete Interval Between	
Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)		Due to (or as a c								Onset and Death  minutes	
D =	lner		, Pulm	Due to (or as a c	consequ	menca of):	Š				1	4 hours	
icate be axecuted physician and s the bunal-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury		Due to (or es & c	onsequ							14 dans	
ertificate be ling physicles e as the bu	Medical	that initiated events resulting in death) Last  Due to (or es a consequence of):  Repair of abdominal aurtic anewyse							usm)		15 days		
aath ce attandii I for use			d. Nepuri C	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	****	vc 0001			J			13 22003	
requiras that the daath certificate be axecuted seen signed by the attanding physician and hould be detached for use as the bunal-transit	Physician	Part II. Other significant conditions of	ontributing to death bu	ut not resulting in	the und	derlying cause gi	ven in Part I.			es 2 No		the cause of death?	
≥ S ×	Completed by								24e. Was a perform		av co	ere autopsy findings ailable prior to mpletion of cause death?	
Tha ate pag	e Com	OF West account and the model of		_					1 □ Ye	A-5 150	10	Yes 2 No	
Physician: this certific ral director.	To B	25. Wes case referred to medical examiner? 1 ☐ Yes 2 No	Hospital: 1 Inpatie		petient	3LI DOA	her: 4 🗆 Nui		(Check only on ne 5 ☐ Reside		ther (Specif	y)	
Ing .	ation:	27. Menner of Death  1 Natural 5 Pending 2 Accident Investigation		y Year) 28b. Ti	ime of jury	M 1	ryat ork? ]Yes 2□ h		28d. Describe ho	ow injury occi	urred		
	Certification:	3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homlcide determined	e 28e. Place of Inju building, etc	ury - At home, far :. (Specify)	m, stree	et, fectory, office		2	28f. Location (St City or Town		nber or Rura	l Route Number,	
To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai	29a. Certifier (Check only one) Certifying Ph	ysician: To the best on niner: On the basis of end menner sta	examination and	death o	occurred et the ti estigation, in my	me, date and opinion, deat	d plece, e h occurre	and due to the ca	ause(s) end r ate and place	menner as si	tated. the cause(s)	
To the within 2 To the complet	M	29b. Signeture and title of certifier	M. Wales	6/M.	D	29c. Licen:	se number	35W	8610 -	9d. Date sign	Month,	Dey, Year)	
T)		Malhy Muu  30. Name and eddress of person who Kathy Ann M. Wa	completed cause of de	eath (Item 23a) (1	Type, Pi	rint) ovcifu R.	Acres No	ent o	& Nedia	III IRO	Himmo	10 21218	
St	ate	31. Date filed (Month, Day, Year)	200 Begietre	Signature	~~~	arij iki	~y') De	7-16	1 HEMICE	ve, m		IND ALAIS	

63

hold to be got

- . . .

1 A 8

X.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		rin copied rine	7731~	00	5
State of Maryland /	Department of Health an	d Mental Hygiene	9/	20	-

226 Certificate of Death Reg. No. 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Yeer DAUGHERTY Maee July 15,1997 7:20 P.M. Anna /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Rosedale Baltimore Franklin Square Hospital Center If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6 Sev 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 □ M 2 🖾 F Months Deys Hours 219 14 9195 Yrs. Director 74 Dec. 19, 1922 Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 X Yes 2 No Director Maryland Baltimore Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6087 Marquette Road 21206 U.S. Funerai 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 11. Marital Status Was Decedanf of Hispanic Origin? (Specify Yes or No-If Yes, spacify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☑ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elamantary/Secondary (0-12) Collaga (1-4or 5+) Home Maker Own Home 6th permit. Pages 1 and 2 should be file Department of Health and Mantal Hy Important: If Item 27 is markad other any lighty or other traumatic event 900s. 17. Father's Name (First Middle Last) 18. Mothar's Name (First, Middle, Maiden Surname) Be (unknown) Julia Alexander Jacobs 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) daughter Julia Weber 106 W. Jeffrey Street Baltimore, Maryland 21225 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 X Cremation 3 ☐ Ramoval from State 7/17/97 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. 21. Signature of Funeral Service Licensee 22. Name and Addrass of Facility Gonce Funeral Home P.A. 23a. Pert1. Enter the disease, or completations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List an in one cause on each line. 4001 Ritchie Highway Baltimore, Md. 21225 Interval Between Physician Onset and Death /Medical Immediate Cause (Final Small Cell Carcinoma disease or condition rasulting in death) 5 days **Examiner** Dua to (or as a consequence of): Examiner Acute Renal Failure The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated evants resulting in death) Last and Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, ed by the attending physician detached for use as the bune Liver Metastases Physician/Medical the Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1X Yes 2 No 3 Probably 4 Unknown Non insulin dependent diabetes Mellitus þ Completed 24a. Was an autopsy performed? 24b. Were autopsy findings aveileble prior to peen completion of cause of death? cate has 2 No 1 ☐ Yas 1 ☐ Yes 2 ☐ No or Attanding Physician: certific Be 25. Was case referred to medical 26. Placa of Daath (Check only one) Hospital: Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 2 1 Yes 2 No Inpatient 2 ER/Outpatient 3 DOA this 27. Manper of Death Date of Injury (Month, Day Year) 28c. injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred After Natural 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 Accident after death in by the 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At home, farm, street, factory, offica building, atc. (Specify) 4 ☐ Homicide Hospital 24 hours Certifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

Medical Exeminer: On the basts of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the Hospi within 24 hou To the Funer completely fil Medicai 29a. Cartifiar 29b. Signatura and titla of certifian 29c. Licansa number 29d. Date signed (Month, Day, Year) edro 4 Amador 30. Name and addrass of person who completed cause of death (Itam 23a) (Type, Print) 9000 Franklin Square Drive Baltimore, Maryland Pedro Amador, MD 31. Date filed (Month, Day, Year) 30 Registrar's Signature State 23 1997 enteridon-Randalle Registrar

DHMH 16 Rev 6/95

If Under 1 Yeer

Deys

2	2	2	2	7
_	6	~	4	-

Certificate of Death

**Physician** /Medical Examiner

Directo

þ

Completed

1. Decedent's Neme (First, Middle, Last) ANTHONY ERROL

LOWNER

7. Age (In yrs. last birthday)

33

2. Dete of Death Month JULY

3. Time of Death Year 20, 1997 1047 AM

4e. Fecility Name (If not institution, give street end number) ST.AGNES HOSPITAL E.R.

BALTIMORE

4c. County of Deeth

**Funeral** Director

7 is marked other than "natural", or items 23a or 28a-f ahow traumatic event, the Med cal Examinar must be notified at

the Marylend

Baltimore, Maryland 21215-0020

Alth and Mental Hyc. 7 Is mark-

permit. Pages 1 and 2 should be Department of Health and Mental Important: If Item 27 is marked or any Injury or other transment

Physician /Medicai

Examiner

inding physician end use as the burial-transit

certificate

After this

within 24 hours efter deeth.

To the Funeral Director; Al
completely filled in by the fu

Physician/Medical

by

Completed

Be

2

Certification:

Medicai

The law requires that the death certificate be executed

P.O. Box 68760,

Records,

Division of Vital

the Hospital or Attending Physician:

Usual Residence of Decedent

10c. City. Town or Location

If Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Dey, Yeer) 3,1964

4b. City, Town, or Location of Deeth

9. Birthplece (Stete or Foreign JAMAICA

10a. State

113-82-5069

5. Social Security Number

MARYLAND BALTIMORE COUNTY

6. Sex

1**X**M 2□ F

CATONSVILLE

Yrs.

10d. Inside City Limits 1 ☐ Yes 2 No

10e. Street and Number

10f. Zip Code 21228 10g. Citizen of Whet Country? S.A.

402 SHADE TREE

11. Meritel Stetus 1 Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced

12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes:

 Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 Yes 2 No Specify:

14. Race - American Indian, Black, White, etc. Specify: BLACK

15. Decedent's Education (Specify only highest grede completed)

College (1-4or 5+)

16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Elementery/Secondary (0-12) 12TH GRADE

17. Fether's Neme (First, Middle, Last)

STORE DWNER 18. Mother's Name (First, Middle, Maiden Surname)

SELF EMPLOYED

UNKNOWN

19a, Informent's Name/Reletionship (Type, Print)

JOYCE HEMMINGS 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

MAUDE HARRIS/GODMOTHER 20a. Method of Disposition

20b. Piece of Disposition (Neme of cemetery, cremetory or other piece)

4408 PEN LUCY ROAD, BALTIMORE, MARYLAND 21229 20c. Location - City or Town, Stete

1 Buriai 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify)

KING MEMORIAL PARK

7-24-97 WOODLAWN, MARYLAND

21. Signature of Funeral Service Licensee

22. Name end Address of Fecility

JOSEPH H. BROWN JR. FUNERAL HOME 2140 N. FULTON AVENUE, BALTIMORE, MARYLAND 21217

The the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiec or respiretory arrest, or heer feilure. List only one ceuse on each line.

Immediete Ceuse (Final

· Atherosclerotic Cardiovascular

Examiner Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest

disease or condition resulting in deeth)

Due to (or es e consequence of):

Due to (or es e consequence of):

Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Wes en eutopsy performed?

24b. Were eutopsy findings eveilable prior to completion of ceuse of deeth?

Approximate Intervel Between Onset end Death

1 Yes 2 No 26. Plece of Death (Check only one)

1. Yes 2□ No

25. Wes cese referred to medical exeminer? 1XXYes 2 □ No

5 Pending Investigation

6 Could not be determined

28a. Date of Injury (Month, Dey Year)

1 ☐ Inpatient X2X ER/Outpatient 3 ☐ DOA 28b. Time of

28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

29e. Certifier (Check only

27. Manner of Deeth

1 Naturel 2 Accident

3 ☐ Suicide

4 Homicide

Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, dete end plece, and due to the ceuse(s) end manner es steted.

\*\*Diffedicat Examiner:\* On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end manner stated.

29b. Signeture end title of certifier

29c. License number

29d. Dete signed (Month, Day, Yeer)

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

O.C.M.E

21, 1997 JULY

30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print)

Radentz 111 Penn Street, Baltimore, Maryland 21201 Stephen Su 31. Dete liled (Month, Dey, Yeer)

2 3 1997



State Registrar

so a la presenta la reside When the are a less than the fact of an in a left wind according to a second discussion and the state of the Manager and the state of the st

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 22228

						(	Certificat	te of	Death		Reg. No.			
Dhysisian		1. Decedent's Neme (First, Midd	tle, Last)							2. Dete of De Month	eth Dev	Yeer	3. Tim	e of Deeth
Physician /Medical		BERNICE		AME	ERNICE	K		E	DLOW	JUL		1997	10:	51 A
Examiner		4e. Fecility Neme (If not institution Saint Josep	on, give s	street end num ledica	ber) 1 Ce	nter			4b. City, Town, or L			y of Deeth Balt	imor	·e
Funeral Director		5. Sociel Security Number  220-20-5949 Usuel Residence of Decedent	6. Sex	M 2∏.E	7. Age (In y	Yrs. last birtho	Months	Deys	If Under 24 Hrs. Hours Min.	(Month, De	th by, Yeer) 1,1926	9. Birthp Cour MAR	olece (Stentry) YLAN	te or Foreig D
Now 18		10a. Stete 10b. Count	у		10c.	City, Town o	r Location					1	Od. Inside	City Limits
er e		MD I	A\N			:	BALTIMO	ORE					***	es 2□No
23a or 28a-f show ust be nottfied at al Director		10e. Street end Number					10f. Zip	p Code			10g. Citizen of	Whet Cour	ntry?	
e 23a		3041 FALLSTAF				- 11.0	10.14	1 (1	21209	7 1		USA		
"netural", or items 23a or 28a-f si odical Examinat must be notified leted by Funeral Director		11. Maritel Stetus 1 ☐ Never Married 2 ☐ Ma 3 ☐ Widowed 4 ☐ Divorce	rried	12. Wes Deced Armed Ford 1 Tes 2 If Yes, Give Yeer or De	es? No	10,5.	If Yes, spe		dispenic Origin? (Sp an, Mexican, Puerto Specify:	ecity Yes of No Rican, etc.)	Speci	ce - Americ ick, White, fy:		
tem 27 is marked other than "nature other traumatic event, the Modical is other traumatic event. To Be Completed		15. Decede (Specify only higher Elementary/Secondery (0-12)	nt's Educ est grade	cation completed) College (1-	4or 5+)	(0	fe. DO NOT u	ork done	during most of work	ing	16b. Kind of E	Business/Ind		
avent, Be Cc		17. Fether's Neme (First, Middle	, Last)				1001	ADLIK	18. Mother's Nem	e (First, Middle,			KEE	
atic ev To B		ISADORE			P	AMERNI	CK		DOROTH			ESSMA	N	
important: if lem 27 is marked other than any injury or other traumatic event, its Me once.  To Be Compi		19e. Informent's Name/Reletion THEODORE M. EI							end Number or Aur			. Stete, Zip	-	1209
item othe	1	20e. Method of Disposition				b. Plece of D	isposition (Ne	me of	ce)	Dete	20c. Location	- City or To	own, Stete	
int: If ite		1 XBurial 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (		emovel from S	tate		EL MEMO		,	7/20/19	97 RAN	DALLS	TOWN	, MD
Important: any injury poce	2	21. Signatus of Funeral Service	Ligense	1	100				INSON & BI			LLE.	MD 2	1208
		23a. Part V Enter the diseese, of those, or heart feilure. Lis	r compli t only on	cations thet ca e ceuse on ee	used the de ch line.	eath. Do not						,	Approxim	nete Between
/sician ledical aminer	-1	Immediate Cause (Final disease or condition resulting in death)	а	CARDI	OPUL	MONA	RY ARF	REST				1	36	MIN
<u> </u>	11:	resulting in death)		ATHER			rsequence of):		ARY DISE	ASE				
in and iel-transit Examiner		Sequentially list conditions,		. —	Due to	o (or es e cor	nsequence of):	:						
buriel		Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury		HYPER	RTENS	SION		_						
clear/Medical Examir		thet Initiated events resulting in deeth) Lest	l.		Due to	o (or es e con	sequence of):							
d for u	-	Part II Other elanificant conditi	000 000	tributing to doe	th host mot s	soculting is at			on la Part I	OSE DIA	tehanaa uus s		- Abo nov	
igned by the attending be deteched for use by Physician/N		Pert II. Other elgnificant conditions Stage IV Ca					e underlying o	cause gr	ven in Pert I.		tobecco use co Yes 2□ No			Unknow
2 should			_								en eutopsy nmed?	ev	ere eutop eliable pri mpletion deeth?	sy findings or to of cause
pege Com										10	Yes 2 No	10	Yes 2	2□ No
certificate he rector, page	1	25. Wes case referred to medica examiner?	-						26. Plece of Deet	h (Check only o	one)			
F G		1 Yes 2¶ No	Н				etient 3 D0		4 U Nursing Ho				y)	
Miner I	1	27. Menner of Deeth  1 Naturel 5 □ Pendi	ng	28e. Dete of (Month	Injury Dey Year	28b. Tim Inju	e of 2	28c. injui Woi	ryet rk? Yes 2 □ No	28d. Describe I	how injury occu	rred		
al Director: After the in by the funere Certification:		2 Accident invest 3 Suicide 6 Could 4 Homicide detern	not be nined	28e. Plece of building	of Injury - A g, etc. <i>(Spe</i>	t home, farm	, street, fector		res 2 No	28f. Location ( City or To	Street end Num wn, Stete)	ber or Rure	al Route N	lum <i>ber</i> ,
To the Funeral I completely filled	-	29e. Certifier 1 Certifyi (Check only one) 2 Medical	ng Phys Examin	Iclan: To the beer: On the base	is of exam	knowledge, d inetion end/c	eath occurred ir investigation	et the tin	me, dete end place, opinion, deeth occur	end due to the red et the time,	cause(s) end m dete end place,	enner es si end due to	teted.	se(s)
Ne Me	1	29b. Signeture and title of certific	er /	. e.	9				se number		29d. Dete sign	ed (Month,	Dey, Yee	r)
		) le		~ D	(1		Di	+31	73		7-18	-97		
2		30. Name end eddress of persor AWRENCE SCH			760			IVE	TOWSON,	MARY	LAND 2	1204	-11	

Registrar

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Daath 3. Time of Death Month JULY 19, 1997 1:30 AM Mollie Eisenberg 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Greater Baltimore Medical Center Towson Baltimore 5. Social Security Number If Under 1 Year If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 8. Deta of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) 1 □ M XXF Hours Yrs. 216-30-7283 Oct 31, 1900 Romania Usual Rasidance of Dacedent 10b. County 10c. City, Town or Location Od. Inside City Limits 1 ☐ Yes 2 ☐ No Baltimore Cockeysville 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 300 International Circle 21030 U.S.A. 12. Was Decedent Ever In U,S. Armed Forcas? Was Decedent of Hispanic Orlgin? (Specify Yes or No-lf Yas, specify Cuban, Maxican, Puerto Rican, atc.) Race - American Indian, Black, Whita, atc. 1 □ Navar Married 2 □ Married 1 ☐ Yas XXNo If Yes, Giva Yaar or Datas: 1 ☐ Yes 2 No Specify: XXWidowed 4 □ Divorced White 16a. Dacedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highast grada complated) Elementery/Secondary (0-12) College (1-4or 5+) 12 Housewife Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumeme) Benjamin Eisenberg Yetta Siegel 19a. Informant's Name/Relationship (Type, Pnnt) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Mrs. Bernice Schlenger 23 Stonehenge Circle Apt 8, Baltimore, MD 21208 20b. Place of Disposition (Nama of cemetary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete XX Burial 2 Cremation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Arlington (Chizuk Amuno) 7/20/97 21. Signature of Funeral Service Licenses 22. Nama and Address of Fecility Sol Levinson & Bros. 8900 Reisterstown Rd, Pikesville, MD 21208 23a. Part1. Entar the disease, or complications that ceused the death. Do not entar the mode of dying, such es cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batwo Immediata Causa (Final diseasa or condition rasulting in death) Probable Saquantially list conditions, if eny, laading to immadiata causa. Enter Underlying Causa (Disaasa or Injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of): HNIMIA Dua to (or as a consequence of): 6 PD Part If. Other aignificant conditions contributing to death but not rasulting in the underlying cause given in Part f. 23b. Dld tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings availabla prior to complation of ceusa of death? 24e. Was an autopsy performad? 1 Yas 2 No 1 Yas 2 No

**Physiclan** /Medical **Examiner** 

**Physician** 

/Medical

**Examiner** 

10a, State

Director

Funeral

þ

Completed

**Funeral** 

Director

7 is marked other than "natural", or items 23a or 28a-f show treumatic event, the Medical Examiner must be notified at

Hygiene.

marked other

permit. Pages 1 end 2 should be filt.
Department of Heelth and Mental Hy
Important: if item 27 is marked oth
any injury or other treumatic event

the Marylend

filed within 72 hours efter

Baltimore, Maryland 21215-0020

Physician/Medicai þ Be Completed Medical Certification: To

ing Physician: The lew requires that the death certificate be executed burial-transit pue ettending physiclan for use es the buria the 98 been signed by t should be detach cate hes t this certificate After

P.O. Box 68760.

Records,

of Vital

Diyision

Within To the comple

1 Certifying Phyalcian: To the best of my knowledga, deeth occurred et tha tima, data and place, and dua to the cause(s) and mennar as stated.

2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, daath occurred at the tima, date and place, and due to the cause(s) and manner stated. 29b. Signatura and title of certifiar

25. Was casa rafarred to medical axaminar?

5 Panding Invastigation

6 Could not be detarmined

1 Yes 2 No

27. Manner of Deeth

1 Natural

2 Accident

3 Suicida

29a. Cartifiar

4 Homicida

31. Data filad (Month, Day, Yaar) State JUL 23 1997 Registrar

1 Inpatiant

28a. Data of Injury (Month, Day Year)

29c. License numbar

28c. fnjury et Work?

1 Yas 2 No

26. Place of Daath (Check only ona)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Dascribe how Injury occurred

29d. Data signed (Month, Day, Year)

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

30. Nama and eddrass of parson who complated causa of death (Itam 23a) (Type, Print) YORK RD SUHE 309 Lythrolle

2 ER/Outpatiant 3 DOA

28b. Tima of

28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

32. Registrar's Signatura

The state of the s

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene / Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death Month July 20, 1997

4b. City, Town, or Location of Death 4c. County of Death 11:25a.M. Clara Minerva Ehman 4a. Facility Neme (If not institution, giva street end number) Dulaney Valley Assisted Care Phoenix If Under 24 Hrs Hours Min. Baltimore 7. Age (In yrs. last birthday) If Under 1 Year 5. Social Security Number 8. Date of Birth (Month, Day, Yaar) Birthplace (State or Foreign Country) Deys 1 ☐ M 25 F 213-36-8785 90 Oct. 3, 1906 Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Baltimore Timonium 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 57 Belfast Road 21093 U.S.A.

14. Race - American Indian,
Bleck, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgln? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☐ No If Yes, Give X Year or Dates: 1 ☐ Yes 2 ☐ No Specify: White 3₺ Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education 16b. Kind of Business/Industry (Spacify only highest grada completed) Elementary/Secondary (0-12) Coilege (1-4or 5+) Bookkeeper Construction 17. Father'e Neme (First, Middle, Last) 18. Mother's Name (First, Middla, Malden Surnama) William Snyder Unknown Elizabeth 19b. Meiling Address (Street and Number or Rurel Routa Number, City or Town, Stete, Zip Coda) 19a. Informant's Neme/Relationship (Type, Print) Mr. Edward R. Ehman/Son 57 Belfast Road Timonium, Maryland 21093 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2X Cremetion 3 Removal from Stete
4 Donation 5 Other (Specify) Hilltop Service Corp. 7/24/97 Towson, Maryland 21. Signature of Funeral Service Licensee 22. Name end Address of Facility Ruck Towson Funeral Home, Inc. ter the disease, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Applications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Applications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Applications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete interval Between Onset and Death Immediate Cause (Finel disease or condition resulting in deeth) 25 y · hypertension Due to (or es e consequence of): Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Due to (or as e consequence of) Due to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings eveilable prior to completion of ceuse of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 Yes 2 No

**Physician** /Medicai Examine

**Physician** 

/Medical

**Examiner** 

Director

Funeral

by

Completed

Be

10a. State

**Funeral** 

Director

death with the Maryland

Peges 1 end 2 should be filed within 72 hours efter death with the Marylan nent of Health and Mental Hygiena. Int: If Item 27 is marked other than "natural", or items 23a or 28a-f show Lry or other traumatic event, the Medical Examinat must be notified at

Baltimore, Maryland 21215-0020

physicien end s the buriel-transit à

Box 68760. P.O. Vital Division of

Hospital or Attending Physician; 24 hours aftar death. Funersi Director: After this centification, stely filled in by the funeral director. To the Hospital of within 24 hours at To the Funeral D completely filled i

Examiner Physician/Medical Completed by Be

Certification: To edicai

4 Homicide

31. Date filed (Month, Day, Year)

JUL 23 1997

25. Was cese referred to medical examiner? 26. Place of Deeth (Check only ona) 1 Yes 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. Manner of Deeth 28d. Describe how injury occurred 28b. Time of

28e. Date of Injury (Month, Day Year) 28c. Injury at Work? 1 Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 ☐ Accident 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

29a. Certifier

1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and piece, end due to the ceuse(s) and manner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and piace, end due to the cause(s) end manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

30. Name and address of person who completed ceuse of death (Item 23e) (Type, Print)

Rd Towson MD 21204

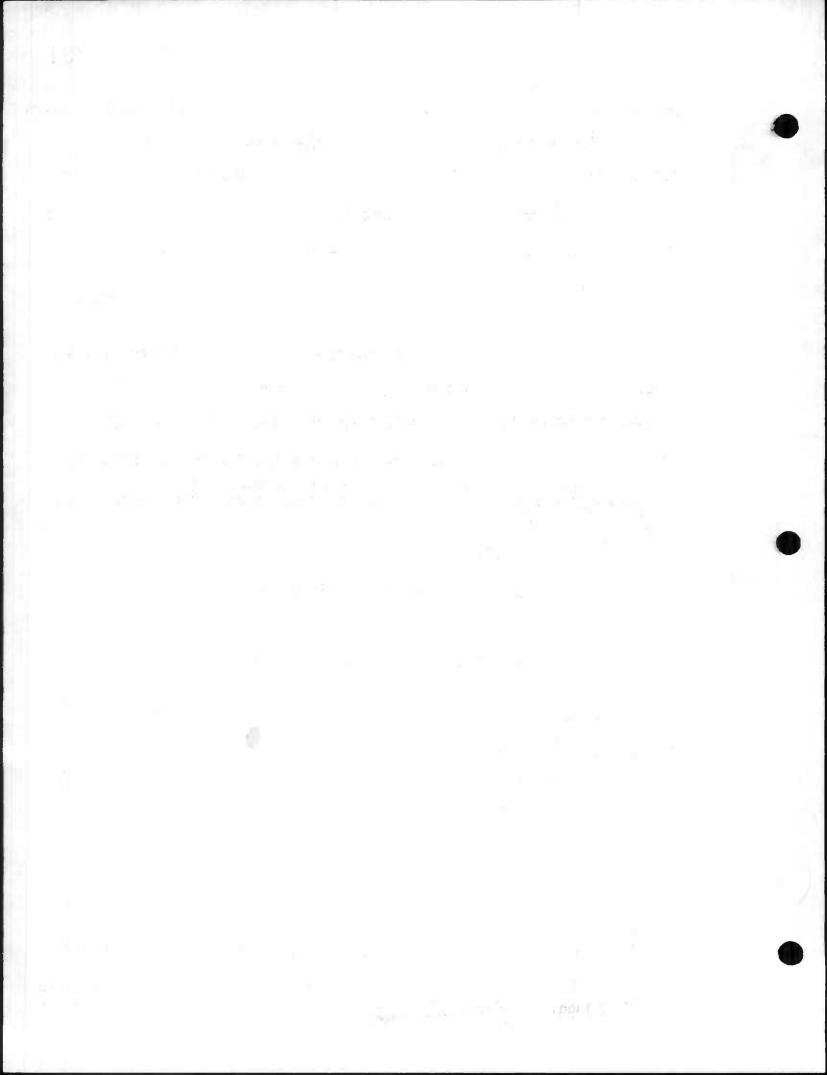
State Registrar House do 7825 York 32. Registrar's Signeture

0

ALL STATE OF THE S

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q 7

				State of Mary		ificate of			Reg. No.	44	231
	Physic /Medi		Decedent's Name (First, Middle, Last  MILTOW	EDEL	SON			2. Data of Dea Month	Day	Year	5; 26 AM
	Examination Funeral Director		4a. Facility Name (If not institution, give  SINAI HOSP  5. Social Security Numbar  213–18–3385	TAL  X 7. Aga (In		if Under 1 Yaar Months Days	BALTIN If Under 24 Hrs. Hours Min.		N/A h, Year)		e (State or Foraign
			Usual Residence of Decedant  10a. State 10b. County		. City, Town or Loca	ation		DEC.10	,1910		Inside City Limits
	rith the Maryla or 28a-f show	Olrector	MD BALTIN		BALI	IMORE  10f. Zip Code	200		10g. Citizen of V		1 ☐ Yes 💥 No
020	or Homs 23a	by Funeral Director	3022—C NORTHBROOF  11. Marifal Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ever Armed Forcas?  1 2 Yes 2 No If Yes, Give Year or Dates:			209  dispanIc Origin? (Span, Mexican, Puerto  Specify:	ecify Yes or No- Rican, atc.)	USA  14. Race Blace Specify	e - American I k, White, etc.	
21215-0020	vithin han	Completed	15. Decedent's Edu (Specify only highest grad	cation			pation during most of work d)	ing	16b. Kind of Bu		,
	should be filed vend Mental Hygie marked other turnatic event, in	To Be Co	12 17. Father's Name (First, Middle, Last) LOUIS	ED	DELSON	SURANCE	AGENT 18. Mothar's Name ANNA	a (First, Middle,	Maiden Sumam	D INSUE (a) NKNOWN	RANCE
, Maryland	permit. Peges 1 end 2 should be filed Depertment of Health end Mental Hyg Important: If Item 27 ie merked other any Injury or other treumetic event, 2005.	1	19e. Informent's Name/Relationship (7) PAULINE EDELSON (	rpe, Print)	19b. Mailing		and Number or Run BROOK RD.	BALTO	or, City or Town,		de)
Baltimore,	Peges 1 on the ment of He mant: If item ury or other		20a. Method of Disposition  1 Burial 2 Cremation 3 F  4 Donation 5 Other (Specify)	Removal from State	b. Placa of Disposit cametary, crema ARL INGTO	tory or other place	uk amuno)	Date 7/17/9	20c. Location -	City or Town,	
Balt	permit. Peg Depertment Important: I any Injury o		21. Signature of Funeral Service Licens	Louis		DOOD DET	ss of Facility NSON & BR STERSTOWN	ם מם	TERCUTT	LE, MD	21208
	Physician /Medical Examiner		23n. Pan. Enter the disease, or compensately or heart feilure. List only of immediate Cause (Final disease or condition resulting in death)	SEPS	to (or as a conseque	enca of):			rest,	Ap Inte	proximate erval Between eset and Deeth
x 68760,	setificate be axecuted ding physician and se es the burial-transit	/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to	AGE R	ENAL enca of): VOS IS enca of):	FAILURE				
.O. Box	requires that tha death certifi seen signed by the attending I hould be detached for use es	Physician/M	Part II. Other significant conditions cor	ntributing fo death but not			en in Part I.		mark Acres		cause of death?
rds, P.	w requires that been signed to should be deta	by	HYPERTENSI						en autopsy	3 Probabl	dy 4 ☐ Unknown  autopsy findings  ble prior to
Records,	has by ya 2 s	Completed	DIABETES M ATRIAL FIBR					1 - Y	rmed?	comple of deat	etion of cause th?
of Vital	Physician: The ribis certificata ral director, pag	To Be (	25. Was case refarred to medical examiner?	tospital: V	2 ☐ ER/Outpatient	3□ DOA Oth	26. Plece of Deetler: 4□ Nursing Ho		ne)	er (Specify)	
Wision o	Arricating ector: After by the fune	Certification:	27. Manner of Death  1. Matural 2 Accident 3 Suicide 4 Homicide  2 Could not be determined	28e. Date of Injury (Month, Day Yea 28e. Place of Injury - A building, etc. (Sp			Yes 2□No		now injury occurr Street and Numb m, State)		oute Number,
_	To the Purplin or Within 24 To the Futer III completely filled in	edical C	29a. Certifier (Check only one) 1 Certifying Physical Examination (Check only one)	alcian: To the best of my ner: On the basis of exam and manner stated.	knowledge, death o nination and/or Inves	ccurred et the tin stigetion, in my o	ne, date and place, pinion, deeth occurr	and due to the o	cause(s) and ma date end place, a	nner as stated	d. cause(a)
	To the Mithin 24 To the Fu	Me	29b. Signature and title of cartifier  Source  30. Name and address of person who co	>	(1) (2) (T )	29c. Licens			SULY 1		Year)
	Sta	ate	JAMELLE BOWERS , A 31. Dete filed (Mogth, Day, Year)	32. Degistrar's Si	WEST BE	LVEDERE	= AVENUE	BA	LTIMOR	E, MAR	SISIS YLAND



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 2 2 2 3 2 State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Oral Jul /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of De Examiner 5. Social Security Number If Under 1 Yeer Under 24 Hrs. 6 Sex 7. Age (In yrs. last bifthday) **Funeral** 9/Birthplace (State or Foreign 1 M 2 F Months Days -54-48 Director Usual Residence of Decadent 10a. State 10b. County th and Mantal Hygiene.
7 is marked other than "netural", or items 23a or 28a-f show treumstic event, it a Medical Examined in and be invited at 10c. City, Town or Location 10d. Inside City Limits **Funeral Director** Maryland 1 Yes 2 No more 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? Dou 12. Was Decedent Ever in U,S. Armed Forces?

1 Yes 2 No If Yes, Give Yeer or Dates: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Status Race - American Indien, Black, White, etc. 72 hours after 1 Never Married 2 Married 21215-0020 1□ Yes 2⊠No Completed by Specify: 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NQT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 0 Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Majden Surname) .. Pages 1 and 2 should be fill thent of Health and Mantal Htant: If Item 27 is marked oth jury or other treumatic even Be 0 19a, Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) na 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department of important: if eny injury or 4 Donation 5 Dother (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility North Ave 21216 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last 68760 Hypes ten sion Box for P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detac 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, by Completed 24b. Were autopsy findings eveilable prior to completion of cause of death? 24a. Wes en autopsy performed? certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ Ño of Vital 25. Was case referred to medical Be 26. Place of Death (Check only one) Basiching Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Home 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Aftar Division Attending 1 Matural 5 Pending investigation s after death. 1 Yes 2 No 2 Accident 6 Could not be 3 Sulcide in by t 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide ō To the Hospital within 24 hours a To the Funeral Completely filled Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29d. Dete signed (Month, Day, Year) 29c. License number Hacem M.D 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) Baltimore. 31. Date filed (Month, Pay Year)
JUL 2 3 1997 State Registrar

SES and the Committee of the investment of the second of t THE THE PERSON

101 2 3 1997

The state of the s

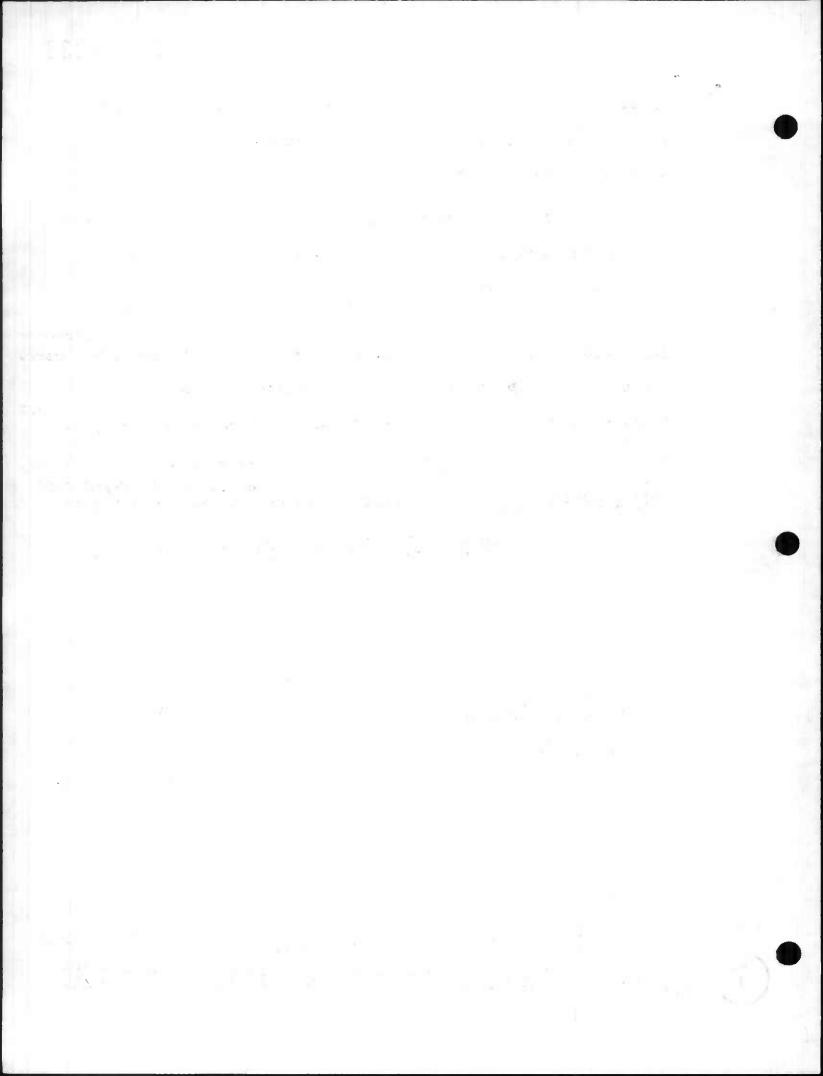
101. 2.3.1997 July 25.70 August 1997

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 2 3 3

			44			Cert	ificate of	Death	F	Reg. No.		
	Sterre Let		1. Decedent's Name (First, Middle, Le	st)					2. Dete of Dee	eth Dev	Year	3. Time of Deeth
	Physici /Medic		James	В	•		Gr	iffin	July	16	97	3:30pm
	Examir	_	4a. Fecility Neme (If not institution, give					4b. City, Town, o	Location of Deeth	4c. County	of Deeth	-
	í		837 East Cha		t			Baltim		N	A	
	Funeral Director			Sex 7. Ag	e (In yrs. lest bir	Yrs.	If Under 1 Yea Months Dey			r, Year)	9. Birthpl Coun	ece (State or Foreign try)  Md.
	land ow		10a. State 10b. County		10c. City, Town	or Loca	ation				10	Od. Inside City Limits
	with the Maryland a or 28a-f show	tor	Md N.	A	Balti	mor	e					1□Yes 2□No
	r 28a	Director	10e. Street end Number				10f. Zip Code			10g. Citizen of \	Whet Coun	
	h wit	a D	837 East Chas	e Street			2:	1202		US.	A	
	items i	Funeral	11. Marital Status	12. Wes Decadent Armed Forces?	Ever in U,S.	13. W	as Decedent of	Hispanic Origin? (	Specify Yes or No-	14. Rec	e - America	
Maryland 21215-0020	5 b	by	1 Never Married  3 Widowed 4 Divorcad	1 Yes XX III			Yes, specify Cu		ito riban, etc.)	Specify	ok, White, o	
5-0	72 hours "natural",	eted	15. Decedent's E (Specify only highest gre		16e.	Decede	nt's Usuel Occi	upetion	orkina	16b. Kind of B	usiness/Ind	ustry
21	9	Completed	Elementary/Secondery (0-12)	College (1-4or	5+)	(Give kind of work done during most of working life. DO NOT use retired)						Correctio
2	filed with Hygiene, ther than	Co	12th Grade	NA		Die	etary (			State		bM
and	nd 2 should be filed valid by the standard of the transmitten of transmitten of the transmitten of the transmitten of the standard of the stan	Be	17. Father's Name (First, Middle, Last	Grifi	e 3				eme (First, Middle,			
N	nould Mer narke	70	James H.					Alice		Spive	*	
Ma	d 2 st th end 7 is n traun		19e. Informent's Name/Reletionship (Ophelia Gri:						Rural Route Numbe			21202
	of Health item 27 other to		20a. Method of Disposition	ffin			tion (Neme of	se Stree	et Balt:	20c. Location -		
nor	0 0 = 5		ty⊡ Burial 2 ☐ Cremation 3 ☐		cemeter	y, creme	etory or other p	,				
altimore,	permit. Pag Depertment Important: I any Injury o		4 Donation 5 Other (Special 21. Signature of Funeral Service Los		King	7	Name end Add		17-23-9	Randa	alls	town, Md.
Ba	permit. Pag Depertment Important: any injury o		Danesa €	DA				I	Baltimon 1101 E.			nd 21202 enue
			23e. Part1. Enter the diseese, or conshock, or heert failure. List only	plicetions thet caused one cause on each li	the death. Do r							Approximete Intervel Between
М	Physician			21	4 9 1	L.		1. /				Onset end Death
7	/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in death)	e. //@	lastal	C	(sasi	me a	arcin	oma	1	Syears
			resulting in deality		Due to (or as e	consequ	ence of):				1	
	ped nsit	Examiner		b							-	
	requires that the death certificete be executed been signed by the attending physician and hould be detached for use es the buriel-transit	хаг	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Due to (or es e	onseque			1			
68760,	siciar buri		cause. Enter Underlying Ceuse (Disease or Injury thet initieted events	C								
687	artificete ing phys e es the	Medical	resulting in deeth) Lest		Due to (or es e c	onseque	enca of):					
-	certi nding use e			d								
. Bo	death ce attendir d for use	Icla	Part II. Other significent conditions of	ontributing to deeth h	ut not resulting in	theunc	terlying cause o	iven in Part I	23h Did t	obacco use co	ntribute to	the cause of death?
P.0	that the death ce ed by the attendi detached for use	by Physician/	1: 0. 1	A /1		i tile unic	Jerrywig Cause g	nveri (ii i etti.	1 🗆 1	A.	3 □ Prot	
	res that igned I be det	y P		l Carci	noma				-	74.10		
Vital Records,	v require been sig should b		14.00 6	nsion						en eutopsy med?		ere eutopsy findings elleble prior to
00	2 8 8	piet	114 pers	13100					Polito	111001	COL	npletion of cause deeth?
m.	0 - 0	Completed							101	es No	1	Yes 2 No
ta	ician: The	Bec	25. Wes case referred to medical					26. Plece of D	eeth (Check only o	ne)		
<b>₹</b>	0 0 Z	70	exeminer?	Hospital: 1 ☐ Inpatie	ent 2 ER/Ou	tpatient	3□ DOA C	ther: 4 Nursing	Home 5 Resid	ience 6 Oth	er (Specify	)
Division of	ding Ph h. After th funeral		27. Menner of Death	28e. Dete of Inju (Month, Da	ry 28b. T	ime of	28c. Inj		28d. Describe h	ow injury occur	red	
<u>S</u>	Attending or death.	Certification:	2 ☐ Accident Investigatio	n		17		☐ Yes 2 ☐ No				
N.	r Att	Ě	3 ☐ Suicide 6 ☐ Could not be determined	e 28e. Plece of Injuding, etc	ury - At home, fa	rm, stree	et, factory, office	9	28f. Location (S City or Tox		oer or Rura	Route Number,
	ital o	Ö										
	To the Hospitai or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the fi	edical	29a. Certifier (Check only one)	ysician: To the best of niner: On the besis of end menner sta	examination end	, death o	occurred et the estigation, in my	time, date end plac opinion, death occ	ce, end due to the courred et the time,	ceuse(s) end me dete end place,	enner es st end due to	eted. the ceuse(s)
	Tot Tot con	Σ	29b. Signature end title of cermer	7			29c. Licer	nse number		29d. Date signe	d (Month,	Dey, Year)
					1		D.	21811		1-	11	//
	(T)		30 Name end eddress of person who	completed cause of d	eeth (Item 23e) (	Type, P	7 E, C	omsa	MOST	SAZ	10,1	1202 ND.
	Sta Registr		31. Date filed (Month, Day, Year) JUL 2 3 1997	July Day	eçe Alfridaye Malan - Ran	عوبا			1.5			

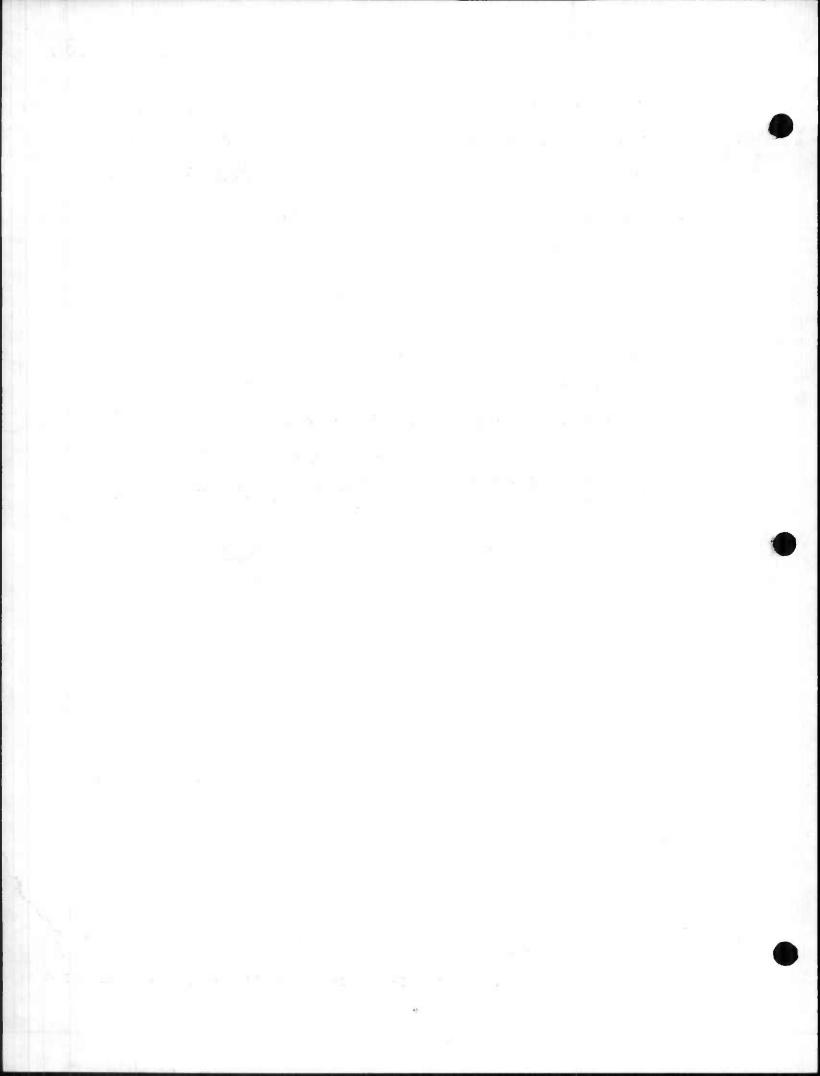
DHMH 16 Rev 6/95



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene LINDA HARRI 93 Part I,27,28a-f per MEO G-752 11/15/97 dh Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Dev **Physician** Linda Dawn Harrigan 17, 1997 JULY 5:35 PM. /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner UNION MEMORIAL HOSPITAL BALTIMORE 5. Social Sacurity Number If Undar 1 Yaar If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) Sept. 15, 1949 Birthplace (Stata or Foreign Country) 7. Aga (In yrs. last birthday) **Funeral** 1 M 2 F Months Days Hours Min 47 Yrs. Maryland Director 219-56-5721 Usual Residence of Decedent deeth with the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Baltimore Baltimore 1 ☐ Yes 2 No Maryland Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6 21236 9525 Horn Avenue 238 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Year or Detes: Hems Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. e filed within 72 hours after of Hygiene. other than "natural", or iter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Hospital Nurse 11th grade 17. Fethar's Nema (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) . Pages 1 end 2 should be file ment of Health end Mentel Hj lant: If item 27 is markad oth Poe Celesta Edgar N. Jones 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health e Important: If item 27 is any injury or other tra 9525 Horn Avenue, Baltimore, MD 21236 Patrick Harrigan (husband) 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Steta 20e. Method of Disposition 1 ⊠ Buriel 2 ☐ Cramation, 3 ☐ Ramovel from State 4 ☐ Donetion, 5 ☐ Other Specify Loudon Park Cemetery 7/21/97 Baltimore, Maryland 22. Name and Address of Fecility
Schimunek Funeral Homes, Inc. peral S any ir 21236 9705 Belair Rd., Baltimore, MD Filter the diseasa, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or raspiretory errest, tock, or heart failure. List only one ceuse on each line. Approximete Intervel Between PULMONARY THOMBO-EMBOLISM COMPLICATING LACERATION OF RIGHT URETER Onsat and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or as consequence of): Examiner physician end s the buriel-transit thet the death certificete be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Undarlying Ceuse (Diseese or Injury that initieted events Due to (or es e consequence of) Box 68760. Physician/Medicai that initieted events resulting in death) Last Dua to (or es e consequence of) 80 9SD p Division of Vital Records, P.O. the Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably þ 24e. Was en eutopsy performed? 24b. Were eutopsy findings availeble prior to completion of ceuse of deeth? Completed peen page 2 s Yes 2□ No certificate or Attanding Physician: Be 25. Wes case referred to medicel exeminer? 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 X ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 X Yes 2 No 2 this 27. Megner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury et Work? After Natural 11:00 A to 5:00 P 5 Pending 2XX Accident efter death. Director: Aft 1 ☐ Yes XX No investigation 6/25/97 laceration of ureter in 24 hour.
the Funeral Dire. 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 201 East University 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 | Homicide hospital Pkwy., Baltimore, Maryland the Hospital Medical 29a. Certifier 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceusa(s) end menner es steted. 2 Medical Exeminer: On the basis of exemination end/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end manner stated. (Check only within 2 To the F 29d. Date signed (Month, Day, Yaar) 29b. Signature and title of certifian 29c. Licanse number JULY 19, 1997 O.C.M.E. CUTE NO 30. Name and address of person who ompleted ceuse of deeth (Item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 te

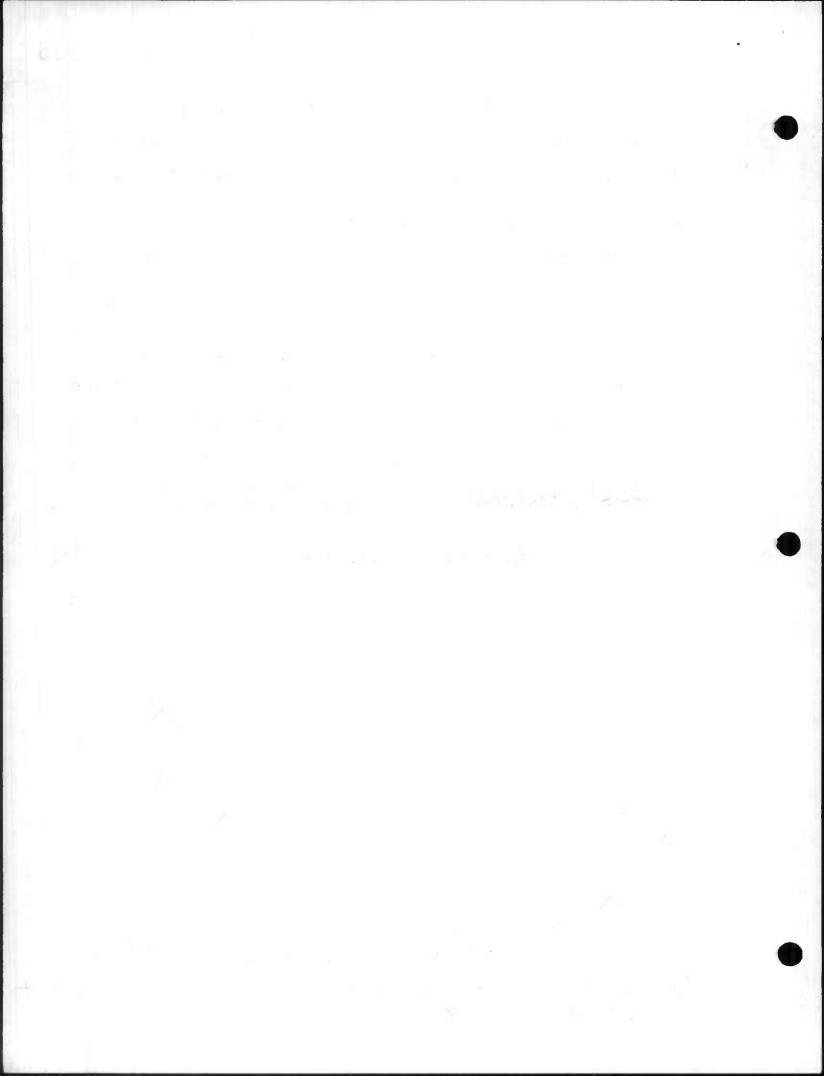
State Registrar



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 22235

							Cen	tificat	e of	Death			Reg. No.			
	Physic		1. Decedent's Neme (First, Middle, I	•	Anita	м.			Hu	nter		2. Dete of De Month July 1	eth Day	997 Yea	ır	48 AM
ı	/Medi Examii		4e. Fecility Neme (If not institution, g 3324 Essex Road	ive street end n	um <i>ber)</i>						odmo	ocation of Death	4c. C	County of De		
8	Funeral Director		213-30-8832	Sex 1□M 2⊠F	7. Age (In ye		thday) Yrs.	If Under Months	1 Year Days	If Under		8. Date of Bir (Month, De Nov. 8	h v. Year)	9. E		Stete o <i>r Foreigi</i> nd
	anyland show		Usuel Residence of Decedent  10e. Stete 10b. County		10c.	City, Town	or Loc	ation							1	ide City Limits
	vith the Mi or 28a-f	Director	10e. Street and Number	Baltimo	re		Woo	10f. Zip	Code					en of Whet	Country?	Tes ZININO
	23 ath v	Ta .	3324 Essex Ro	ad					212					J.S.A.		
21215-0020	be filed within 72 hours efter death with the Manyand ttal tyglene. Id other than "natural", or items 23s or 28s-1 show event, the Medical Exerting must be notified at	by Funeral	11. Maritel Stetus 1 ☐ Nevar Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	Armed F	2 🔯 No	U,S.	<ol> <li>Was Decedent of Hispanic Origin? (Sp. If Yes, specify Cuban, Mexicen, Puerton 1 ☐ Yes 2 型 No Specify:</li> </ol>				pecify Yas or No- D Ricen, etc.) 14. Race - Black, 1 Specify:			mericen Ind hita, etc. White		
5-0	72 ho	ted	15. Decedent's (Specify only highest g	Education	1	16a.	Decede	ent's Usu	al Occu	petion	t of work	ina	16b. Kind	d of Busines	ss/Industry	
2	ithin Ban	Completed	Elementary/Secondary (0-12)		/ (1-4or 5+)					during mos						
2	ygien L	S	12			Cus	tome	er Se	ervi			entative			nance	
Maryland	should be filed within 7 and Mental Hygiene. I marked other than "r umatic event, the Med	To Be	17. Fether's Nama (First, Middle, La: John	F.	Ве	e11					er's Nam rtha	e (First, Middle, V.	Maiden S	umeme)	Reede	r
lar	2 shd end is me		19a. Informent's Neme/Relationship	,								el Route Numb		Town, Stete	e, Zip Code)	
	s 1 end 2 should f Heelth end Mer tem 27 is marke other traumatic		Mr. John E. Hun	ter	l and						alti	more, M		1207		
Baltimore,	permit. Pages 1 e Depertment of Hee Important: if item any injury or othe once.		20a. Method of Disposition  1 ☑ Burial 2 ☐ Cremation 3  4 ☐ Donation 5 ☐ Other (Special Content of the Content		State	od SI						Date 7/21/97			or Town, St	
Ball	permit. Dependimport any inj		21. Signature of Funerel Service Lic	Kelln	er		Lo	ring	By		inera	al Direc		-		_4784
	1		23e. Pert . Enter the disease, or co shock, or heart failure. List on	mplications thet ly one ceuse on	caused the de	eath. Do n								, III	Appro	ximete al Between
	Physician /Medical Examiner		Immediete Ceuse (Final disease or condition resulting in deeth)	a. BR	EA.			4.	10	er					Onsa	Y R
		Due to (or as a consequence of):														
o	cete be executed physician end s the buriel-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	b	Due to	(or es e c	onsequ	uence of):								
x 68760,	ing e	resulting in death) Last														
.O. Bo	thet the deeth ce ted by the attend deteched for us	Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  23b. Did tobacco use cont									/					
α.	es thet igned b	by Pt							_			10	Yes 204	No 3	Probably	4 Unknow
Records,	_ LI 69	Completed b										24a. Was	an autops med?	y 24	eveilable	on of cause
Be	0 - 0	ma										10	A A	No		2 No
Vita	ician: The certificate rector, peg	0	25. Wes case referred to medical			-				26 Pleas	a of Deet	th (Check only o		60	1 103	20140
>	Physician: this certific ral director,	0 8	exeminer?	Hospitel:	Inpatient 2	□ ER/Out	tnetient	3□ D0	Ot Ot	hor		ome Sa Resi		□Other (S	inecify)	
oh of	ing Phy After this funeral o		27. Manner of Deeth Neturel 5 Pending	28a. Date (Mo	of Injury oth, Day Year)		ime of njury		28c. Inju			28d. Describe			респу	
DIVISIO	and Seed	Certification:	2 Accident investigati 3 Suicide 6 Could not 4 Homicide determine	be 28e. Plac	e of Injury - Al ling, etc. (Spe	t home, fer	rm, stre				110	28f. Location ( City or To		Number or	Rurel Rout	e Number,
	To the Heater within 24 To the F completely filled	edical C	29a. Certifier (Check only one) Certifying F	Physicien: To the miner: On the land me	e best of my k pasis of exami	nowledge, ination and	, deeth	occurred estigation	et the ti	ime, date en opinion, des	nd plece, oth occur	end due to the red at the time,	ceuse(s) e date and p	and menner place, and c	es steted. due to the co	euse(s)
	To the vithin 2	M	29b. Signature and title of certifier	) (				29	c. Lican	sa number			29d. Date	signad (Mo	onth, Day, Y	'ear)
			1	<u> </u>	X	M			T	356	001	6	7	181	97	
			30. Name and address of person who Samuel 249	er No	Millson to on	em 23a) ( Cro	Type, P	Print)	ls?	Drive	Hy	4500	Uing.	s Mi	1/5 MI	) 2111=
	Sta Registi	-	31. Dete filed (Month, Dey, Year)  JUL 2 3 1997	Ju.	David	matur A	nolett	2								

20



#### Please Type or Print in Black Indelible Ink. Assure All Copies Area epible 2 2 2 3 6

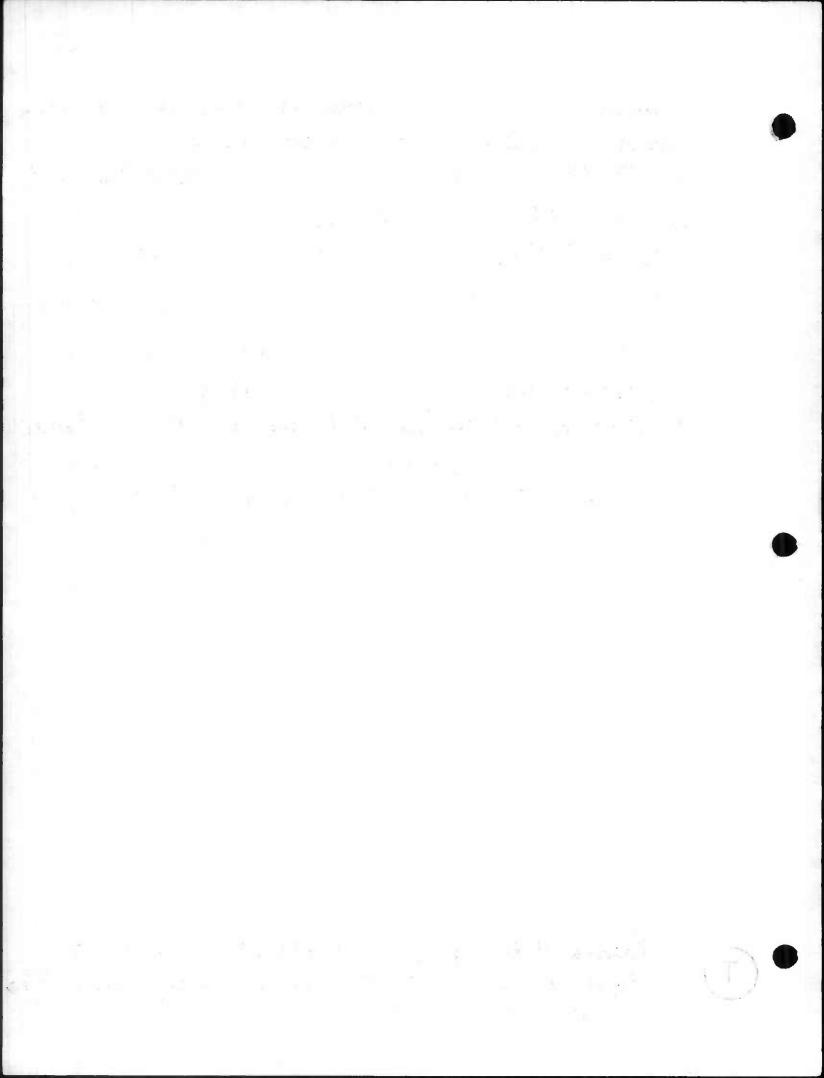
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Deta of Death 3. Time of Death Month Yee **Physician** HULLOWAY -YNETTE 18 2:10 AM JULY 1997 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** FOTHUS HOPKINS BAYVIEW MED CENTER TI Mork If Undar 1 Yaar | If Undar 24 Hrs. 8. Dete of Birth 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) 9. Birthplece (Steta or Foreign **Funeral** 215-78-0805 Usuat Residance of Decedent Months Deys 1□M 2K F Hours Min. Director 6,11 lar Peges 1 end 2 should be filled within 72 hours after death with the Maryland nent of Heelth and Mental Hygiena. Int: If Hem 27 is marked other than "natural", or items 23a or 28a-f show ary or other traumatic event, the Medical Examinal must be notified at 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland 1 Yas 2 No Director MOre 10f. Zip Code 10e. Street and Number 10g. Citizen of Whet Country? 923 21 Funeral 11. Maritai Status Wes Decedent Evar In U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - Amarican Indian, Biack, White, etc. 1 Yes 2 No If Yas, Giva Yeer or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No þ 3 ☐ Widowed 4 ☐ Divorced Hmerican Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DQ NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nema (First, Middle, Meiden Sumeme) Be To 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) ame 20b. Piaca of Disposition (Nema of 20e. Method of Disposition 20c. Location - City or Town, State Dete emetery, cremetery or other place) Important: If it sny injury or o 1 Buriai 2 □ Cremation 3 Ramovai from Stete **Jepartment** 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funaral Service Licanse unera Vorth ve. 1.21216 22 23a. Part / Enter the disass, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on eech line. Approximete Intervel Batween Onsat and Deeth Physiclan immediate Ceuse (Finel disease or condition resulting in deeth) /Medical . STAPITYLOCOCCAR ENDOCARDITIS 2 WKS Examiner Due to (or es e consequença of): Physician/Medical Examiner 3 was MEUNO STAPHYLOCOCKA The lew requires that the death certificate be axecuted physician and the buriel-transit Sequentielly list conditions, if any, laading to Immediata cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Dua to (or es a consequence of) HUMAN (MMO NODEFICIENCY VIRUS INFECTION Division of Vital Records, P.O. Box 68760, UNKNOWN Due to (or as a conseguance of): 98 END STAGE for use signed by the a d be detached t Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes No 3 Probably 4 Unknown DEMENTIA à 24b. Were eutopsy tindings available prior to completion of causa of death? 24a. Was an autopsy parformed? SCHIZO PARENIA pege 2 has NEURO SYPHILLS 2 HNO certificate 1 Yas 1 ☐ Yas 2 No or Attending Physician: 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospitel: 1 En/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Homa 5 Rasidance 8 Other (Specify) Certification: To After this 28a. Dete of injury (Month, Dey Year) funerel 27. Menner of Deeth

1 Naturel
2 Accident 28b. Time of Injury 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation death. 1 ☐ Yes 2 No 24 hours after deat Funeral Director: 6 ☐ Could not be determined 3 Sulcide 28e. Piece of tnjury - At home, ferm, street, fectory, offica building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Hospital Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner as steted.

| Medical Examiner: On the best of examinetion and/or investigation, in my opinion, deeth occurred at the time, dete end plece, end due to the cause(s) end menner steted. Medical 29e. Certifier complately (Check only one) To the Within 2 29b. Signature and titla of cartifier 29c. Licansa number 29d. Deta signed (Month, Day, Year) 30. Name and address of person who completed cause of deeth (Item 23a) Type, Print) 21093 ATRICK MUR SCOTTS DAVE COURT MHERVILLE

State Registrar 31. Data filed (Month, Day, Year)
JUL 2 3 1997

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 3 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 6 3V ELOUISE HAMIL TON Jula 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death RANDAUSTONN HOSPITAL BALTIMORE CENTER 5. Sociei Security Number If Under if Under 24 Hrs. 9. Birthplace (State or Foreign South Carolin 7. Age (In yrs. lest birthday) 1 M 2 F 2-18-245 Months Usual Residence of Decedent 10b. County 10c. City, Town or Locetion 10d. Inside City Limits Maryland 1 Yes 2 □ No 10a. Citizen of Whet Country? 10e. Street end Number 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. 11. Marital Status 1 Never Married 2 Married 1□ Yes 2N No Specify: 3 Widowed 4 □ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 17. Fether's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Surneme) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetary, cremetary or other place) Town, State Date 20c. Location 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removal from State 4 Donetion 5 Dother (Specify) Fit ombren 22. Name end Address of Facility North Ave Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, or heart failure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth Immediete Ceuse (Final CEREBRO -UNECULAR disease or condition resulting in deeth) Due to (or es e consequence of): Due to (or es e consequence of) 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24a. Wes en eutopsy performed? 1 ☐ Yes 2 ☐ No 26. Place of Deeth (Check only one)

Physiclan /Medical Examiner

Important: If any injury o once.

**Physician** 

/Medical

Examiner

10a State

**Funeral** 

Director

28a-f show

Items 23a

Pages 1 and 2 should be filed within 72 hours after onen of Health and Mental Hygiene.
int: if item 27 is marked other than "natural", or item
inty or other traumatic event, the Medical Examiner.

Baltimore, Maryland 21215-0020

Director

Funeral

þ

Completed

traumatic event, the Medical Examiner must be notified at

Be Completed by Physiclan/Medical Examiner Certification: To

physician and s the burial-transit Box 68760. P.O. Records, Hospital or Attending Physician: 24 hours efter death.
Funeral Director: After this certifica stelly filled in by the funeral director, t To the Hospital or within 24 hours eft To the Funeral DI completely filled in

Division of Vital

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events resulting in death) Lest Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. DENCENTIA 25. Was case referred to medical exeminer? Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 ER/Outpatient 3 DOA 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Waturel 1 ☐ Yes 2 ☐ No 2 Accident

6 Could not be determined 3 Suicide Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 ☐ Homicide

1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end menner stated. 29e. Certifier 29b. Signeture end title of certifier 29d. Dete signed (Month, Dey, Year)

B.

18502 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

July 19, DANDALLS TOWN WIL. 21

State Registrar

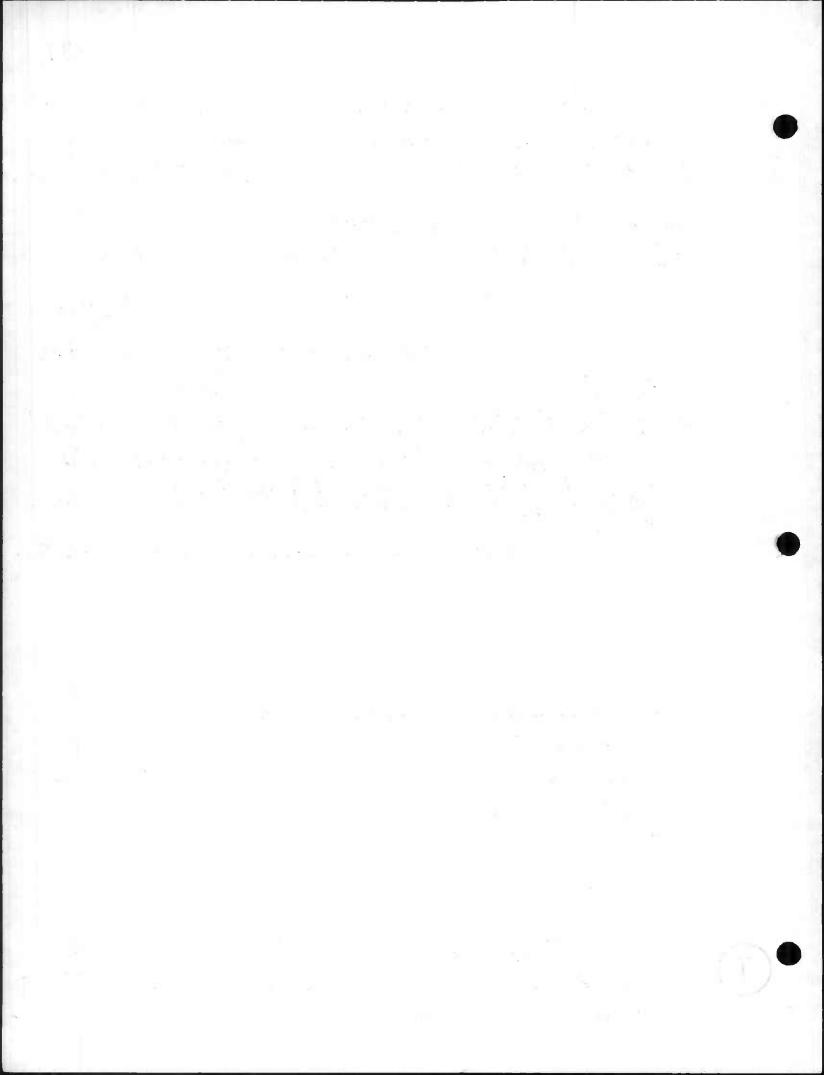
edical

31. Dete filed (Month, Day, Year) JUL 2 3 1997

ORLANDO

Julia Davidson-Rands Re

CONGNAN



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 7 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death Month CHARLES HAMMOND 5;30 PM JUL 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death BALTIHORE
If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth
Months | Days | Hours | Min. | (Month, Day) NIA W. BALTIHORE STREET 8. Date of Birth (Month, Day, Year) NoV, 26, 1907 5. Social Security Number 6. Sex 1 M 2 □ F 7. Age (In yrs. last birthday) Birthplace (Stata or Foreign Country) Months 215-24-5696 Usual Residenca of Decedent Yrs. MARYLAND 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No MARULAND 10e. Street and Number 10g. Cifizen of What Country? 2548 21223 ALTIHORE STREET USA, 12. Was Decedant Evar in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Yaar or Datas: Raca - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Spacify Yas or No-lf Yas, specify Cuban, Mexican, Puerto Rican, atc.) 1X Never Married 2 ☐ Married 1□Yes 2K No Specify: 3 ☐ Widowed 4 ☐ Divorced BLACK 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) ABORER THEATER UNKNOWN ROYAL 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Maider Sumame) HAMMOND UNKNOWN EDWARD 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

other traumatic event, the Medical Examiner must be notified at Items 23a Funeral permit. Peges 1 and 2 should be filed within 72 hours eft Department of Heelth and Mentel Hygiens in Important: If fens 27 is marked other than "natural", or lany injury or other traumatic auch Baltimore, Maryland 21215-0020 þ Completed Be 2

**Physician** 

/Medical

Examiner

10a, Stata

NANCY JONES

Immediate Cause (Final disease or condition resulting in death)

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

25. Was case referred to medical exeminer?

1 ☐ Yes

27. Manner of Deeth

2 Accident

3 Suicide

29e. Certifier

4 Homicide

4 ☐ Donation 5 ☐ Other (Specify)

20a. Method of Disposition

Disposition

Removal from State

refof Funeral Service Licensee

Director

Director

ò

**Physician** /Medical Examiner

burial-transit ettending physician for use es the bura Physician/Medical á been signed t should be det þ Completed certificate Be Medicai Certification: To

P.O. Box 68760 Records, Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifical completely filled in by the funeral director,

State Registrar **DHMH 16 Rev 6/95** 

31. Data filad (Month, Day, Year)

(Cousin) 2548 W. BALTIHORE ST. BALTIHORE HD. 21223
20b. Place of Disposition (Name of Date 20c. Location - City or Town, State 20b. Placa of Disposition (Name of cemetery, cramatory or other place)

WESTERN STAR CEME, 7-22-97 CATONSVILLE, HD.

JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 2140 N. FULTON AVENUE, BALTIMORE, MD. 21217 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line.

Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause givan in Part i.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Wera autopsy findings available prior to complation of causa of death?

Approximata interval Between Onset and Death

1□ Yes 2 No

28d. Describe how Injury occurred

26. Place of Death (Check only one) Other: 4 Nursing Home 5 Amsidenca 6 □Other (Specify)

1 ☐ Yes 2 ☐ No

1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. injury at Work? 1 Yes 2 No

Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State) Cartifying Phyalcian: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) end menner es steted.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, end due to the ceuse(s) and manner stated.

Hospital:

5 Pending investigation

6 Could not be determined

29c. License number

29d. Date signed (Month, Pay, Year)

30. Name and eddress of person who completed cause of death (item 23a) (type, Print)

Registrar's Signature

morel/no

231997

29b. Signature and titla of cartifier

Taken Same Same and the same an The first of the second of the 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple.

State of Maryland / Department of Health and Mental Hygiene		State of Maryland	/ Department	of Health and	Mental	Hygiene
---	--	-------------------	--------------	---------------	--------	---------

Certificate of Death Reg. No 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Willie **Physician** Month Yeer Hoyle 1:10 AM July 1997 19 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** DEATON BALTIMORE r If Under 24 Hrs. s Hours Min. UMMS NIA If Under 1 Year Months Deys 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Yeer) Birthplace (Stete or Foreign Country) **Funeral** 238-32-7672 18 M 2□ F 73 Yrs. MAY 22, 1924 NORTH CAROLINA Director Usual Residence of Decadent tha Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f shov item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Wedical Examiner must be notified at 1 XYes 2 □ No Director MARYLAND BALTIMORE 10e. Street end Number 10g. Citizen of Whet Country? Pages 1 end 2 should be filed within 72 hours aftar death with in nant of Health and Mentel Hygiana. Int: If Item 27 is marked other then "natural", or items 23a or? 1834 BROADWAY 21213 by Funeral USA 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. Armed Forces?

I Yes 2 No
If Yes, Give
Year or Detes: 1 ☐ Never Married 2 ☐ Married Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: BLACK 3 ☐ Widowed 4 X Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 +H GRADE ELEVATOR OPERATOR BALTIMORE SUNPAPER 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be FRANK 2 CLARA 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Relationship (Type, Print) ourtment of Health a cortant: if item 27 is injury or other tra MARGARET H. CRAWFORD (SISTER) 20b. Placa of Disposition (Name of cemetery, crematory or other place)

Date

Date

20c. Location - City or Town, State Baltimore, 20e. Method of Disposition

10 Bunel 2 Cremetion 3 Removal from State Department o Important: If any injury or KING PARK CEMETERY 7-24-97 WOODLAWN, MARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signal and Defending Service Licenses

22. Name and Address of Fecility

22. Name and Address of Fecility

3. Septh H. BROWN JR. FUNERAL HOME, P.A.

23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory afrest,

Approximate

Approximate Approximete Intervel Between Onset end Death Physician Immediate Ceuse (Finel disease or condition resulting in deeth) /Medical mall his II Examiner Due to (or es e consequence of) Physician/Medical Examiner Hospital or Attending Physician: The law requires that the death cartificate be executed 24 hours after death.

Funeral Director: After this certificate has been signed by the attending physician and Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last the buriel-tran Due to (or es e consequence of Box 68760. Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yee 2 No 3 Probably 4 Unknown Division of Vital Records, Completed by 24e. Wes en eutopsy performed? 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? 2 DINO 210 No 1 ☐ Yes 1 Yes funaral director, 25. Wes case referred to medical exeminer? Be 26. Piece of Death (Check only one) exeminer r Other: Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Rursing Home 5 Residence 6 Other (Specify) 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Neturel 1 □ Yes 2 □ No investigation 2 Accident tha To the Hospital or Atterwithin 24 hours after das To the Funeral Director complately filled in by th 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide To Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end placa, end due to the cause(s) end menner as steted.

2 Medical Examiner: On the bests of examination end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) end manner steted. 29e. Certifier Medical (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D 28 992 PR17 Am 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) 9/01 cherr 杜 31. Dete filed (Month, Day, Year)

JUL 2 3 1997 who Davidson State Registrar

23.5 Market and a proper Sec. 315. THE PERSON ASSESSMENT BEARING THE PROPERTY OF THE PAR The state of the s The state of the second of the second state of the second water test, daneling feneral in our e parene 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 3 Certificate of Death 3. Time of Death 3:00pm 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** July Oakland 97 Johnson, Jr. 18 /Medical 4a. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 1134 E. Belvedere Avenue Apt"D" Baltimore NA 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 10-31-33 9. Birthplece (Stete or Foreign Country) M.A. **Funeral** Deys 219-28-8180 t M 2□ F Md. Yrs. Director 63 Usuet Residence of Decedent the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r than "natural", or items 23a or 28a-f shorthe Medical Examiner must be notified at ★Yes 2 No Director Md Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with 1134 E. Belvedere Ave Apt. "D" 21239 USA e filed within 72 hours efter deeth val Hygiena. other than "natural", or items 23 Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 XYes 2 No If Yes, Give Army Yeer or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 Specify: Black by 3 ☑ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 11th Grade Truck Driver Laundry Factory other traumatic event, permit. Pages 1 end 2 should be file Depertment of Health end Mental Hy Important: If item 27 is marked oths any Injury or other traumatic event, 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Margaret Oakland Johnson, Sr. Epps 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 21239 1115 Ramblewood Road Apt. "A" Baltimore, Md. Vickie Caple 20b. Plece of Disposition (Neme of cametery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, Stete Md. 1 Burial 2 □ Cremetion 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) Garrison Forest VA Cem. 07+24-97 Owings Mills, Signature of Funeral Service Licansee 22. Neme end Address of Fecility Baltimore, Maryland WM.C.March FH 1101 E. North Avenue 2 A. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) Sudden Cardine Death Examiner buriel-trensit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest end physician ( Box 68760. Physician/Medical Due to (or es e consequence of) Part II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. Records, P.O. 23b. Did tobacco use contribute to the cause of deeth? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Munknown signed b by 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed peen 1 ☐ Yes 2 No 1 ☐ Yes 2 No Division of Vital Hospital or Attanding Physician: 24 hours eftar deeth. Be 25. Wes case referred to medical exeminer? 26. Place of Death (Check only one) Hospitel: Other: 4 ☐ Nursing Home 5 🕱 Residenca 6 ☐ Other (Specify) Certification: To 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Death 28d. Describe how injury occurred 28e. Dete of Injury (Month, Day Yeer) 28b. Time of 28c. Injury et Work? Aftar 1 Natural 2 Accident 5 Pending Investigation 1 Yes 2 No Director: 3 Suicide 6 Could not be 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) yd ni 4 Homicide n 24 hours e 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es stated. Medicai 2 Medical Exeminer: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end menner steted. within 2 the th MW) 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) 2 completed cause of deeth (Item 23a) (Type, Print) 01 31. Dete filed State

**DHMH 16 Rev 6/95** 

Registrar

Please Type or Print in Black Indelible Ink. Assure All Coples Are begible
State of Maryland / Department of Health and Mental Hygiene 2 2 2 4 1

		1 December   First All July	041	Certificate			g. No.					
Physic		1. Decadent's Nema (First, Middla, La  ETHEL MAR		OHNSON		2. Data of Deatl		3. Tima of Death 9.48 A.M				
/Medi Exami Funeral Director		4a. Facility Nama (If not institution, gives the Second Security Number 1971)  5. Social Security Number 1971  Jusual Rasidance of Decedant	IRSING HO	. last birthday) If Undar 1	4b. City, Town, or Loc  RANDALLS  aar If Undar 24 Hrs.  leys Hours Min.	-	4c. County o	Death  LTIMORE  Birthplaca (Stata or Forei Country)  MARYLAND				
the Maryland 28a-f show	Director	10a. Stata 10b. County	TIMORE 10c. C	ity, Town or Location	ANDALLS		) N	10d. İnsida City Limi 1 XYes 2 □ N				
ges 1 and 2 should be filed within 72 hours efter deeth with the Maryland it of Heelth and Mental Hygiene.  It is fleeth and Mental Hygiene.  If item 27 is marked other than "natural", or items 23a or 28e-f show of other traumatic event, the Medical Examinat must be notified at	by Funeral Di	9 1 0 9 L 1 BE.  11. Marital Status  12 Navar Married 2 Married  3 Widowed 4 Divorced	RTV ROAM  12. Was Dacedent Evar in the Armed Forcas?  1	D	21133 t of Hispanic Origin? (Spec Cuban, Maxican, Puarto R		SA Amarican Indian, , Whita, etc.  BLACK					
filed within 72 hours ef Hygiene. other than "natural", or enf, the Medical Exer-	Completed	15. Decedant's Ec (Specify only highast gra Elemantary/Secondary (0-12) /2+HGRADE 17. Fathar's Nama (First, Middla, Last)	lucation da complatad) College (1-4or 5+)	16e. Decedent's Usuel C (Giva kind of work of lifa. DO NOT usa r BEAUTIO	occupation fond during most of working etired)  18. Mothar's Nama		BEAUT	inass/Industry				
d 2 should be filed with the and Mental Hygiene. 7 is merked other than traumatic event, the standard	To Be	PAIGE  19a. Informant's Name/Ralationship (	Type, Print)		A L L O I	NA	PAR	KER				
Pa First:		REBECCA HA  20a. Mathod of Disposition  1 Burial 2 Cramation 3 C  4 Donation 5 Othar (Specify	Ramoval from Stata	Place of Disposition (Nama comatary, cramatory or othe	r piaca)			RE, N.D. 2121. ity or Town, Stata				
permit. Pag Depertment Important: I any Injury o		21. Signature of Funeral Service Licensea  NEW CATHEDRAL  7-23-97 BALTIMORE, MAI  22. Name and Address of Facility JOSEPH H. BROWN JR. FUNERAL How 2140 N. FULTON AVE. BALTIMORE MD. 2										
Physician /Medical Examiner		shock, or haart failura. List only  Immediata Causa (Final disaasa or condition resulting in death)	ona causa on aach lina.	LEBRO VASI or es a consequanca of): WERN-ZIZE (				Approximete Intervel Between Onsat and Death				
eath certificate be executed effending physician and for use es the burial-transit	in/Medical Examiner	Sequantially list conditions, if any, laading to immediata causa. Enter Underlying Causa (Disaasa or Injury that initiated avants rasulting in death) Last	Dua to (	or as a consequence of):	ARTERI	oscien	20515					
het the d of by the detached	y Physician/M	Part II. Other significant conditions of	FEEDER	sulting In tha undarlying caus	se given in Pert I.	23b. Did tol	. 4	ributa to the cause of deat				
Physicien: The law requires the this certificate has been signed rail director, page 2 should be to	Completed by	DGGG	ia.			24a. Was ar perform		24b. Wara autopsy findings available prior to completion of cause of death?				
ysicien: The I s certificate he director, page		25. Was casa refarred to madical				1 ☐ Ya		1 ☐ Yes 2 ☐ No				
ding Physicien: h. After this certific funeral director,	tion: To Be	axaminar?  1 Yas 2 No  27. Mannar of Death 1 Natural 5 Panding 2 Accident invastigation	Hospital: 1 Inpatient 2 28a. Date of Injury (Month, Day Year)		26. Place of Death Other: 45 Nursing Hom tnjury at Work? 1 Yes 2 No	a 5 🗆 Rasida						
To the Hospital or Attending P within 24 hours after death. To the Funeral Director: After the completely filled in by the funeral	Certification:	3 Suicida 6 Could not be detarmined	28a. Place of Injury - At h building, atc. (Spaci			City or Town,	Stata)	or Rural Route Number,				
e Hosp 124 hou Fune rietely fi	edicai	29a. Certifiar LA Certifying Ph (Check only one) 2  Medical Exam	ysician: To the best of my knowiner: On the basis of axamination and manner stetad.	owledga, daath occurred et t ation end/or Invastigation, in	he time, date end place, ar my opinion, daath occurred	nd dua to tha ca d at tha lima, da	use(s) and men ita and placa, ar	ner as steted. nd dua to the cause(s)				
To the Within To the comp	Me	29b. Signatura and title of certifiar	j M.D.		- 22609.			(Month, Day, Year) 17-1997				
Sta Registi		30. Nama and addrass of parson who have the second of the	complated causa of daath (Itel	m 23e) (Type, Print) 7 445 FV	LNACE BLA	vc+ Ra	1 GLEN	17-1997. BURNIE 1821				

and the control of the State of March Williams March De Barge par part of the second with an amount of a china all g Marke 1970 and Land get Mither in prison in 1994 for a first facility 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 2 2 2 4 2 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Time of Deeth Month 12:19A 1997 Jul 4e. Fecility Neme (In not institution, give street and number, 4b. City. Town, or Location of Deeth 4c. County of Death Hospital Baltimore Baltimore City onnai 0+ Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Devs Hours Min. (Month, Dey. Birthplece (Stete or Foreign Country) 5. Social Security Number 1 M 2□ F 217-24-1966 Usuel Residence of Dacedent 10e State 10h County 10c. City, Town or Location 10d. Inside City Limits 1X Yes 2 □ No BALTIHORE MARYLAND 10e. Street end Number 10g. Citizen of Whet Country? 476 CummiNG COURT 21201 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: 3 ₩ Widowed 4 Divorced BLACK 15. Decedent's Education (Specify only highast grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elemantary/Secondery (0-12) Collaga (1-4or 5+) 6TH GRADE LABORER HOUSING AUTHORITY 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surname) JOSEPH HOLMES MARGARET 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Coda) DEBORAH VOUNG (DAUGHTER) 7522 SHELOWOOD RD., BALTIMORE MD. 2 1208

20a. Method of Disposition

1 ABuriel 2 Cremation 3 Removal from State

1 Description 5 Total 2 Town, State KING MEMORIAL PARK 7-25-97 WOODLAWN, MD. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee

22. Name end Address of Facility

23. Name end Address of Facility

24. Name end Address of Facility

25. Name end Address of Facility

26. Name end Address of Facility

27. FUNERAL Home, P.A.

28. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or raspiretory errest,

29. Name end Address of Facility

Approximate

21. Signeture of Funeral Service Licensee

22. Name end Address of Facility

Approximate

23. Name end Address of Facility

Approximate

24. Name end Address of Facility

Approximate

25. Name end Address of Facility

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate

Approximate Approximeta Intervel Between Onset end Death Immediete Ceuse (Final 13days disaase or condition resulting in daath) neumonia Sequentielly list conditions, if eny, laeding to immediate cause. Enter Underlying Ceuse (Disaase or injury thet Initieted events resulting in deeth) Lest Due to (or es e consaquence of) starva Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown secondary. 24b. Wara eutopsy findings aveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? to inypertension 20 No 1 Tes 1 ☐ Yas 2 ☐ No 26. Plece of Deeth (Check only ona) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 28b. Tima of 28d. Describe how injury occurred 1 ☐ Yes 2 ☐ No

Examiner

the buriel-transit pue ettending physicien for use es the bure signed by t Division of Vital this After death. of Attendate of the office of filled in by To the Hospital o within 24 hours of To the Funeral Di completely filled in

**Physician** 

/Medical

Examiner

Director

Funerai

2

**Funeral** 

Director

7 is marked other than "natural", or flems 23s or 28s-1 show traumatic event, the Macical Examiner trust be notified at

other

Injury or

**Physician** /Medicai

Examiner

Physician/Medical

þ

Completed

Be

10

Certification:

edical

permit. Peges 1 and 2 should be filed within 72 hours efter Depertment of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "natural", or fle

Saltimore, Maryland 21215-0020

the Marylend

State Registrar

Seizure disorder cerebrovascularaccident bipolar disorder 25. Was case refarred to medical axaminer? axaminer? 1 ☐ Yes 2 No 27. Manner of Death 5 Pending investigation 2 Accidant 6 Could not be 3 ☐ Suicide 28e. Plece of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homleide Certifying Physician: To tha best of my knowledga, daath occurred et the tima, data and place, end due to the ceuse(s) end mennar es steted.

| Medical Examiner: On the basis of examination end/or invastigation, in my opinion, deeth occurred at tha tima, date and place, end dua to the causa(s) end manner steted. 29a. Certifier

29c. License number

29d. Dete signed (Month, Dey, Yeer)

\$2402321DP9287

of daeth (Itam 23a) (Type, Print)

29b. Signatura end title of certifier

disentant and being and the same of more than the same of the Start and the second of the second of the second MOTAL INTERNATIONAL CONTRACTOR OF THE PROPERTY 

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dale of Deeth 3. Time of Deeth July 21, Dey 1997 KRAMER BOLANDER 4:45 PM 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death 26 Dunvale Rd. Apt."D" Towson Baltimore If Under 24 Hrs. Hours | Min. 8. Dete of Birth (Month, Day, Year) If Under 1 Year 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) Deys 1 □ M 2180 F Yrs. 68 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Baltimore Towson 10f. Zip Code 10g. Cilizen of What Country? 26 Dunvale Rd. Apt. "D" 21204 USA 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 1 ☐ Yes 2 ☑ No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Book Keeper Accounting 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Bolander Ida Taylor 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 26 Dunvale Rd. Apt. "D" Towson, Md. 21204 Mr. Robert L. Kramer/husband 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 1 DxBurial 2 ☐ Cremetion 3 ☐ Removel from State Dulaney Valley Memorial 7/25/97 Timonium, Md. 4 ☐ Donetion 5 ☐ Other (Specify)

deeth with the Maryland traumatic event, the Medical Examiner must be notified at 6 items 23a permit. Pages 1 and 2 should be filed within 72 hours effer of Department of Health and Mental Hygiena. Important: if item 27 is marked other than 'natural', or the important: if item 27 is marked other than 'natural', or the any injury or other traumatic event, the Mexical Examina page. Baltimore, Maryland 21215-0020

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f show

Director

Funeral

by

Completed

5. Sociel Security Number

213-28-3846

10e, Stete

Md.

10e. Street end Number

Usuel Residence of Decedent

12

William

20a. Method of Disposition

21. Signeture of Funeral Service Licensee

**Physician** /Medicai Examiner

The law requires that the death certificate be axecuted the burial-transit attanding physician for use as the buria signed by the Records, peen

P.O. Box 68760.

of Vital

Division

6 To the Hospital within 24 hours To the Funeral Completely Illed Hospital

Physician/Medical

þ

Completed

Be

Certification: To

cal

1050 York Rd. Towson, Md. 21204 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximate Immediate Ceuse (Final diseese or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): Due to (or es a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 25 No 3 Probably 4 Unknown 24a. Wes en eutopsy performed? 24b. Were eutopsy findings available prior to completion of cause of death?

22. Name end Address of Facility

Ruck Towson Funeral Home, Inc.

1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospital: Other: 4 ☐ Nursing Home Residence 6 ☐ Other (Specify)

Injury af 28d. Describe how injury occurred 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. Injury af Work? Natural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 3 ☐ Suicide 6 Could not be 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 29a. Certifier

Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end manner es steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner steted. 29b. Signeture and title of certifig

claro, M.O.

29c. License number

29d. Date signed (Month, Day, Year)

person who completed cause of deeth (Item 23e) (Type, Print) ST, BATTIME, M 21204 PAUL COLANO 31. Dete filed (Month, Day, Year)

State Registrar



10000

er - staf fall i

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE !	TO THE F	be filed w	IMPORT

	FOR STATE REGISTRAR		STATE OF M	MARYL	AND / DEI						MENTA	L HYGIEN		**	* ,		
	1. DECEDENT'S NAME (First,	Middle, Last)										OF DEATH		-	3. THO	ог-реатн	
	Richard		7	7icke	ers		Ke	nda	a 1 1		MON	11/1 3	1.19	97	0	A	М
	4. SOCIAL SECURITY NUMB	BER	5. SEX		In yrs. last birtho		UNDER 1 Y	EAR	IF UNDER		7. DATE	OF BIRTH	,,,	8. BIRTI	IPLACE (	State or Foreig	gn
	218-14-9346		1 M 2 F	7	9 YF	RS.		AYS	R LOCATI	MIN.	Aug	th, Day, Year)	1917	Count Ma	ryla	and	
æ									n LUCATI	ON OF D	EAIN						
읽	204 E. Jopp		# / 13		Towson							Baltimore				_	
DIRECTOR	MD.	Balti				OWS	OWN OR I	LOCAT	ION						LIN	SIDE CITY AITS? ES 2 1 NO	
	10e. STREET AND NUMBER							10f.	ZIP COD	E			10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	204 E. Jop	pa Rd.	#715		21286										USA		
<u>z</u>	11. MARITAL STATUS	P or a cont		DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Y									ricen Indian,				
BY FI	1 Never Merried 2 3 Widowed 4 Divo		FORCES? 1 _ YES 2 NO IF YES, GIVE WAR OR DATES				If yes, specify Cuben, Mexicen, Puerto  1 YES 2 NO Specify:					erto Ricen, etc.) Black, White, etc					
		EDENT'S EDUC		NT'S US	JAL OCCI	JPATIO	IN		16b. KIND OF BUSINESS/INDUSTRY								
	(Specify only Elementary/Secondary (0	y highest grade	College (1-4 or 5+)  (Give kind of life. Do NOT)				'S USUAL OCCUPATION  If work done during most of working use retired.)					AN VIAD OF BOOMESS/MD03141					
립		,	+7	Lawyer						Government							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)													777			
Ш	William Kendall Ida Roberta Naser											er					
00	19e. INFORMANT'S NAME (7	ype/Print)	-		19b. MAI	ILING AD	DRESS (S	Street e				nber, City or Yow			71		
임	Anne Vicker		szuk/Dau							Ва		ore,MD					12
	20e. METHOD OF DISPOSIT  1  Buriel 2  Cremetic  4  Donetion 5  Other	on 3 🗆 Remo	oval from State			ACEAND DATE OF DISPOSITION (Name of Control							CATION — DWSON				
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE						D ADDRE			3					
	Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, MD. 21204																
	shock, or heart failure. Liet only one cause on each line.										pproximate sterval Bets neet and E	Ween					
CERTIFICATION	Sequentisily list condit if any, leading to imme cause. Enter UNDERLY, CAUSE (Dissess or Inju that infileted events resulting in desth) LAS	diete iNG iry	c		OR AS A CONSEQUENCE OF):												
A	PERFORMED? AMAI										AVAILAE	UTOPSY FIND BLE PRIOR TO ETION OF CAL TH?					
Ξ									/						1 🗌 Y	ES 2 NO	
ÿ	DID TOBACCO U		RIBUTE TO CA	_					LUNG	CERTA	IN L						
PHYSICIAN: MEDIC	25. WAS CASE REFERRED T EXAMINED 1 1 VES 2 NO	O MEDICAL	HOSPITAL:		26. PLACE OF	0	THER:		5 2 9	sidence	8 🗌 Oth	er (Specify)					
إٍ ≩	27. MANNER OF DEATH		28e. DATE OF	NJURY	28t	TIME O	F 21	Bc. INJ	URY AT		28d. DE	SCRIBE HOW	NJURY OC	CURED			m -
BY P		Pending Investigation	Tille	21.1	997 3	3 4	M	1 🔲 1		NO	3:	2001A	155	14	home	Lai	46
	a The state	Could not be			— At home, f	erm, atre	et, fectory	, office			28f. LO	CATION (Street	and Number	or Rural	Route Nur	mber,	U.C.A.
世	4 Homicide	determined	Unising	atc. (Spec	PT	X	mon	0	-			y or Town, State	TI	6.6	2/	OCH50	7
COMPLETED	29e. CERTIFIER (Check only	TIFYING PHYSI	CIAN: To the best o	f my know	ledge, death o	ccurred a	nt the time	e, date	end place	, end du			nner de sta	led.		2	128
8	Torribon only		R: On the besis of a											na ceuse(	s) end me	enner se stat	ed.
B	2011. SIGNATURE AND THE	cor comme	Logo	n	ull.	war.	)		29c. LIC	ENSE NU	JMBER 738	3	29d, DAT	E SIGNED	0 (Month,	Day, Year)	7
٥١	38 JUME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									1.4	-11.	1/01	18	3/7	ותר	eroi	7/7
- 34	111111	/	1 ON	/</td <td>1100</td> <td></td> <td>117</td> <td>7</td> <td>111</td> <td>01</td> <td>17/1</td> <td>1 / 43</td> <td></td> <td>1014</td> <td>1 40</td> <td>9 36 1</td> <td>~ 0</td>	1100		117	7	111	01	17/1	1 / 43		1014	1 40	9 36 1	~ 0

11-41-4 \*

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 2 2 4 5 State of Maryland / Department of Health and Mental Hygiene 2 2 2 4 5

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** /Medical 4e. Facility Name (If not institution, give street and number) Location of Death 4c. County of Deeth 4b. City, Town, pr **Examiner** N/A If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, JUNE 5, 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** XXM 20 F Months Days Hours Yrs. 214-14-4641 79 MARYLAND Director Usuel Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City. Town or Location itam 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Wedical Examiner must be notified at 10d. Inside City Limits Director 1 ☐ Yes 2 ☐ No MD BALTIMORE BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 1 SLADE AVENUE #301 21208 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 □ Yes 2 □ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 11. Maritai Status filed within 72 hours efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify. þ Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Coltege (1-4or 5+) Elementary/Secondary (0-12) SALESMAN RETAIL end Mentai Hygis is marked other permit. Pages 1 and 2 should be file Depertment of Health and Mental Hy Important: if Item 27 is merked othe any Injury or other traumesto 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be NAPOLEON LOBE В. MAE В. BURGUNDER 19a, Informant's Name/Relationship (Type Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) LORAINE LOBE WIFE 1 SLADE AVENUE #301 BALTIMORE, MD 20b. Placa of Disposition (Neme of cometery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, State 1 Sp Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) BALTIMORE HEBREW 7/21/97 REISTERSTOWN, MD 22. Name end Address of Fecility 21. Signature of Funeral Service Licanses SOL LEVINSON & BROS., INC. 8900 Reisterstown Rd Pikesville, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximate Intervel Between **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Examiner buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury Box 68760. ettending physicien for use as the burie certificete be Physician/Medical thet initiated events resulting in deeth) Lest Due to (or as a consequence of): P.O. Part II. Other aignificant conditiona contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown Records, à 8 24b. Were eutopsy findings aveilable prior to completion of cause of death? Completed 24a. Wes en eutopsy performed? certificete has 1₽ Yes 2□ No 1 Yes 2 No Division of Vital or Attending Physician: 25. Was case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Yes 2 No 5 1 Inpatient 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Day Year) 27. Manner of Death Certification: 28c. Injury et Work? 28d. Describe how injury occurred After 1 Naturel 5 Pending Investigation death. 1 Yes 2 No 2 Accident Funeral Director: 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 - Homicide efter Inin 24 hours Certifying Physicien: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and manner stated. Medical (Check only 2 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Yeer) 30. Name end address of person who completed cause of death (Item 23a) (Type, Print) 31. Date filed (Month, Day, Year) JUL 2 3 1997 Registrar

DHMH 16 Rev 6/95



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 2 2 4 6 State of Maryland / Department of Health and Mental Hygiene

			ITEM#16a& 16b PE		749 7/23	3/9 <b>7Ce</b> I	tifica	te of	Death		1	Reg. No	o		
	Physic	an	Decedent's Name (First, Middle, L CLARA	ast) LEVI	ENTE			A FOX Z FOY			2. Dete of De Month	De		3. Time of De	eth
	/Medi	cal						MEYER		um or lo	JULY	15		4 PM	
	Examir	ner	4e. Fecility Name (If not institution, g		,				40. City, 10	wn, or Lo	cation of Death	40	c. County of Deeth		
1	Funeral		7008 WALLIS AVE 5. Social Security Number 6.		ge (In yrs. la	st birthdey)	If Und	er 1 Year	BALT	TMOR 24 Hrs.	E 8. Date of Birt	h	N A 9. Birtho	elece (State or F	oreian
	Director		220-09-5650 Usuel Residence of Decedent	1□ M 2XIF	81	Yrs.	Month	Deys	Hours	Min.	8. Date of Birt (Month, De) SEPT.	14,		plece (State or Fi otry) OLAND	oroigir
	yland		10a. State 10b. County		10c. City,	Town or Lo	cation						1	0d. Inside City L	Limits
	the Maryland r 28a-f show	to	MD N/A			BALT	[MOR	E						1 XYes 2	□No
	or 28	Director	10e. Street end Number				10f. Z	ip Code				10g. Ci	itizen of Whet Coun	itry?	
	th wi	je.	7008 WALLIS AVE					21	.215			U	SA		
	items items	Funeral	11. Maritel Stetus	12. Wes Decedent Armed Forces?	?		Vas Dec	edent of h	lispenic Orl an, Mexicar	gin? (Spe	cify Yes or No- Rican, etc.)		14. Race - Americ Black, White,		
21215-0020	to of	by	1 ☐ Never Married 2 🛱 Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☐X If Yes, Give Year or Dates:	No			2 <b>X</b> No	Specify:					HITE	
5-	72 hours 'natural',	Completed	15. Decedent's E (Specify only highest gi	ducetion ade completed)		16e. Deced	kind of v	rork done	during mos	t of workii	ng	16b. F	(ind of Business/Inc	dustry	
121	within ene. than "c	Id I	Elementery/Secondary (0-12)	College (1-4or	5+)			use retire	LIONE	MAVED			NN HOME		
	71 - 1	ပိ	12 17. Fether's Name (First, Middle, Las	e)		7	331.	TANI			(First, Middle,		LUMBER	ALLE TOTAL CO.	
Maryland	ed of	Be c	A STATE OF THE STA	<i>'</i>	T.F.Y	VINE				NNIE	(First, Middle,	Meidel			
2	should be ind Mental I marked of	မ	ISAAC  19e. Informant's Name/Relationship	(Type Print)		_	n Addre	ss /Street			l Boude Numbe	ar City	UNKNOWN or Town, State, Zip	Codel	
	C4 0 0 0 0		SIDNEY MEYER (H											0000)	
Baltimo	of Health litem 27 i		20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece)  20c. Location - City									ocation - City or To	wn, State		
	Pages nent of I int: If ite iry or o											LTTMORE.	MD		
	permit. Pages Department of Important: If it any injury or o		21. Signature of Funeral Service Licensee  22. Name and Address of Facility SOL LEVINSON & BROS., INC.												
			23a Part Enter the disease or cor	nationations that sauce	8900 REISTERSTOWN RD., PIKESVI							VILLE, MI			
	Physician													Approximate Interval Betwee Onset end Dea	en ath
	/Medical		Immediete Ceuse (Final		1 1 1				. 1				I	9	
	Examiner	disease or condition resulting in death)  e. CLIOMCASTOS MINT  Due to (or es e consequence of):										1	2 mon	11	
Н		ner			Due to (01 6	as a conseq	uerice o	)·					1		
	icete be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if eny, leading to immediate	b. ————	Due to (or e	es e conseq	uence of	):							
90	sian a	Ě	if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury	C							i				
68760,	ertificete be execut ding physician and se as the burial-tran	dica	that initiated events resulting in death) Lest Due to (or es e consequence of):												
×	₹ 00 cc	d													
Bo	ires thet the deeth cer signed by the ettendir d be detached for use														
0	the d y the	Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Per							en in Pert I				o use contribute to		
σ.	thet the	by Pi									10'	Yee :	2 No 3 Prot	bably 4 Uni	known
ecords,	requires een sign nould be										24e. Wes		opsy 24b. We	ere eutopsy find	lings
00	200	Completed									репо	rmed?	COI	ailable prior to mpletion of ceus deeth?	se.
	The law ate hes page 2	E									101	/ac 9		Yes 2□ No	
of Vital	99 —	BeC	25. Was cese referred to medicel						26 Plece	of Death	(Check only o			1103 20110	
< >	2 00	ToB	exeminer? 1 Yes 2 No	Hospital:	ent 2 El	R/Outpetien	t 3 🗆 E	OA Oth	or.		/		6 ☐Other (Specify	v)	
0	Ph.		27. Manner of Deeth 1 ☑ Natural 5 ☑ Pending	28a. Date of Inju	iry 2	8b. Time of		28c. Injur Wor			8d. Describe I				
visio	B 4 7	atic	2 ☐ Accident investigation	on	,	,,	М		Yes 2□	No					
Ž	Acti	Certification:	3 ☐ Suicide 6 ☐ Could not to determined	Zoe, Place of Inf	ury - At hom c. (Specify)	e, farm, stre	et, facto	ry, office		2	8f. Location (S City or Tox	Street e.	nd Num <i>ber</i> o <i>r Rur</i> e e)	I Route Number	r.
	The state of the s	S													
	24 Hours 24 Hours Furns etery 1	edical	29a. Certifier (Check only one)  1	nyelcian: To the best miner: On the basis o	f examinetio	edge, deeth n end/or inv	occurre estigatio	d et the tir n, in my o	ne, date en plnion, dee	d place, e th occurre	nd due to the o	ceuse(s date en	s) end menner es st od plece, and due to	ated. the ceuse(s)	
	To the Ho within 24 h To the Fur completery	Mec	29b. Signature end title of certifier	and menner st	e(80.		2	9c. Licens	e number			29d. Da	ate signed (Month,	Dev. Year)	
	⊢≯⊢ŏ		1.	11.	,		,		02	41		-	1/16/	9	
	10	-	30. Neme and eddress of person who	completed cause of	leath (Hamb	MI Time	Print\	7 (		10			1101	()	
	10		23 ch, 51	MUANS	DA1	VE-	,	11 11	1621	de	1665		nd 1	11/5	
	Sta	te	31. Date filed (Month, Day, Year)	32 Hegistr	er's Signatu	re (	6	- 00				1		)	
	Registr		JOL & 9 133/	June way	ph-Nauk	1400									

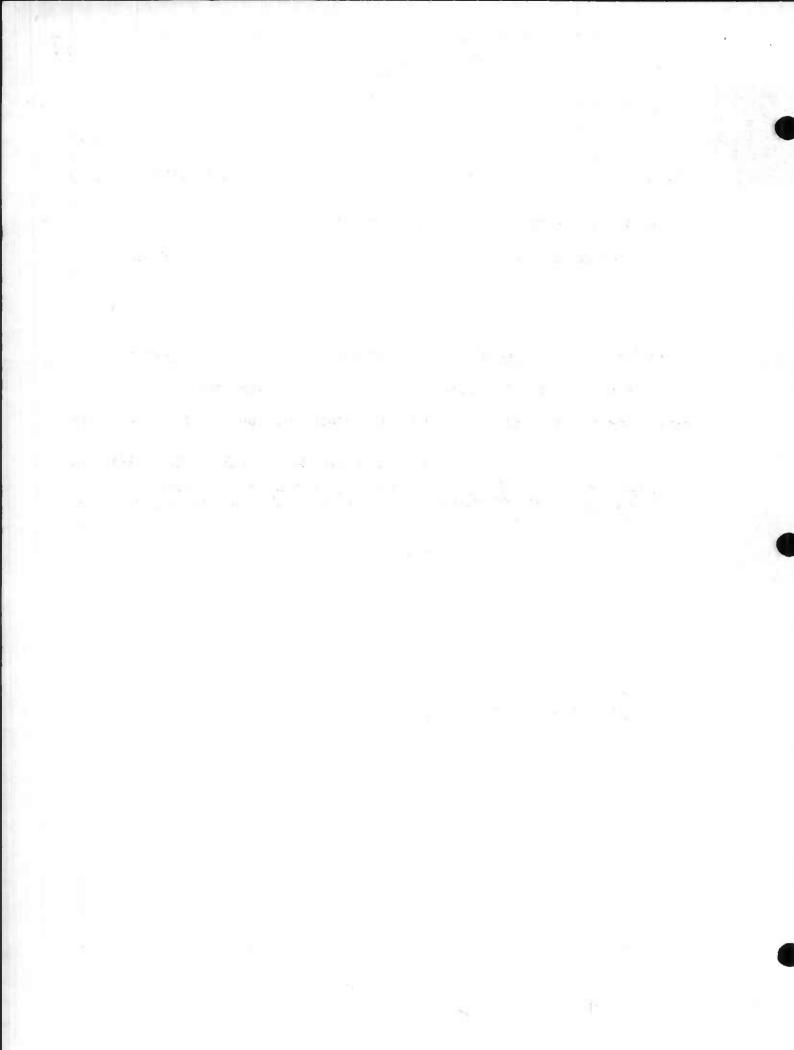
# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 22247 State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Deeth MORSTEIN **Physician** RERTHA Month 1314 Hrs JULY 22 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner CENTER RANDALISTOWN BALTIMORE NORTHWEST HOSPITAL 7. Age (In yrs. last birthday) If Undar 1 Yaar if Undar 24 Hrs. 8. Date of Birth (Month, Day, 1 Yrs. Months Days Hours Min. Jan. 5, 9. Birthplace (State or Foreign Country) **Funeral** 1 ☐ M 2 🕱 F Maryland Director 212-12-1803 Usuel Rasidance of Decedant the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23e or 28a-f show treumstic event, the Medical Examinar must be notified at 1 ☐ Yas 2 No Director Maryland Baltimore Owings Mills 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? 21117 U.S.A. 8010 Upperfield Lane death 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 12. Was Decedant Evar in U,S. Armad Forcas? 14. Race - Amaricen Indian, Biack, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours after or Depertment of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or item any injury or other treumatic event, the Medical Exercises. Yas 2 X No f Yas, Giva Year or Datas: 1 ☐ Nevar Married 2 ☐ Married 3altimore, Maryland 21215-0020 1 ☐ Yes 2 BNo Specify: þ Specify: 3 XWIdowed 4 ☐ Divorced White 15. Decedant's Education (Specify only highast grada complated) 16e. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Years 2 Years Homemaker Own Home 17. Fether's Neme (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumema) Benjamin David Spandauer Trma Mann 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Straat end Number or Rural Routa Number, City or Town, Stata, Zip Coda) 8010 Upperfield Lane Owings Mills, MD 21117 Mrs. Nancy Morstein Boltz 20b. Place of Disposition (Nama of camatary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donetion 5 ☐ Othar (Specify) 7/23/97 Pikesville, Maryland Druid Ridge Mausoleum 22. Nama and Addrass of Facility
Loring Byers Funeral Directors, Inc. 21. Signatura of Funarai Service Licensas 8728 Liberty Road Randallstown, MD 23a. Part1. Enter the disease, or complications mat caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batw Onset end Death **Physician** UROSEPSIS /Medical immediata Causa (Final disaasa or condition resulting in death) Examiner Examiner attending physician end for use as the buriel-trensit Sequentially list conditions, if any, laading to immadieta ceusa. Entar Undarlying Causa (Disaasa or Injury that initiatad avants resulting in daath) Last Dua to (or as a consaguance of): Physician/Medicai Dua to (or as a consaquence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceusa givan in Part I. vision of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably ✓ Û Unknown ISCHEMIC COLITIC by 24b. Wara autopsy findings evallebla prior to complation of ceusa of daath? 24a. Was an autopsy performed? Completed s certificete hes t director, page 2 s 1 ☐ Yas 2 ☐ No 25. Was cese rafarrad to medical axaminar? 26. Placa of Daeth (Check only ona) Hospital: 

Inpatiant 2 □ ER/Outpatient 3 □ DOA 1 Yes 20 No Othar: 4 Nursing Homa 5 Rasidance 6 Other (Specify) Certification: To 28a. Data of Injury (Month, Day Year) 27. Mennar of Daath 28d. Dascribe how Injury occurred 28b. Tima of 28c. Injury at Work? Netural 2 Accident 5 ☐ Panding 1 Yas 2 No invastigation 6 ☐ Could not be datarmined 3 Suicida 28f. Location (Streat and Number or Rural Routa Number, City or Town, Steta) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 4 Homicide or or Hospital 24 hours e Funerel 1 Certifying Phyalclan: To tha best of my knowledge, deeth occurred at tha tima, date and piece, end dua to the ceuse(s) end mennar es steted.
2 Medical Examinar: On tha basis of axamination end/or invastigetion, in my opinion, daath occurred at tha tima, data and piace, and due to tha ceuse(s) and mannar stated. 29a. Certifiar To the Hosp within 24 hor To the Fune completely fi edicai (Check only one) 29d. Data signad (Month, Day, Yaar) JULY 22, 1997 30. Nema and eddress of person who completed ceuse of deeth (Item 23a) (Type, Print)

O. NAVI MM., NHC., SAVIV., MD 21133

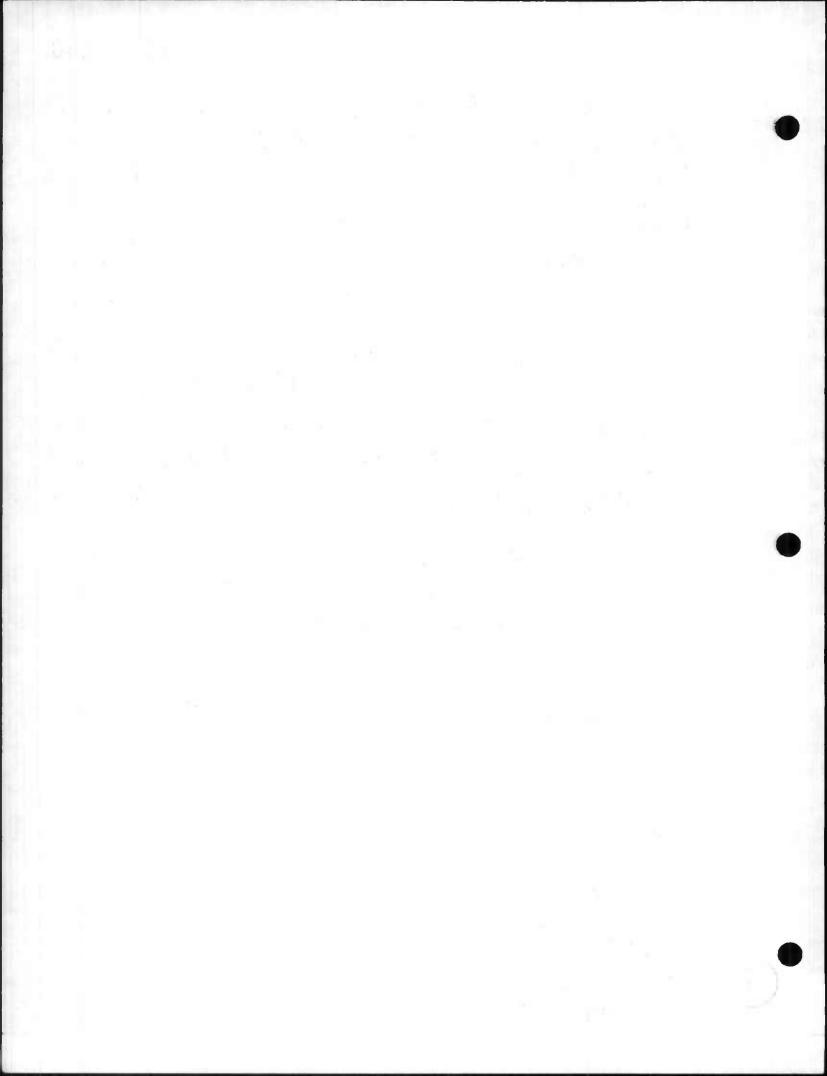
State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 2 4 8

				Certifica	ate of Death	Reg.	No.	
Physic /Medi		1. Decedent's Neme (First, Middle, Las	"o Mo	ccis	Sr	2. Date of Deeth	Day Yeer	
Exami		4e. Fecility Neme (If not Institution, give	e Aven	ue	Bai	Himore	Ac. County of Da	nore
Funeral Director		5. Social Security Number 6. Security Number 1	7. Age (In yrs.	(c. lest birthday) If Un Month	dar 1 Yaar If Undar 24 Hr. ns Deys Hours Mir		72 M	irthplece (Steta or Foreign Country), Aryland
with the Marylend a or 28a-f show the notified at	Director	Maryland 10b. County	A 10c. C	ity, Town or Location Baltin	10re			10d. Inside City Ltmits 10 Yes 2 No
ath with the 23e or 2	rai Dire	3016 Wyle	Ave.		2/2/5		Citizan of What C	SÁ
72 hours efter death with the Maryland netural; or items 23s or 28s-f show olds! Examiner must be notified at	by Funeral	11. Marital Status  1 □ Never Married 2 □ Married  3 □ Widowed 4 ☒ Divorced	12. Was Decedent Ever in L Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Yaar or Dates:	If Yas, s	cedant of Hispanic Origin? (pecify Cuban, Maxican, Pue	Specify Yas or No- rto Rican, etc.)	14. Race - Am Black, Wh Specify:	
within ne.	Completed	15. Decedent's Edi (Specify only highest grad Elementary/Secondary (0-12)	ucation de completed) College (1-4or 5+)	16e. Decedent's U (Give kind of life. DO NO	work done during most of we	orking 16b	Kind of Busines	truction
be file tral Hyg d othe	To Be C	17. Father's Name (First, Middle, Last)	lorris, S	Ç.	Mo	ame (First, Middle, Maid	olton	
Ith of the control of		19e. Informent's Name/Relationship (7)  Sand Ca  20e. Method of Disposition	Bolden	3729 Plece of Disposition (I		ster Au	ty or Town, State, e, Bal- Location - City of	to.Md.2121.
permit. Pages 1 e Department of Hea Important: if item: any injury or other once.		1 Burial 2 □ Cremetion 3 □ I 4 □ Donetion 5 □ Other (Spacify) 21. Signature of Funerel Service Licent	Hemoval from State	- Andrewson	and Address of Facility	7/25/97 L	ansdo	wne, Md.
D &BEES		23a. Part I. Enter the disease, or comp shock or heart talkine. List only o	lications that caused the dea	222 ath. Do not enter the m	Z W. Nor	th Ave.	Baltir	More Md. 2/2/ Approximate Intervel Between
Physician /Medical Examiner		tmmediate Ceuse (Finel disease or condition resulting in deeth)		Lotic C	ardio vasco	le dis	1456	25 y 5
cuted nd transit	Examiner	Sequentially list conditions.	b. Panerca	111				3045
ertificate be executed ling physician end se es the buriel-transit	Medical Ex	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Lest	c. Seizur Due to (	or es e consequance o	order			10 yrs.
		Dod II. Other clamificant conditions on	d.			one Didastes		
requires that the death of the signed by the ettent hould be deteched for us	by Physician	Pert II. Other significant conditions co		sulting in the undertyin	g cause given in Part I.	1 200		te to the cause of death?  Probably 4  Unknown
2 s b	Completed					24a. Wes en ei performed	itopsy 24b	b. Were eutopsy findings eveileble prior to completion of cause of death?
ician: The li certificate he rector, page		25. Wes case referred to medical				1 ☐ Yes	2 De No	1 ☐ Yes 2 ☐ No
Physician: this certific	To Be	exeminer?	Hospital: 1 ☐ Inpatient 2 ☐	☐ ER/Outpetient 3☐	Others	Home 5 Presidence	8 Other (Sp.	pecify)
After fune		27. Menner of Deeth 1 IBNatural 5 Pending 2 Accident Investigation	28a. Dete of Injury (Month, Day Year)	28b. Time of Injury	28c. Injury et Work?	28d. Describe how is		
To the Hospital or Attant within 24 hours effer death To the Funeral Director: completely filled in by the	Certification:	3 Suicide 4 Homlolde 6 Could not be determined	building, etc. (Speci			28f. Location (Street City or Town, St	tate)	
the Hospital thin 24 hours the Funaral mpletely filled	edicai	29a, Certifier 1 ☐ Certifying Phy (Check only one)	relcien: To the best of my knot inen. On the basis of exemina and manner steted.	owledge, death occurr ation end/or investiget	ed et the time, dete end pled on, in my opinion, deeth occ	ea, end due to the ceuse curred et the time, date	o(s) end menner of and place, end de	es steted. ue to the cause(s)
To the within To the common	Σ	29b. Signature end title of centiler	201	2	29c. Licansa number H 43 / 5	7 290.	Date signed (Moi	nth, Day, Year)
(T)		30. Name end eddress of person who co	ompleted cause of deeth (Iter	m 23e) (Type, Print)	Hospita	1 B	elto D	Nd.21215
Sta	ite	31. Deta filed (Month, Day, Year)	32. Registrar's Sign	eture	, in prince	-	-110.1	101.00



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Dete of Deeth Month JULY 1997 21, EVELYN GERTRUDE MOODY 5:15 AM 4b. City, Town, or Location of Death 4a. Fecility Neme (If not institution, give street end number) 4c. County of Death Baltimore Saint Joseph Medical Center Towson If Under 1 Yeer If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) 1□ M 2□F Deys Months Hours Yrs. 521-30-3732 77 AUG. 21,1919 MARYLAND Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1☐Yes 2☐No MARYLAND N/A BALTIMORE CITY 10e. Street end Number 10g. Citizen of Whet Country? 10f. Zip Code 1823 N. WASHINGTON STREET 21213 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give X Year or Dates: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No Specify: Specify: NEGRO 3 ☑ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry BALTIMORE CITY Etamantary/Secondary (0-12) Coltaga (1-4or 5+) 10TH N/A SHOWER ATTENDANT PUBLIC SCHOOLS 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) JOHN ROBINSON NORA BULLOCK 19a. Informant's Name/Relationship (Typa, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) DORIS PRIDE BALTIMORE, MD. 21213
Date 20c. Location - City or Town, Stete 1613 E. LAFAYETTE AVE. niece 20b. Plece of Disposition (Neme of cemetery, crametory or other plece) 20a. Method of Disposition Date Nation 3 ☐ Removel from State BALTIMORE CEMETERY 4 ☐ Donetion 5 ☐ Other (Specify) JULY 25, 1997 BALTO, MD. 21. Signáture of Funeral Service Licenses 22. Name and Address of Fecility
B. SCRUGGS FUNERAL HOME 1412 E. PRESTON ST. BALTO, MD. 21213 23a. Pert1. Enter the disease, or complications that caused the distribution. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate tntervel Between Onset end Deeth END STATE CHRONIC OBSTRUCTIVE PULMONARY YEARS Immediate Cause (Finel disease or condition resulting in death) Due to (or es e consequence of) YEARS DISEASE Saquentially tist conditions, if eny, leeding to immediata cause. Enter Underlying Cause (Diseese or Injury that initiated events rasulting in deeth) Lest Due to (or es e consaguance of) HYPERTENSION YEARS Due to (or es e consequence of): DIABETES MELLITUS Part II. Other significent conditions contributing to deeth but not resulting in the undarlying causa givan in Part t. 23b. Dld tobacco use contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 MUnknown 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy 1 Yes 2K No 1 Yes 2 No 25. Was case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturel 5 Panding investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28a. Place of Injury - At home, ferm, streat, factory, office building, etc. (Specify) 28f. Location (Streat end Number or Rural Route Number, City or Town, Stata) 4 Homicida 12 Cartifying Physician: To the best of my knowledge, death occurred at the time, data and place, end due to the ceuse(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end mannar stated. 29a. Cartifier

29c. License numbar

TOWSON,

MD.

21204

D 25886

29d. Dete signed (Month, Dey, Yaar)

Examiner Examiner burial-transit P.O. Box 68760 attending physician Physician/Medical the esn ŏ signed by the signed by the signed si deteched Records, þ page 2 should Completed peen The law certificate has Division of Vital Be C Medical Certification:

**Physician** /Medical

**Physician** 

/Medical

Examiner

10e. State

Director

Funerai

þ

Completed

Be

P

**Funeral** 

Director

Item 27 is marked other than "natural", or Items 23a or 28a-f show other traumatic event, the Modical Examinar must be notified at

permit. Peges 1 end 2 should be filled within 72 hours after to Department of Helelin and Mantle Hygiene.

Important: If Item 27 is marked other than "natural", or Item any Injury or other traumeth.

Baltimore, Maryland 21215-0020

the Marylend

death with

To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certifice completely filled in by the funeral director, it

8 State

30. Nama and eddress of person who completed cause of death (Item 23a) (Type, Print) LILIA CEBALLOS,

29b. Signature end-title of certifian

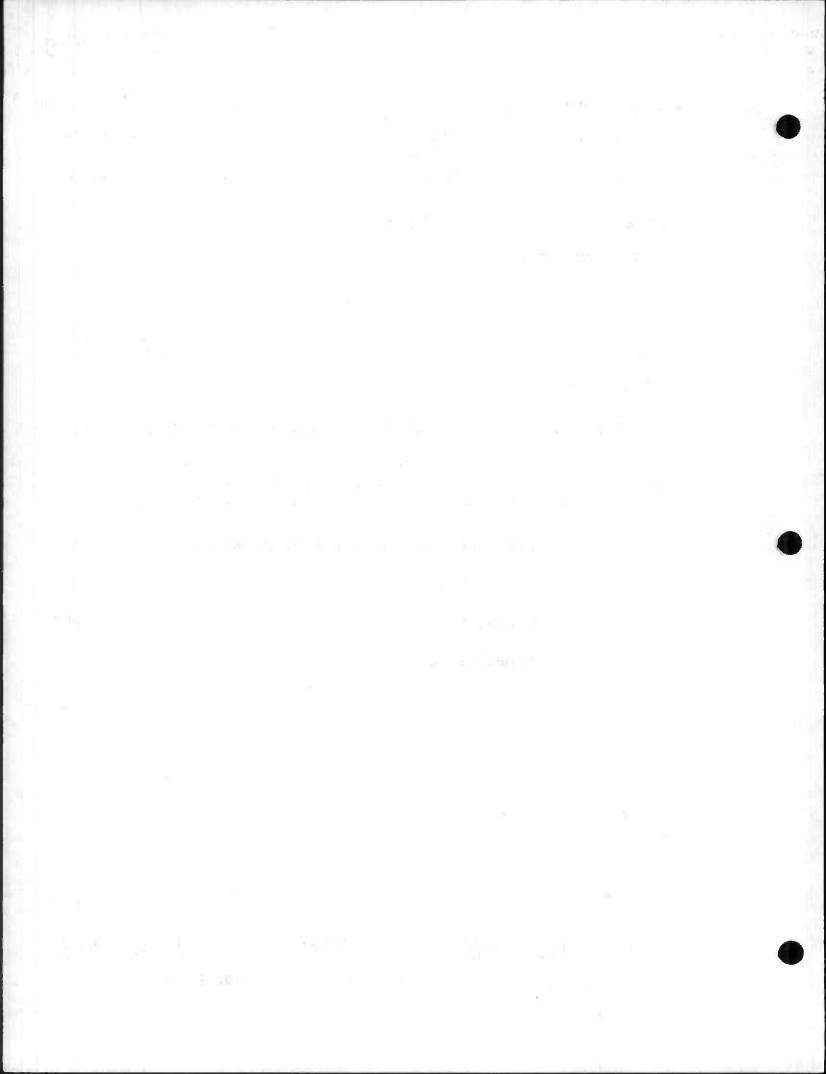
31. Date filed (Month, Day, Year)

2 3 1997

(Check only one)

M. D. . 7620 YORK ROAD, Day doon Mayout

Registrar



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are segible 2 2 2 5 0 State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month 1997 July 17, 5:30 A.M. Dorothy Elizabeth Noyes /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 950 Armistead Way Baltimore N/A If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. June 30, 1910 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (Stete or Foreign Country) **Funeral** 1□M 2ØF 87 Yrs. Maryland Director 214-14-7523 Usual Residenca of Decedent the Marylend 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits rai', or items 23a or 28a-f ehov Examiner must be notified at 1 X Yes 2 □ No Director Raltimore Maruland N/A 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? 950 Armistead Way 21205 U. S. A. Pages 1 and 2 should be filed within 72 hours after death inent of Health and Mentel Hyglene.
Int: If Hem 27 is marked other than "natural", or theme 23, mry or other traumatic event, im Medice Experiment main. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Yeer or Detes: 14. Rece - American Indien, Black, White, etc. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify. Specify. Completed by 3 X Widowed 4 □ Divorcad White 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Etementery/Secondery (0-12) College (1-4or 5+) Homemaker 8th Grade Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) George Howard Mary Agnes Welch 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joseph Byard (Grandson) 115 Ventnor Terrace, Baltimore, Maryland 21222 20a. Method of Disposition
1 ☑ Bunal 2 ☐ Cremetion 3 ☐ Removal from State 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete permit. Peges Department of Important: If It eny injury or o 4 ☐ Donation 5 ☐ Other (Specify) 7/19/97 Oak Lawn Cemetery Baltimore, Maryland 22. Name end Address of Fecility Schimunek Funeral Home Inc. 21. Signeture of Funda Service Licensee Luis 3331 Brehms Lane, Baltimore, Maryland 21213 23a. Pert1. Enter the disease, or como rations that caused the deeth. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heart feilure. List only one ceuse on each line. **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) CONGESTIVE HEART FAILURE Examiner Due to (or es e consequenca of): Physician/Medical Examiner ANAEMIA ician and burial-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initieted events resulting in death) Lest Due to (or es e consequence of): FALLO physician s the burial Box 68760. NAI Due to (or es e consequence of as esn. P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown MALIGNANC Division of Vital Records, Completed by 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Was an autopsy performed? page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only ong) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☐ residenca 6 ☐ Other (Specify) 1 Yes 2 No Certification: To 28a. Date of Injury (Month, Dey Yeer) 27. Menner of Death 28d. Describe how injury occurred 28h Time of 28c. Injury et Work? 1 Naturel 5 Pending 1 □ Yes 2 □ No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 | Homicide 29a. Certifier Medicai 1 Greatifying Phyeiclen: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted. (Check only one) 2 Medical Exeminer: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, date end placa, end due to the ceuse(s) end manner stated. 29b. Signature and title of certifier 29d. Date signed (Month, Dey, Year) 30. Name and address of person who co cause of deeth (Item 23e) (Type, Print) BANK STREET, BALTO MD21224 31. Dete fited (Month, Day, Year) JUL 2 3 1997

Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 2 5 1

Certificate of Death

Reg. No.

2. Deta of Death

Month

3. Tima of D.

3. Tima of D.

3. Tima of D.

			C	ertificate of	Death		Reg. No.						
Physician /Medical	1. Decedent's Nama (First, Middle, La	JAMES	OAK	LEV		2. Deta of D		Gear 3.	Tima of Death				
Examiner	4a. Fecility Neme (If not institution, give GIRANST CENTER)	2	V		4b. City, Town, or I			of Deeth					
uneral rector		Sex 7. Age (h 1 1	n yrs. lest birthda Yrs	Months Devs		8. Dete of Bi (Month, D May 14,	ey, Year)	9. Birthpleca Country) Illino	(State or Foreign				
iffed at	10a. Stata 10b. County  Maryland Harford	_	c. City, Town or Edgewood						Inside City Limits				
iner rount be notified Funeral Director	1709 Harbinger	Trail		10f. Zip Code 210	40		Whet Country?						
by	11. Maritel Status  1 Never Merried  Married  3 Widowed 4 Divorced	12. Wes Decedant Eva Armed Forces? 1 X Yas 2 □ No If Yes, Give Yaar or Dates:	rin U,S. 1	3. Was Decedent of If Yas, specify Cu 1 ☐ Yes 2 🎛 No	ban, Maxican, Puart	pecify Yes or N o Rican, etc.)		ce - Americen Ir ck, White, atc.					
or other traumatic event, the Medical.  To Be Completed	15. Decedent's E (Spacify only highest gn Elementery/Secondary (0-12)	ducetion eda completed) College (1-4or 5+)	(G life	cedent's Usuel Occi ive kind of work done b. DO NOT use retir	upetion e during most of wor ed)	king		usiness/Industr					
To Be C	17. Father's Name (First, Middle, Last William Arthur C					ne (First, Middle Mary Ne	, Meiden Sumen	10)					
other traumer	19e. Informent's Neme/Relationship ( James Henry Venke			ailing Address (Stree		wood, M			le)				
епо н	20a. Method of Disposition	2	20b. Place of Dis	sposition (Neme of remetory or other pl	1	Dete	20c. Location -	City or Town,	Stete				
dury	4 Donation 5 Other (Specif	y) ]	Holly Hi					re Co.,	Md.				
any injury or once.	4 Donation 5 Other (Spacify)  Holly Hill Mem. Gardens 7/24/1997 Baltimore Co., Md.  21. Signature of funeral Solvice Libraria.  22. Name and Address of Facility Bruzdzinski Funeral Home P.A.  1407 Old Eastern Avenue Essex, Md. 21221  236 Furth Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximate interval Between												
	236. Part1. Enter the disease, or com	plications that caused the	daath. Do not										
ian	shock, or heart failure. List only	one consum the each line.	outili Dollot		ang, odon do odraide	or respiretory t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Inte	erval Between set end Deeth				
ical	Immediete Ceuse (Final diseese or condition	mote	stati	c Lung	Conce	r		19	8 month				
er	resulting in deeth)		to (or es e con			•			2 77.0707				
nine	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Undertying.												
Exar	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or injury c.												
Medical Examir	Ceuse (Disease or injury that initiated events resulting in deeth) Lest  Due to (or es e consequance of):												
		d			6-7								
Physician	Pert II. Other significant conditions of	iven in Part I.	. 23b. Did tobacco use contribute to the cause of										
						1 🗆	Yes 2 No	3 Probably	y 4 Unknown				
paga 2 should be da						24e. Wes	s en eutopsy ormed?	availab	outopsy findings la prior to stion of cause h?				
Com						10	Yas 2 No	1 ☐ Yes					
Be C	25. Wes cese referred to medicel exeminer?				26. Place of Dee	th (Check only	one)						
P P	1 ☐ Yes 2 🗶 No	Hospitel: 1 ☐ Inpatient	2 ER/Outpet	INIT SLI DOA		ome 5 Res	Idence 6 Oth	er (Specify)	tospice				
ed in by the funeral Certification:	27. Menner of Deeth  1. ⚠ Neturel 5 ☐ Pending  2 ☐ Accident invastigation  3 ☐ Suicide 6 ☐ Could not b.	17011	ar) 28b. Time Injur	y We	ury et ork? ☐ Yes 2 ☐ No	28d. Describe	how injury occur	red					
ed in by	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injury - building, etc. (S	At home, ferm, pecify)	street, factory, office			Street and Numb wn, Stete)	er or Rural Rou	ute Number,				
petety fa	29e. Certifier 1 Certifying Ph (Check only one)	ystclan: To the best of mininer: On the bests of exe end menner steted.	y knowledge, de minetion end/or	ath occurred et the t investigetion, in my	ime, dete end plece opinion, deeth occu	, end due to the rred et the time,	ceuse(s) end me dete end place,	inner as steted end due to the	ceuse(s)				
W	29b. Signeture end after of certifier	my Rele	1 mis		sa number		July						
1	30. Nerse and eddress of person who	completed cause of death	(Item 23a) (Typ	e, Print)	01	0: /	11						
	W.H. Kiley,	MO GBM	1C 6.	701 N.	Charles	St. B	nto.	md ?	51502				

State Registrar

- 1-1-1N

32 Registrar's Signature

DHMH 16 Rev 6/95

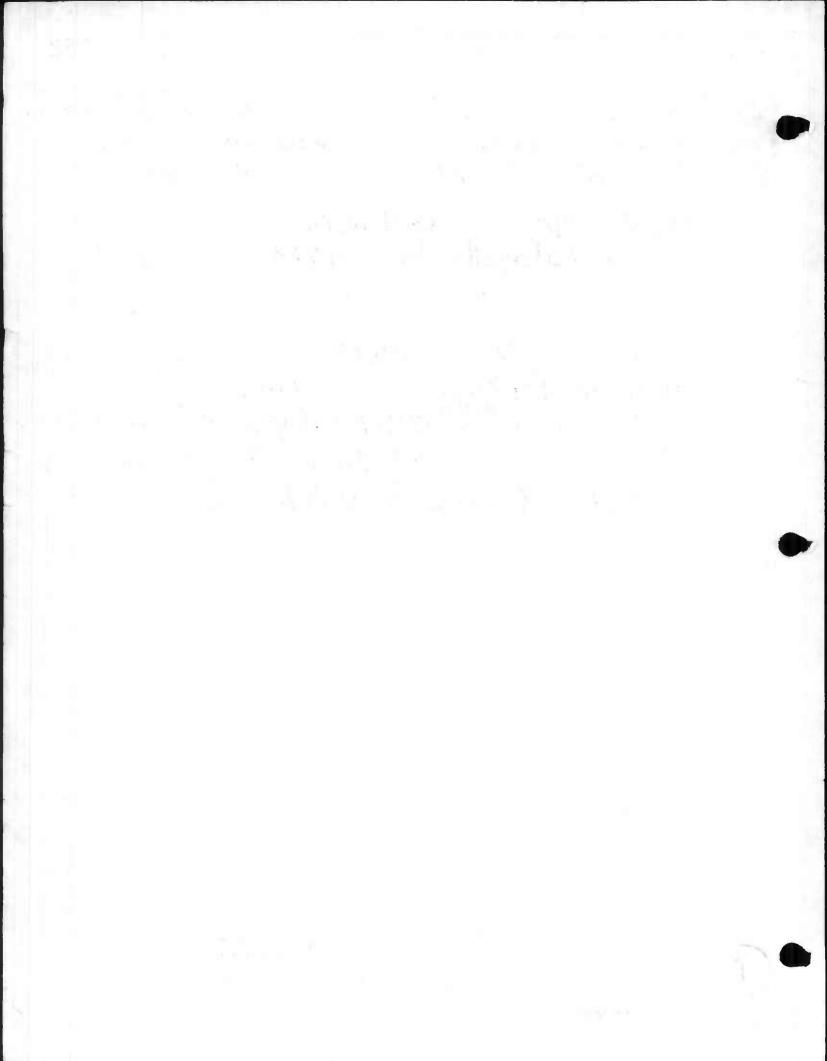
The 2 marks of the to the sources.

the American State of the State

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 2 5 2

				, , , , , , , , , ,	Certific	ate of Death	R	eg. No.					
	Physic	ian	1. Decedent's Neme (First, Middle, La	ist)			2. Dete of Dee Month		Yeer 3.	Time of Death			
	/Medi		MARY	OGLE			5014	19 1	997 11	1:28 J.m.			
	Examir	ner	4a. Fecility Neme (If not institution, give	F-5734 CO. N. 141.			or Location of Death	4c. County	of Death				
	Francis	5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year If Months Days I					RE CITY		9 Bethniage	(State or Foreign			
	Funeral Director					Hrs. 8. Dete of Birth	4,1919	Mary	land				
	show	10a. Stete 10b. County 10c. City, Town or Location Part I more								nside City Limits			
	the M 28a-1	Director	10e. Street end Number	A	Balti	MORC Zip Code		0g. Citizen of		Yes 2□No			
	h with 23e or	al Di	1313 F L	favette	Ave	21213		og. GRIZON G	15 A				
	ter me	Funeral	11. Meritel Stetus	12. Wes Decedent Ever in L Armed Forces?	J,S. 13. Was De	cedent of Hispenic Origin?	(Specify Yes or No- perto Rican, etc.)		a - American Inck, White, etc.	idien,			
215-0020	s 1 and 2 should be filed within 72 hours after deeth with the Maryland if Haalth and Mental Hygiena. If Haalth and Mental Hygiena. Other treumstic event, the Medical Examiner must be nuitiled at	by	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 No If Yes, Give Yeer or Detes:		2 No Specify:		Specify	Blac	K			
15-	"net	Completed	15. Decedent's E (Specify only highest gro	ede completed)	16e. Decedent's U (Give kind of life. DO NO	work done during most of	working	16b. Kind of B	usiness/Industry	Y			
_	Hygiena. Hygiena. ther then ": ent, the Me.	omo	Elementery/Secondery (0-12)	College (1-4or 5+)	Cle	rK		Bal	to. (	itu			
	tal Hygie d other event, it	Be	17. Fether's Neme (First, Middle, Last	11 01/		18. Mother's I	Name (First, Middle,	Meiden Sumen	ne)	7			
Maryland	should be nd Mental marked o	10	19a, Informent's Name/Relationship	Hopfins	1 406 24-35- 4-44-	1 44	la H	OPKI	ns				
Z :	and 2 sho aaith and n 27 is m		19a. Informent's Name/Relationship (	John Son	13/2	ess (Street end Number of	etto Ai	10 Par	1+0 N	11.2121			
ore,			20e. Method of Disposition		Plece of Disposition (i		Dete	20c. Location	City or Town, S	State			
	Pag ment: 1 mrt: 1		1 Buriai 2 □ Cremation 3 □ 4 □ Donetion 5 □ Other (Specif	JHemovel from State	MIT. Z	Zion	1/25/97	Lans	down	ie. Md.			
Ball	permit. Pag Department Important: I any Injury o		21. Signature of Funeral Service Licensee 22. Name and Address of Facility Joseph L. Russ Funeral Ho										
			23a Parti Enter the depart or com	alignations that sourced the doc	1 223	25 W. No	rth Ave	Bal	to. Ma	1.21214			
P	hysician		23a. Part 1 Enter the disease, or com shoot, or heart faffure. List only	one ceuse on eech line.	un. Do not enter the n	lode of dying, such es can	add or respiretory err	851,	Inte	oroximete orvel Between set end Deeth			
401	/Medicai		Immediate Ceuse (Final disease or condition	. Brain S	tem int	Farction			200	ays			
·	Examiner	16	resulting in death)	Due to (	or es e consequence	of):							
	ina law requires mat ma deam centilicata be axecuted ate has been signed by the ettanding physician end paga 2 should be detached for usa as tha burial-transit	Examiner		6. STATUS	POST (	EFT TOTAL	KNEE F	REPLACE	MENT41	weeks			
o,			Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	Due to (	or):								
68760,	ata be hysici tha bu	Physician/Medical	Cause (Diseese or injury thet Initieted events resulting in deeth) Lest				h						
9 x	ding p	/Me		d									
Вох	ettandin for usa	cian	Dark & Other standard and delay				L and State		1				
О	res mat ma de signed by tha e be detached f	hys	Pert fl. Other significant conditions of	ontributing to death but not res	suiting in the underlyin	g cause given in Pen t.		es 2 🗆 No	11	ceuee of death?			
ν̈́	es ma jound pe de	by					-						
orc	been signal	Completed					24e. Wes e	n eutopsy med?	eveilebl	utopsy tindings le prior to tion of cause			
Rec	na law ate has t paga 2 s	idmo					_	24	of deeth	h?			
		Be Co	25. Wes case referred to medical			26 Plans of	1 ☐ Y		1 Ll Yes	s 2 No			
>	0 0	To B	examiner? 1  Yes 2 No	Hospitel: 12 Inpatient 2	ER/Outpetient 3	Othor	g Home 5 Resid		er (Specify)				
- 1	m 6 9		27. Menner of Death 1 ⊠Natural 5 ☐ Pending	28e. Date of Injury (Month, Dey Year)	28b. Time of Injury	28c. fnjury et Work?	28d. Describe h	ow injury occur	red				
Division	Attending ir daath. ector: Aftar by the fune	cati	2 Accident Investigation 3 Suicide 6 Could not b		M ama form atreat for	1 Yes 2 No	28f. Location (S	troot and Numb	ar or Pum/ Pou	uta Alumbar			
<u>&gt;</u>	aftar Direction by	Certification:	4 Homicide determined	28e. Plece of Injury - At h building, etc. (Special	fy)	tory, offica	City or Town	n, Stete)	er or hurer hot	ne ryumber,			
	within 24 hours after death.  To the Funeral Director: After completely filled in by the fur	edicai (	(Check only 2 Medical Exam	ysicien: To the best of my kno niner: On the basis of exemina	owledge, deeth occurration end/or Investigat	ed et the time, date end pli ion, in my opinion, deeth o	ece, end due to the c	euse(s) end me	enner es steted end due to the	cause(s)			
a d	Ithin 2 of the F	Med	one)  29b. Signeture and little of certifier	end manner stated.	-	29c. License number			d (Month, Dey,				
F	3 7 8		Michell	- Serilling		Johns Hop Kins Ph			9/97				
1	TI		30. Neme end eddress of person who	completed cause of death (Iter				L	, ,				
7	1		Michael David	( Geschwind		topkins Hosp	ital Balt	more, 1	40				
	Sta	ite	31. Dete filed (Month, Dey, Year)	32. Registrer's Signa	ature								



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Segible 22253

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme /First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Day 7:00PM Kennet Drange 1797 July /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Liberty Medical Center Baltimore If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth
Months Days Hours Min. (Month, Day, Year) 6. Sex 1 2 □ F 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Days Yrs. 212-42-6525 Director 48 May 8, 1949 MD Usuel Residence of Decedent the Marylend 10a. State 10b. Count 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Medical Examinar must be notified at 1 Xes 2 □ No Director MD n/a **Baltimore** 10e. Street end Number 10f. Zip Code 10g Citizen of What Country? 4423 Belvieu Ave. 21215 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 ☐ X If Yes, Give Yeer or Dates: 14. Rece - American Indien, Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, White, etc. permit. Pages 1 end 2 should be filed within 72 hours eftar to Department of Heelth end Mantal Hygiena. Important: If Item 27 is marked other than "natural", or his any injury or other traumatic event, the Medical Examina-1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes XINO Specify: þ Specify: Black 3 Widowed XXDivorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) 12th College (1-4or 5+) Consultant Termix Exterminator 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Albert G. Orange Willia . Payne 19e. informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Albert G. Orange/father 4423 Belvieu Ave. Balto., MD 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 Dural 2 □ Cremetion 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) King Memorial Park 7/26 Randallstown, MD ture of Funeral Service Licenses James A. Morton & Sons Funeral Home 1701 Laurens St. Balto., MD 23a Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, or heart feiture. List only one ceuse on each line. **Physician** /Medical immediate Cause (Final disease or condition resulting in death) 1955ive Intracere bral Hemorrhage Examiner Se Abu tance bunial-transit the death certificate be executed Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting In death) Lest pue Due to (or es e consequence of) physician sthe burial Box 68760. Physician/Medical Due to (or as e consequence of) Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 Nonknown by 24b. Were eutopsy findings eveileble prior to completion of cause of death? Completed 24a. Wes en eutopsy certificate 2 10 No 1 ☐ Yes 1 ☐ Yes 2 ☐ No Division of Vital • Hospital or Attending Physicien: 24 hours after death. • Funeral Director: After this certifical funeral director, 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 9 1 Yes 2 No 1 Inpatient 2 □ ER/Outpetient 3 □ DOA 28a. Date of Injury (Month, Day Year) 27. Menner of Deeth Certification: 28h Time of 28c. injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending 1 Tyes 2 No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide edicai 29a. Certifier 111 Certifying Phyelcien: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es steted. (Check only one) 2 Medical Exeminer: On the besis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner stated. within 2. 29c. License number 29d. Date signed (Month, Day, Year) M 30 Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print) liberty Heights Ave. Balto. MD 21215 Wicks D 2600 -leorac 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture

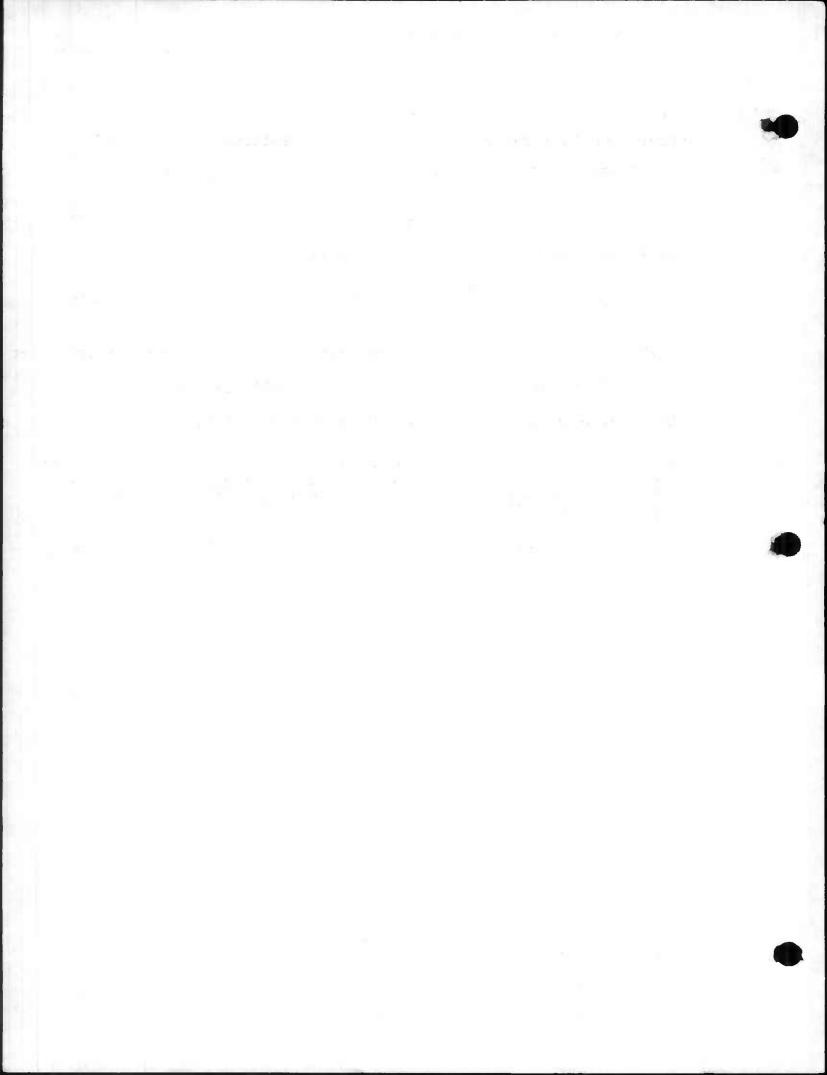
DHMH 16 Rev 6/95

State

Registrar

JUL 23 1997

relia Davidson



## Please Type or Print in Black Indelibie Ink. Assure Ail Copies Are Legible 2 2 2 5 4

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Day 1997 Yaar **Physician** JULY 16, RICHARD JAMES PETERSEN 3:55 PM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner POCKVTILE.
If Undar 24 Hrs. 8. Data of Birth
Hours Min. FEB. 4, SHADY GROVE ADVENTIST HOSPITAL MONIGOMERY If Undar 1 Yaar 9. Birthplaca (Stata or Foreign COLURADO 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** Months Days 524 40 6082 67 Director Usual Rasidance of Decedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Menyland Department of Health and Mentlet Hylgiene. Important: if then 27 is marked other than "retural", or items 23s or 28s-f show any injury or other traumetic event, the Medical Examinar must be rottlised at 10a, Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits **Funeral Director** FREDERICK FREDERICK 1 Yas 2 No 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 6109 SPRINGWATER PLACE #2202 21701 UNITED STATES 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Spacify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, 11 Marital Status Biack, Whita, atc. 1 Navar Married 2 Marriad 1 ☐ Yas 2 ☑ No If Yas, Giva Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: WHITE by 3 Widowad 4 Divorced Yaar or Datas: Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retied) 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highast grada complated) Elamentary/Secondery (0-12) Collega (1-4or 5+) 8 ADMINISTRATOR **EDUCATION** 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meiden Sumema) Be 2 GEORGE **PETERSEN** AGNES SIMONSEN 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) MARJORIE ANN PETERSEN, WIFE 6109 SPRINGWATER PLACE, FREDERICK, MD. 21701 20b. Place of Disposition (Nama of 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata Cematary, cramatory or other plece 1 Burial 2 ☐ Cremation 3 ☐ Ramoval from State 7/19/97 ROCKVILLE, MD. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvice Licensae 22. Nama and Addrass of Facility MURIEL H. BARBÉR FUNERAL HOME P.O. BOX 5038, LAYTONSVILLE, MD. 20882 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Physician Immediate Causa (Final disaasa or condition rasulting in death) /Medical ADULT RESPIRATORY DISTRESS SYNDROME 1 WEEK Examiner Dua to (or as a consequanca of): BILATERAL PNEUMONIAS Examiner 2 WEEKS The law requires that the death certificate be executed the buriel-transit Sequantially list conditions, if any, leading to immadiata causa. Entar Underlying Ceusa (Disaasa or Injury that Initiated avants resulting in death) Last Dua to (or as a consequence of):
DUODENAL ULCER HEMORRHAGE 3 WEEKS Box 68760, Physician/Medicai Dua to (or as a consequence of): 80 esn. be deteched for Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2X No 3 ☐ Probably 4 ☐ Unknown RENAL INSUFFICIENCY, DIABETES MELLITUS Division of Vital Records, þ HEPATIC INSUFFICIENCY 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performad? Completed PROTEIN MALNUTRITION 2 No certificate 1 Yas 1 ☐ Yas 2 ☐ No or Attanding Physician: funeral director, Be 25. Was casa refarred to medical axaminer? 26. Placa of Deeth (Check only ona) Hospital: Certification: To 1 ☐ Yas 2 ☑ No Other: 4 Nursing Homa 1 Minpatiant 2 ER/Outpatient 3 DOA 5 ☐ Rasidance 6 ☐ Othar (Specify) this 27. Mannar of Death 28e. Data of Injury (Month, Day Yeer) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Panding Investigation 1 Natural efter deeth. 1 Tyas 2 No 2 Accidant 6 Could not be determined 3 Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Route Number, City or Town, Steta) n by 4 Homicide 24 hours e Hospital To the best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as statad.

Madical Examiner: On the basis of axamination and/or invastigation, in my opinion, deeth occurred at the time, data and place, end due to the cause(s) and mannar stated. 29e. Cartifian Medicai To the Within 2 To the 29b. Signature and tid of dertifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)
DR. MARK GLOGER, 9711 MEDICAL CENTER DRIVE, ROCKVILLE, MD. 20850 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State whie Davidson-Randelle JUL 2 3 1997

DHMH 16 Rev 6/95

Registrar

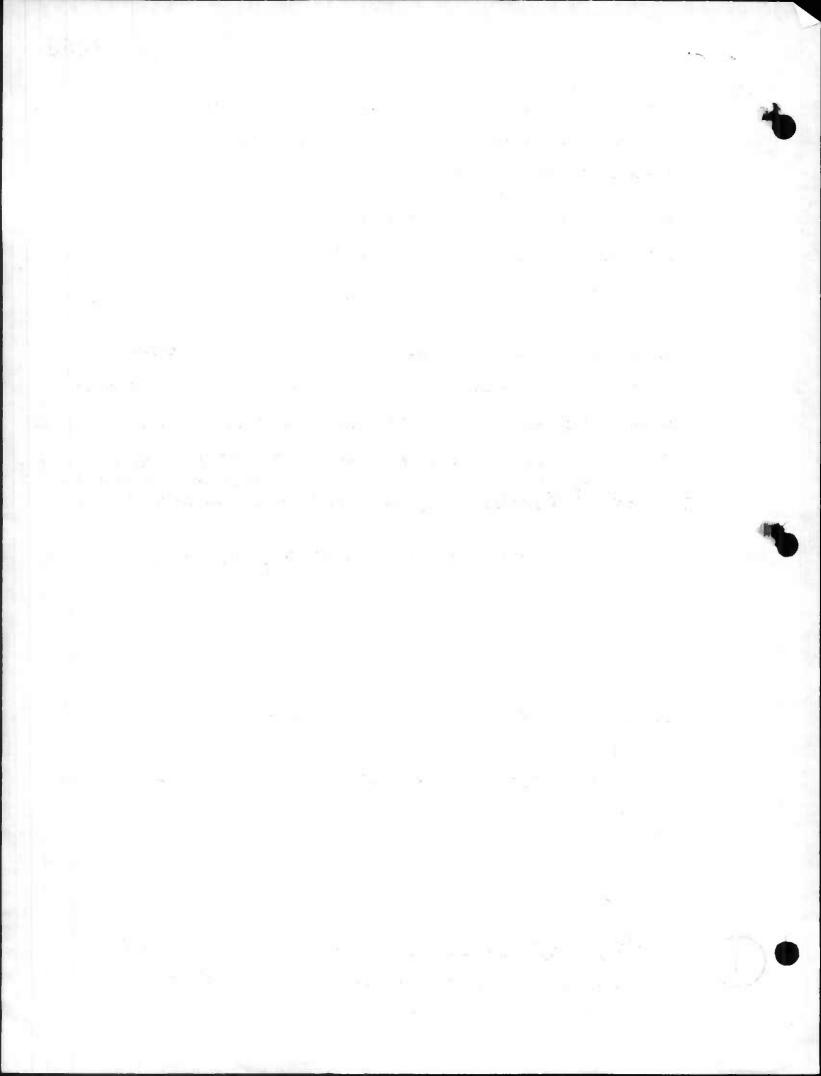
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 2 5 5

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Dey 18 Month **Physician** Year 97 John J. Pegesse July 12:28 /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 5009 Walther Avenue Baltimore 5. Social Security Number If Under 1 Yeer If Under 24 Hrs. Dete of Birth (Month, Dey, Yeer) 07-26-13 7. Age (In yrs. lest birthdey) Birthplace (Stete or Foreign Country) **Funeral** x x M 2□ F Months Days Hours 141-14-3663 Yrs. Director 83 Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits in "netural", or Items 23e or 28a-f ahow Medical Examiner must be notified at X Yes 2 □ No Director Md NA Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5009 Walther Avenue 21214 USA 12. Was Decadent Ever in U,S. Armed Forces? Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. filed within 72 hours efter 1 ☐ Yes 2 🔀 No 1 Never Married 200 Married 21215-0020 1 ☐ Yes 2 ☑ XIo Specify: þ Specify: Black 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) nd Mental Hygiene. marked other than Elementery/Secondery (0-12) College (1-4or 5+) the state of Bendix Corp. Machinist 5th Grade NΑ Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) .. Peges 1 and 2 should be fill timent of Health end Mental H tant: If Item 27 is marked oth jury or other traumatic even Be James Pegesse Sally Simmons 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Pegesse 5913 Loch Raven Blvd. Baltimore, Md. Reigh 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from State permit. Pege Department of Important: If any injury or Moreland Mem. Pk. Cem. 07-24-97 Baltimore, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licens e 22. Name and Address of Facility Baltimore, Maryland 21202 WM.C.March FH 1101 E. Nroth Avenue 133 and 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate tntervel Between Onset end Death **Physician** /Medical Immediate Cause (Final · ATHOROSCIEROFIC CORDNARY ARTORY DISEASE disease or condition resulting in death) Examiner Physician/Medical Examiner physician end s the burial-transit requires that the death certificete be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Due to (or as a consequence of): Box 68760 Due to (or as e consequenca of): 98 P.O. Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dtd tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown RENAL DISEASE ONHETODIALYSI Records, ģ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy iABETES MELLITUS completion of cause of deeth? The PERIPHERAL VASCULAR DISEASE certificate 1 Yes 2 No 1 ☐ Yes 2 No Vital or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA o this 28a. Date of Injury (Month, Dey Year) 28c. tnjury at Work? 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred After Division s effer des. 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 3 Sulcide 28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide filled the Hospital 24 hours edical 1 Certifying Phystolen: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29a. Certifier pletely f (Check only ithin the 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Dey, Yeer) 07/21/97 D35706 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 21239 MD, 5601 Loch Raven Blvd., Baltimore, MD Elias C. Ghandour, 31. Date filed (Month, Day, Yeer) State JUL 231997 Registrar

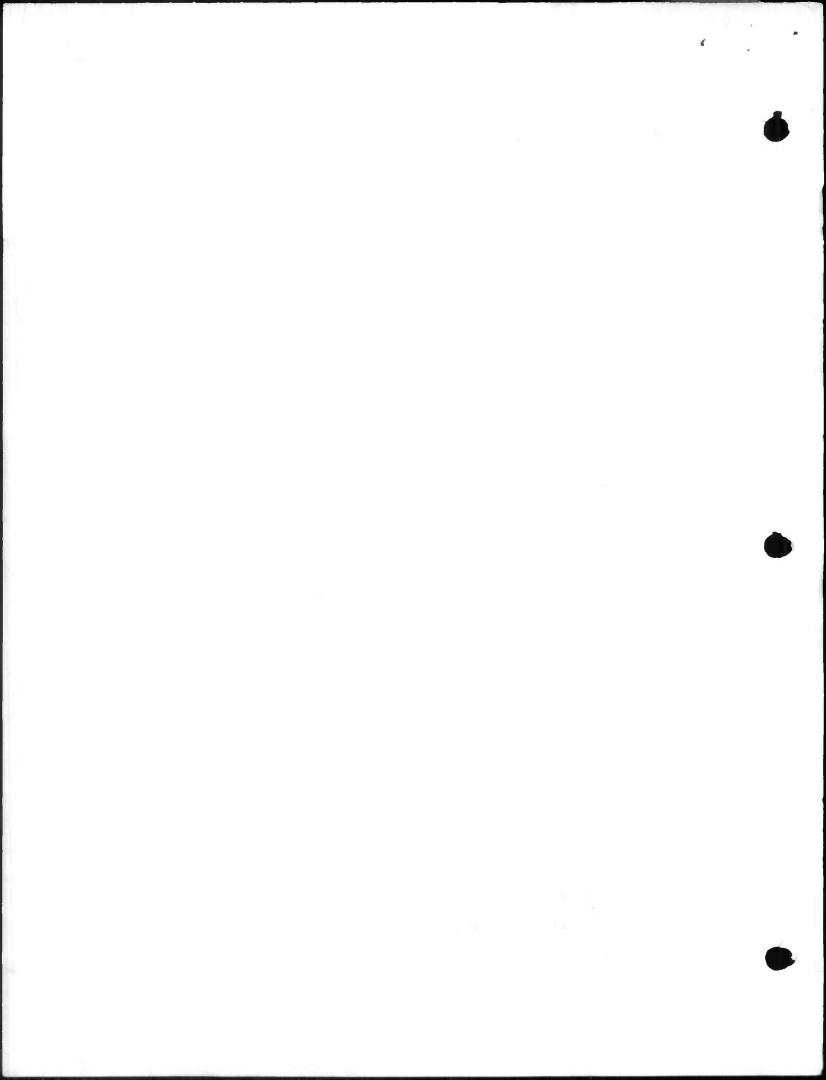
DHMH 16 Rev 6/95



	1. DECEOENT'S NAME (First, Middle, Last)		CERTIFI	CATE OF	DEATH 7	MENTAL HYGIEN /23/97 REG. NO		
		TTERSON				2. DATE OF DEATH	\$ 95A	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		'in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	4	RTHPLACE (State or Foreign
	216-49-6381	1× M 2 □ F		2 DAYS	HOURS MIN.	(Month, Day, Year) 4-1-9	7 8	ALTIMORE
~	9a. FACILITY NAME (If not institution, give			2 4	OR LOCATION OF D		9c. COUNTY O	
CTOR	Mt. Washington Ho	———————		Baltine			IV/A	
JEC	10a. STATE 10b. COUNT	ΓY	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
DIRE	MD. N/A		Balt	imore				LIMITS?
ERAL	100. STREET AND NUMBER 1525 Kennewick Ro	oad			21218		U.S.A	F WHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN				NIC ORIGIN? (Specify Yes	or No — 14. R	ACE American Indian.
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES			NO Specific	nn, Puerto Rican, etc.) y:		pecity: Black
ED	15. OECEDENT'S EO	ICATION	16a. DECEDENT'S U	SUAL OCCUPATIO	M.	16b. KIND OF BUS		
	(Specify only highest grad Elementary/Secondary (0-12)	completed) Coflege (1-4 or 5+)	(Give kind of wo	rk done durina mos	st of working	Too. Kind or Bo.	SINESS/INDUSTA	Y
COMPL	N/A		N/A			N/A		
S S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)	
BE	Jerome Patterson					ethea Patte		
TO B	19a. INFORMANT'S NAME (Type/Print) my Jerome & Tami Pat	other & fathe	r 196. MAILING			Route Number, City or Tow		
	20a. METHOD OF DISPOSITION	7				Baltimore,	CATION — City o	
	1. Burial 2 Cremation 3 Ran 4 Donation 5 Other (Specify)		PLACEAND DATE OF etery, crematory or oth butus Mer					
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	DULUS ME		D ADDRESS OF FA	ICII ITY		
	I met	Emy .		2501 6	wons F			l Homes, Inc re, MD. 2121
	23. PART I. Enter the diseeses, or	complications that caused	the death. Do no					Approximate
	IMMEDIATE CAUSE (Finel	List only one cause on e						Interval Between Onset and Deat
	disease or condition resulting in death)	. ANDXIC	ENCEP	LALOP	ATHY			2.5 m.
		DUE TO (OR AS A	CONSEQUENCE OF)	1-0=	2.000=			
CATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF	JOYG IV	DYPIVO	•		
	cause. Enter UNDERLYING CAUSE (Disease or injury	c						
E	that initisted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)					
CERTIFI		d						
4	PART II. Other significant condition	ns contributing to deeth b	ut not resulting in	the underlying	cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS
MEDIC						1 X YES 2	- 1	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						_   '		1 TES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL							
SIC	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C)			
PHY	27. MANNER OF OEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. INJU	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED	
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		RK? ES 2 NO			
TED BY PH	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	— Al home, farm, str	eet, factory, office		28f. LOCATION (Street a City or Town, State)	and Number or Rui	rai Route Number,
	AAL CERTIFIED							
MI THE	(Check only	ICIAN: To the best of my knowl						
MPL	A I MEDICAL EXAMIN	ER: On the beals of exemination	and/or investigation.	in my opinion, de				
MPL				- 1	29c. LICENSE NUI	MBER	29d. DATE SIGN	IEO (Month, Day, Year)
MPL	296. SIGNATURE AND TITLE OF CERTIFIE	WA) E	BLOTAN	/ [	D LIL	10.	N. C. 11	DOW
MPL	296. SIGNATURE AND TITLE OF CERTIFIE Lystyna blotu	( M) E	ATH (ITEM 27) (Type 5	trint)	D 416	01	16-18	9-97
BE COMPL	296. SIGNATURE AND TITLE OF CERTIFIE Lystyna blotu	HO COMPLETED CAUSE OF DEA	BLOTN) ATH (ITEM 27) (Type, F		D 416	OI WE	►6-18	9-97
BE COMPL	296. SIGNATURE AND TITLE OF CERTIFIE Lystyna blotu	( M) E	POHIMOR		D 416 D. HOSA	OI WE	16-18 Pot- Ro	pers Ave,

32. HEGISTHAR & SHONATURE

GUNA MANY OBON-Randelle



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 22257

5-0020 5-0020 72 hours effer deeth with the Maryland netural; or Items 23a or 28e-f show files Examiner next be notified at	al er	172-03-1160 Usuel Residanca of Decedent	ED va street and number Medical			-1		2. Data of De Month	Reg. No.  ath Day 18. 19	Yaar	ima of Death
/Medic Examina Funeral Director	al er	4a. Facility Name (If not institution, g Saint Joseph  5. Social Security Number 172-03-1160  Usuel Residence of Decedent	Medical Sex 7. A			1					.59 DM
Examine Funeral Director	er	Saint Joseph  5. Social Security Number  172-03-1160  Usuel Residence of Decedent	Medical Sex 7.A								a way hall
Director	ctor	5. Social Security Number 6. 172-03-1160 Usuel Residence of Decedent	Sex 7. A	Cente			4b. City, Town, or	Location of Deeth			
Director	ctor	172-03-1160 Usuel Residanca of Decedent	1DM OFF		۲		Towso			altimo	
eth with the Maryland s 23a or 28a-f show wat be notified at	tor		8 - XX	ga (In yrs. las	st birthday) Yrs.	If Undar 1 Yea Months Deys		8. Data of Bir (Month, Da March	th y, Year) 7, 1917	9. Birthpleca (Country) Pennsy	Stata or Foreign Lvania
eth with the Mary s 23s or 26s-f sh wat be notified	tor	10a. State 10b. County		10c. City,	Town or Loca	ation				10d. In:	sida City Limits
eth with the s 23a or 28s		Maryland Baltim	ore	Gler	n Arm					10	□Yas 2[X]No
eth wit	J.	10e. Straat and Numbar				10f. Zip Coda			10g. Citizan of	What Country?	
0 4	alD	11630 Glen Arm R	oad			2105	7		U.S.A.		
21215-0020 d within 72 hours effer dee giene. r than "natural", or ltems if the Medical Experient.	by Funeral Director	11. Maritel Status  1 ☐ Navar Marriad 2 ☐ Married  3 ☒ Widowed 4 ☐ Divorced	12. Was Decedent Armed Forcas 1  Yes 2  If Yas, Giva Yaar or Datas:	? No		es Decadant of Yes, specify Cul □ Yas 2∏ No	Hispenic Orlgin? (S ban, Mexican, Puerl Specify:	pecify Yas or No o Rican, etc.)		ce-American Inc ck, Whita, atc.	ien,
72 hours	Completed	15. Decedant's l (Specify only highast g	Education rade completed)		16a. Decede	ent's Usuel Occu	upation a during most of wored)	rkina	16b. Kind of B	usinass/Industry	115
2121 d within giene. r than *	mple.	Elementery/Secondary (0-12)	College (1-4or	5+)	lifa. Di	O NOT usa ratir	ed)	9			
Nygier th	S	12th grade			Claim	s Offic		/==		Governme	nt
Nation 1	Be	17. Fethar's Nama (First, Middla, Las	17)				18. Mothar's Nar		Maidan Suman	na)	
Tyle Dould J Mer narke	2	Robert F. Weimer	T. (1) D. (1)		401 145 111		Mary Ro				
Ma d 2 sl th end 7 is r traur		19a. Informant's Name/Relationship			_		at and Number or Ru				,
Heall Heall ther		Thomas E. Reed (	Son)	20b. Plac	2912 ca of Disposi	ition (Nama of atory or other pl	ton Lane,	Abingo Data	lon, MD.	21009 - City or Town, S	tata
DOI nt of nt of		1 M Burial 2 ☐ Cremation 3						7/01/07			
Baltimore, Jemit. Peges 1 er Jepartment of Hear Important: If Item; Inty Injury or other	-	4 ☐ Donation 5 ☐ Other (Space 21. Signature of Funeral Service Lice		Garde		Faith Nama end Addi	Cemetery	//21/9/	Baltin	nore, Ma	ryland
Baltimore, M pamit. Pegas 1 and 2 Department of Health o Important: If Item 27 is any injury or other tra once.		Mullista	24		Sc! 61	himunek O W. Ma	Funeral cPhail Ro	ad, Bel	L Air, M		14
		23a. Part1. Entar tha diseasa, or con shock, or haart failura. List only	nplications that cause y ona causa on aach	d tha daath. lina.	Do not antar	tha moda of dy	ring, such as cardia	or raspiratory a	rrast,	Intan	oximata vel Batween at end Death
Physician /Medical Examiner	-6	Immadiata Causa (Final disaasa or condition resulting in daath)	PULMON		NTERS		_ FIBROS	SIS		1	
ted nsit	ulu u		b								
. BOX 68/60, deeth certificate be executed e ettending physician and id for use es the buriel-transit	al Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Ceusa (Disease or Injury	c	Dua to (or a	is a consaqu	anca of):					
	Medical	that Initiated avants rasulting in death) Last	d	Dua to (or e	s e conseque	ance of):				1	
BOX Beth ce ettendii for use	Physician/									1	
the de ched	ysk	Part II. Other algnificant conditions	contributing to death I	out not rasulti	ing in tha und	darlying causa g	ivan In Part I.			intribute to the o	
that the ed by the detech	됩							1 🗆	Yes 2□ No	3 Probably	4 Unknow
<u>ග ක ලියි</u>	Completed by							24a. Wes parfo	an autopsy ormad?	availabla	on of causa
I 9 - 5	Eo							10	Yas 2 No	1 ☐ Yes	
VITAL I	BeC	25. Was case refarred to medical					26. Place of Dec	eth (Check only o			
<u>− 2 ∞ 5</u>	10 B	axaminer? 1 ☐ Yas 2∰ No	Hospital:	iant 2 EF	R/Outpatient	3 DOA	ther	loma 5□Rasi		nar (Specify)	
g Physical dispersal di		27. Menner of Death 1. ■ Natural 5 □ Panding	28a. Data of Inj (Month, Da	ury 2	8b. Tima of Injury	28c. Inji	ury at	28d. Dascribe	how Injury occur	red	
SIOI andin seth. or: Af he fu	atic	2 ☐ Accident invastigation	on	1.60	,,		Yes 2 No				
DIVISION  at or Attanding is after deeth.  In Director: After ad in by the fune	Certification:	3 Sulcida 6 Could not 4 HomicIde determine	a 28a. Piece of in	jury - At hom tc. (Spacify)	e, ferm, stras	at, factory, office		28f. Location ( City or To	Street and Numi wn, Stata)	ber or Rural Rou	a Number,
	edical		hyalclan: To the best miner: On the basis of and manner s	of axamination							ause(s)
Vithir Forth	Me	29b. Signatura end titla of cartifiar	1 -	1	-2	29c. Licar	nse number		29d. Deta signe	ed (Month, Day, 1	(ear)
1		tran	h	0	hoo	D302	63		7-12	8-97	
MI	-	30. Nama and addrass of person who	complated causa of	death (Item 2	3a) (Type, P	rint)				-/	-
M'		FRANCIS KHOO.	M. D			ROAD	TOWSON,	MARYL	AND	21204	
Stat	e	31. Data filed (Month Day, Year)	A Media	's Signatur	e -						

A SILL DANCE OF ILLOW

men, in model,

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 222

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Mary Bauer Reese July 1997 10:10 PM /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner Ivy Hall Geriatric Center Middle River Baltimore If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days 1 ☐ M 2 🛣 F 173-03-6585 Yrs. Director 92 May 24, 1905 Germany Usual Residence of Decedent the Maryland 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits 28a-f show "natural", or items 23a or 28a-f shading Examiner must be notified Maryland Baltimore Director **Essex** 1 ☐ Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8 Edgewater Terrace 21221 U.S.A. death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 23€ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: by Specify: 36 Vidowed 4 □ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) the Medical 16b. Kind of Business/Industry lith end Mental Hygiena. 27 Is marked other than "I r traumatic event, it e Mac Elementary/Secondary (0-12) College (1-4or 5+) Housewife Own Home 10 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Pagas 1 end 2 should be nent of Health end Mental Anton Bauer Mary Stadler 19a. Informant's Name/Relationship (Type, Print) Important: If Item 27 is nany injury or other traum 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joan Thompson (DAUGHTER) 8 Edgewater Terrace Essex, Md. 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stete Lancaster, PA. 1 Burial 2 Cremation 3 Removel from State St. Joseph New Cemetery 7/24/1997 4 ☐ Donation 5 ☐ Other (Specify) uneral Service Hicensee 22. Name and Address of Facility Bruzdzinski Funeral Home P.A. the disease, or complications that ceused the death. Do not enter the mode of dying, such es cardiac or respiretory arrest, art failure. List only one cause on each line. DURKOUSE 1407 Old Fastern Avenue Essex, Md. 21221 Approximate Intervel Between Onset end Death **Physician** /Medical Immediate Cause (Finel ADVANCED ALZHEIMER'S DISEASE 10 Yrs. disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner The law requires that the death certificate be axecuted buriel-transi Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. Physician/Medical the Due to (or es a consequence of): 98 for use Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. detached 23b. Did tobecco use contribute to the cause of death? signed by 1 | Yes 2 No 3 | Probably 4 | Unknown Arteriosclerotic Heart Disease Records, 8 24b. Were eutopsy findings evailable prior to completion of ceuse of death? page 2 should Completed 24e. Was an eutopsy performed? certificate 1 Yes 200No 1 ☐ Yes 2 ☐ No of Vital ing Physician: director, Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 

Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this 27. Manner of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? Medical Certification: 28d. Describe how Injury occurred uo 5 Pending investigation 1 Naturel 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, death occurred et the time, date end plece, and due to the ceuse(s) and manner es steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end manner stated. 29a, Certifier 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D17728 July 23, 1997 30. Name and eddress of person who completed ceuse of death (item 23a) (Type, Print) 8022 Belair Rd. Ba Yin Oung, M.D. Balto., MD 21236 31. Date filed (Month, Day, Year) State Registrar

### Please Type or Print in Black Indelible Ink. Assure All Copies Are segible 2 2 2 5 9 State of Maryland / Department of Health and Mental Hygiene

Physicia						Ce	rtifica	te of	Death		Reg. No.		
		1. Decedent's Name (First,	Middle, Las	st)			100		-5177-57	2. Dete of De Month	eeth Dey	Voor	3. Time of Deeth
/Medic		John		R	ENNER						19, 19	97	1:30 p.r
Examin		4e. Fecility Neme (If not ins	litution, give	e streat and num	bar)				4b. City, Town, or			nty of Deeth	
		Franklin Sq	iare l	Hospital	Cente	r			Rosedal	e	Ва	1timor	e
Funeral		5. Sociel Sacurity Number	6. S			lest birthdey)		ar 1 Yaer	If Under 24 Hrs	8. Dete of Bi	rth		lace (State or Foreitry)
Director		212-05-4969 Usuel Residence of Decede		M 2□ F	91	Yrs.	Months	Deys	Hours Min		1, 1905		
i i		10a. State 10b. C			10c. Cit	ty, Town or Lo	cation					1	0d. Inside City Limi
26a-f shov	50	Maryland Bal	timor	e		Esse	Σ					200	1 □ Yas 2 ☑ N
28a-1	Directo	10e. Street and Number					_	ip Coda			10g. Citizan	of Milhot Cour	21
8 6		203 St. Marys	БЯ					21221		95 100		S.A.	itry r
1 22 mg	era	11. Marital Status	1100	12. Was Daced	ent Ever in Lt	C 42 1			lianania Origina /	annife Van an N			on tedion
ar, o	by Funeral	1 Naver Married 2 Naver Marrie		Armed Ford 1 Yas 2 If Yes, Give Yeer or Det	as?	1500		ecify Cube	lispanic Origin? (S en, Mexicen, Puer Specify:	to Rican, etc.)	The same of the same of	lace - Amaric Black, Whita, City: Whit	atc.
attur isal	bet		edent's Ed			16e. Deced	dent's Us	ual Occup	ation		16b. Kind of	Business/Inc	dustry
No.	Completed	(Spacify only Elementary/Secondary (0	7	de completed) College (1-4	lor 5+)	(Give	kind of w DO NOT	ork done use retired	during most of wo	rking			
1854	mo:	12	12)	2	101 54)	Bo	ookee	per			Utilit	v Co.	
	Be C	17. Father's Nema (First, M	ddle, Lest)	2944					18. Mother's Ne	me (First, Middle			
orta food fr e	To B	Robert Renner							Anna Be	ermer			
N Du	-	19a. Informent's Neme/Rel	etionship (7	Type, Print)		19b. Maillr	na Addre	ss (Street	end Number or R	urei Route Numb	per. City or Tox	vn Stete Zin	Code)
27 to 87 to 8		Virginia Dais	v Rer	ner					Rd. Ba				,
Hend		20a. Method of Disposition	1		20b. F					Date		n - City or To	wn Stete
OF ST		1 Buriel 2 □ Crema	ition 3 🗆	Removel from St		Placa of Dispo cemetery, crar							
ortant injury		4 Donation 5 □Oth			Par	kwood			7/23/ss of Fecility	1997	Baltim	ore Co	. Md.
hysician /Medical Examiner	Examiner	23a Farti. Enter the disea bock, or heert feilura Immediate Ceuse (Finel disease or condition resulting in deeth)		e. R1	sht	) un	7	Pr	rum			-	Intérvel Between Onset end Deeth
ng physicia es the bu	Medical Exa	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest	{	c		r es e conseq							
tendi r use	an			d			137					1	
ed for u	sici	Part II. Other significent co	nditions co	entributing to deet	th but not res	ulting in the u	nderlying	cause giv	en in Pert I.	23b. Dld	tobacco uee	contribute to	the cause of dee
ed by the attendir dateched for use	Physician/									10	Yes 20N	3 □ Prot	ably 4 Unkn
2 5 6	by				I HAM			1140	0-113	24a. Was	en eutopsy	24b. We	ere eutopsy finding
as been si	Completed					100					ormed?	ave	elleble prior to inplation of ceusa deeth?
ate has	E									10	Yas 20Mo		]Yes 2□No
ilicat or. p	0	25. Was case referred to m	adical						00 Dis (D)		all for		Tres ZLINO
r this certificate	00	exeminer?		Hospital:		55.0		Oth Oth	or.	eth (Check only			
al d	. To	1 Yes 2 No		1 Lang		ER/Outpetien 28b. Time of		07	4 LI Nursing F	fome 5 ☐ Resi 28d. Describe			/)
or death.  by the fune	Pol	1 SNaturel 5 □ P	ending	28e. Dete of (Month,	Dey Year)	Injury	М	28c. Injur Wor	k? Yes 2 □ No	200. Describe	now injury occ	JU1160	
he or	Certification:	3 ☐ Suicide 6 ☐ C	vestigation ould not be etermined	28e. Place of	Injury - At ho , etc. (Specif	ome, farm, str			165 Z 🗆 NO	28f. Location ( City or To	(Street end Nu wn, Stete)	m <i>ber or Rur</i> a	l Route Number,
birect Direct d in by			tifying Phy	rsician: To the besiner: On the besiner end menna	s of examination	wledge, death tion end/or inv	occurred estigatio	d et the tin n, in my o	ne, dete end place pinlon, deeth occu	e, end due to the arred et the time,	cause(s) end dete and piec	manner es st a, end due to	eted. the ceuse(s)
n 24 hours efter d		29a. Certifier 1 ☐ Cer (Check only one) 2 ☐ Mer	JIOGI EXGIII	one moning									
within 24 hours efter di To the Funeral Direct completely filled in by the	ledicai	(Greck only 2 Me		01101110			25	c. Licens	e number		29d. Date sig	ned (Month, I	Dey, Year)
n 24 hours efter of the Funeral Direct pletely filled in by	ledicai	one) 2 Me		N-		· m	29		e number	)	29d. Date sig	ned (Month, I	Dey, Year)
within 24 hours efter di To the Funeral Direct completely filled in by	Medical	29b. Signature and title of co	ertifier	Mg		un		- a	02850		29d. Date sig	ned (Month, I	Dey, Year)
within 24 hours efter of To the Funeral Direct completely filled in by	Medical	one) 2 Me	ertifier	Mg	of death (Item	7777 n 23e) (Type,		D=	02850	lair	29d. Date sig 7 / 2	ned (Month, I	Dey, Year)

22232 The set interest the entry of the set

How Ashirt M. W.

Michaelan Made

Teer & S JUL

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

• •			$\overline{}$
State of Maryland	Department of Health and	Mental Hygiene 7	1
	- opaitine it of the airi and	monta rijgionos į	100

2260 Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Year 7:35 am Russell R. Reid 4b. City, Town, or Location of Deeth 1997 20, /Medical 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth **Examiner** Franklin Woods Nursing Center Rosedale Baltimore If Under 1 Year If Under 24 Hrs. Birthplace (Stete or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Yeer) **Funeral** 1**⊠** M 2□ F Deys Hours Yrs Director 214-12-4022 Dec. 12. 1918 Virginia Usuel Residence of Decedent with the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yes 2 □ No Director Maryland Baltimore Highlandtown 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code 424 Mirabile Lane 21224 U.S.A. Funeral 14. Raca - American Indien, Bleck, White, etc. 11. Meritel Status 12. Was Decadent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If teem 27 is marked other than "natural", or flen any injury or other traumatic event 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Dates: WW II 1 Never Married 2√2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorcad Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Crane Operator Steel Co. 8 17. Father's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Surneme) Be Charles Joseph Reid Anne Daisy Weiss 19e. tnforment's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Beulah M. Reid (Wife) 424 Mirabile Lane Baltimore, Md. 21224 20b. Pleca of Disposition (Neme of cemetery, crematory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) Holly Hill Mem. Gardens7/23/1997 Baltimore, Co. Md. 5 Other (Specify) 22. Name end Address of Facility 21. Signate Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex, Md. 21221 at caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, and on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel una cancer disease or condition resulting in deeth) Examiner Dife to (or es e consequenca of) Physician/Medical Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in death) Lest and Due to (or es e consequence of): Box 68760 physician certificate be 윤 Due to (or es e consequenca of): 8 atten JQ. Records, P.O. Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the ceuse of deeth? signed by 3 Probably 4 SUhknown 1 ☐ Yes 2 ☐ No Q 24b. Were eutopsy findings eveileble prior to 24e. Wes en eutopsy Completed peed completion of cause of deeth? page 2 100 # 1 ☐ Yes 2 ☐ No Division of Vital certific Iding Physician: 26. Piece of Deeth (Check only one) Be 25. Wes case referred to medical exeminer? 1 Yes 2 No Other: 4 Suursing Home 5 ☐ Residenca 6 ☐ Other (Specify) Medical Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 4 27. Menner of Deeth 28d. Describe how Injury occurred 28b. Time of 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? Ather 1 Anaturel 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Medical Examiner: On the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the besis of examination end/or investigation, in my opinion, death occurred et the time, date end placa, end due to the ceuse(s) in menner stated. 29a. Certifier 6 29d. Date signed (Month, Day, Year) 29b. Signeture and title of certifier 29c. License number 30. Nam and eddress of person who 3x1 pleted cause of deeth (Item 23a) (Type, Print) wan Lev 31. Dete filed (Month, Day, Yeer) 32. Registrer's Signature State JUL 2 3 199 Registrar

**DHMH 16 Rev 6/95** 

\$100 ST \$100 ST T

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 2 5 |

						Cei	tifica	te of Death		Reg. No.		
	Physici	ian	1. Decedent's Name (First, Middle, L		DMCZD	D			2. Dete of D		Year	3. Time of Death
	/Medi		VIRGINIA	KEY R	ETZE	K			JULY			1:45 PI
	Examir	ner	4e. Fecility Nema (If not institution, g	ive street end numbe	r)				or Location of Dee	th 4c. Count	y of Death	
			FAIRHAVEN					SYKESV		CA	RROL	L
	Funeral Director		215-10-6635	Sex 1□ M <b>XX</b> F	84	lest birthday) Yrs.	If Unde Months	or 1 Yaar   If Undar 24 F Deys   Hours   M	in. (Month, E	irth Pey, Year) 2-1913		eca (Stata or Foreig try) YLAND
	and w		Usual Residence of Decedent  10e. State 10b. County		10c. Ci	ty, Town or Lo	cation				10	Od. Inside City Limit
	Aaryli sho	5	MD. CARRO	OT.T.		•		ILLE				1 Yes
	the Marylan 28a-f show	Director	10e. Street end Number							10 000		
	with w	ă		AVENUE			101, 21	21784		10g. Citizen of	S.A.	try?
	eath w	era	11. Maritaj Status	12. Was Deceder	t Ever in I	S 13 1	Nac Doce	edent of Hispanic Origin?	(Specify Vec or N		ce - Americe	an Indian
0200-61212	filed within 72 hours after death with the Maryland Hygiene. that than "natural", or flems 23a or 28a-f show hit, the Medical Examiner man be notified at	by Funeral	1 □ Never Married 2 □ Married  XX Widowed 4 □ Divorced	Armed Forces	? <b>X</b> Vo		Yes, spe	ecify Cuben, Mexicen, Pu	erto Rican, etc.)	Bia	ck, White, e	etc.
ה ה	natural',	Completed	15. Decedent's I	Education		16e. Deced	lent's Usu	uel Occupetion ork done during most of	unding	16b. Kind of B	usiness/ind	ustry
V	be filed within 72 hould Hygiene. d other then "neture event, the Medical	npie	Elementery/Secondary (0-12)	College (1-4o	r 5+)	life. L	DO NOT	use retired)	vorking			
V	ed with rgiene. ar than	ő		2 YEARS		H	JUSE	WIFE		OWN	HOM	E
Maryland	2 should be filed end Mentel Hygi is marked other aumatic event, is	Be	17. Father's Name (First, Middle, Las	*					lame (First, Middle			
y	should be and Mentel and Mentel of marked of umatic even	<sup>o</sup> L	CHARLES ELLW	OOD STO	CKHA	M		REBE	CCA YA	TES W	ILKI	NSON
O	d 2 should th end Mer 7 is marke traumatic		19a. Informent's Name/Relationship				_	s (Street and Number or				,
			SALLY KEY F	ISHER (D	AUGH	.) 290	)1 B	OSTON STR	EET, BAI	TIMORE	,MD.	,21224
5	Peges 1 end nent of Heelth nt: If Itam 27 iry or other tr		20a. Method of Disposition  XXBurial 2 Cremetion 3   4 Donetion 5 Other (Spec		Α (	Place of Dispo cemetery, cren EEN MO	netory or		7-24-9	20c. Location		
	permit. Pege Department of Important: If any injury or once.		21. Signature of Funeral Service Lice	ensee		22	. Name e	nd Address of Fecility ENRY W.JE	NKINS A	ND SON	s cor	MPANY
			23a. Pert1. Entar tha diseese, or cor	mallostions that source	ad the deet			YORK ROAD			RYLAI	ND,21212 Approximete
	Physician /Medical Examiner		shock, or heart failure. List only Immediate Ceuse (Final disease or condition resulting in death)	e. SUPR	ANUC	LEAR	PAL uence of)					Intervel Between Onset end Deeth  Z YEARS
	₽ ≅	ine.	_									
5	be execute cian and buriel-trans	al Examiner	Sequentially list conditions, if any, leading to immadiate ceuse. Enter Underlying Ceuse (Disease or Injury that initieted avents	C.	Due to (d	or es e consaq	uence of)	:			1	
Ox 001 00'	eath certificete be executed ettending physician and for use es the buriel-transit	/Medical	thet initieted avents resulting in deeth) Lest	d	Due to (o	r as e conseq	uance of):					
í :	deeth le etter ad for u	clar				-					1	
	0 0	Physician/	Pert II. Other significant conditions	contributing to death	but not res	ulting In the ur	derlying	ceuse given In Pert I.	23b. Did	tobacco uaa co	entributa to	the cause of death
	es that i igned by be dete		COLON CAN	NCER					10	Yes XX No	3 Prob	ably 4 Unknow
10000	s been s s should	Completed by								s en eutopsy ormed?	con	re autopsy findings ileble prior to npletion of causa eeth?
	0 - 0	E							1□	Yes XX No	10	Yes 2□ No
	certificate rector, pag	0	25. Was cese referred to medical					26 Place of I	Deeth (Check only			
	Physician: this certific ral director,	O B	exeminer? 1 ☐ Yes XXXNo	Hospital:	tient 2	ER/Outpatien	3 D	Othor	Home 5□Res		ner (Snecify	)
	g e	ation: T	27. Manner of Deeth  XXeturel 5 Pending 2 Accident Investigation	28e. Dete of In (Month, D		28b. Time of Injury		28c. Injury et Work?		how injury occur		,
5	- 5 th of	Certification:	3 Suicide 6 Could not l 4 Homicide determined	200. Place of II	njury - At h	ome, farm, stre	et, factor	y, office	28f. Location City or To	(Street and Numi own, State)	ber or Rural	Routa Number,
	within 24 hours To the Funeral ( completely filled	edical	29a. Certifier (Check only one) Certifying P 2 Medical Exa	hysician: To the bes minar: On the basis and menners	of exemine	wledge, death tion end/or Inv	cccurred estigation	et the time, dete end ple n, in my opinion, deeth oc	ce, end due to the curred et the time	ceuse(s) end me , date and plece,	enner es ste end due to	eted. the ceuse(s)
4	withir To th comp	M	29b. Signeture and title of certifier	1 11	1		6 29	c. License number		29d. Deta signe	ed (Month, E	Dey, Year)
	1		Theater	2 11	long	, M		D 32882		JULY	21,1	1997
			30. Name and address of person who	completed cause of	deeth (Iten	1 23a) (Tvne I	Print)					
4	MV											
			KOREKI L. MOS	M 11	114	DITCT	IPCC	CENTER D	DITTE	*		

DHMH 16 Ray 6/95

Registrar

THE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene / Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month ROSINSKY JULY 20, 1997 11:00AM 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth BALTIMORE if Under 24 Hrs. 8 135 SLADE AVE. HURWITZ HOUSE 21208 8. Dete of Birth (Month, Day, Year) SEPT. 19, 1906 If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (Stete or Foreign Country) 1□M 20 F Deys 90 215-03-8949 RUSSIA Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits YYes 2□No MD N/A BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4003 LABYRINTH ROAD 21215 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Black, White, etc. 1 ☐ Yes 2 No If Yes, Give Yeer or Dates: Never Married 2 Married 1 ☐ Yes 2 → No Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 12 BUYER DEPARTMENT STORE 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) ROSINSKY 19a. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) BESSIE REZNICK / SISTER BALTIMORE, MD 21215
Date 20c. Location - City or Town, Stete 4003 LABYRINTH ROAD 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Burial 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) WORKMEN CIRCLE 7/21/97 BALTIMORE, MD 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility SOL LEVINSON & BROS., INC. 8900 Reisterstown Rd Pikesville, MD 21208 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failuge. List only one cause on each line. Approximete Intervel Between Onset end Deeth Immediate Ceuse (Final diseese or condition resulting in death) ong Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Lest Due to (or es a consequence of): Pert II. Other eignificent condifione contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? hypothyroidism, 1 Yes No No 3 Probably 4 Unknown 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24a. Wes en eutopsy performed? al No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DQA 28c. Injury et Work? 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred Netural 5 Pending investigation

**Physician** /Medical Examiner

**Physician** 

Examiner

**Funeral** 

Director

28a-f show

6 Items 23a

6

"natural",

Director

Funeral

þ

Completed

traumatic event, the Mexical Examiner must be notified at

the Marylend

filed within 72 hours efter

d 2 should be filed within 7 th end Mentel Hygiene.
7 is marked other than "r

nt of Health e

permit. Peges 1
Department of H
Important: If itel
any injury or oth

Baltimore, Maryland 21215-0020

/Medical

-transit the

Physician/Medical Examiner

þ

Be Completed

۴

Medical Certification:

2 Accident

3 ☐ Suicide

29a. Certifier (Check only one)

4 Homicide

thet the death certificate be executed ettending physician for use es the burie P.O. Box 68760, 3 signed b Records, been si certificate Division of Vital spital or Attending Physician: this After death. i Director: A efter Funerai Pours

State Registrar 31. Dete filed (Month, Day, Yeer) JUL 2 3 1997

Deborah Morris

29b. Signature end title of certifier

6 Could not be determined



28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify)

29c. License number

1 ☐ Yes 2 ☐ No

Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end place, end due to the ceuse(s) end menner stated. 29d. Date signed (Month, Dey, Yeer)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

Owings Mills MO

and about he states to

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible, 2 2 2 6 3 Certificate of Death 1. Decedant's Nama (First, Middle Last) 2. Date of Deeth Lillian :45pm 4a. Facility Nama (If not institution, giva street and number 4b. City, Town, or Location of Death 4c. County of Death Bultmore HUSPITA 01-Baltimore If Under 24 Hrs. If Undar 1 Yaar 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (State or Foraign Country) Days Hours 1□M 2♥F 71 214-20-2416 Usuai Residance of Dacedent Maryland 10b. County 10c. City, Town or Location 10d. Insida City Limits 1X Yes 2 □ No Sussex Millville 10e. Streat end Number 10f. Zip Coda 10g. Citizan of What Country? 754 Hickman Drive 19970 U.S.A. 12. Was Decedent Evar in U,S. Armed Forcas? Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indien, Black, Whita, atc. 1 ☐ Yas 2 X X 0 If Yas, Giva Yaar or Datas: 1 ☐ Yes 2XXNo Specify: 3 Widowed 4 Divorced White Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamentary/Secondary (0-12) College (1-4or 5+) 12 Housewife Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumame) Isadore Barshook Rose Cornblatt 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stete, Zip Coda) Mr Gilbert Rudo (Husband) 754 Hickman Drive, Millville, DE 19970 20b. Place of Disposition (Nama of camatary, cremetory or othar place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata t⊠Burial 2 □ Cramation 3 □ Ramoval from Stata 4 □ Donetion 5 □ Othar (Spacify) Hebrew Friendship 7/21/97 Baltimore, MD 22. Nama and Addrass of Facility
Sol Levinson & Bros 21. Signatura of Eunaral San Licensaa 8900 Reisterstown Rd, Pikesville, MD 21208 23a. Part1. Entar tha disaasa, or complications that causad tha daath. Do not entar tha moda of dylng, such es cardiac or respiratory arrast, shock, or haart failure. List only ona causa on each lina. Approximata Intervel Batw COLON CANCER Immediate Ceuse (Final disaasa or condition rasulting in death) Sequentially list conditions, if any, laeding to immadiata causa. Entar Underlying Ceuse (Disease or injury that initiated avents rasulting in daath) Last Dua to (or as a consaquance of): Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? No 1 Yes 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? 1 Yas 2 PNo 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 ☐ ER/Outpetient 3 ☐ DOA 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 5 Pending 1 ☐ Yas 2 ☐ No investigation 6 Could not ba 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Spacify) 28f. Location (Streat and Number or Rural Route Number, City or Town, State) 4 Homicide

Examiner attending physician and for use as the burial-transit Records, P.O. Box 68760, been signed by the a should be detached certificate has Division of Vital

Attanding Physician:

bractor: Aft

A H

**Physician** /Medical

> Examiner Physician/Medical by Completed in by the funeral

**Physician** 

/Medical

Examiner

10a. Stata

Director

by

Completed

**Funeral** 

Director

show

7 is marked other than "natural", or items 23s or 28s-f shor traumetic event, the Med cel Exertiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene.
Important: If Itam 27 is merked other than "natural", or han any injury or other trainment.

Baltimore, Maryland 21215-0020

death with the Maryland

25. Was casa rafarred to madical axaminar? 1 Yas

27. Manner of De Vatural 2 Accidant 3 Suicida

Cartifying Physician: To the best of my knowladge, death occurred et the tima, data and piace, and due to tha causa(s) and menner es steted.

2 Madical Examinar: On the basis of axamination end/or investigetion, in my opinion, death occurred et the tima, deta and piece, and dua to the cause(s) and mannar stated.

29b. Signatura end title of certifier

29a. Certifier

Medical

SURGERY OPFICER 29c. Licansa numbar

29d. Data signed (Month, Day, Yaar)

30. Nama and address of person who completed cause of Hospital. 0+

31. Deta filed (Month, Dey, Year)

JUL 2 3 1997

Registrar

### Please Type or Print in Black Indeiible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 7 2226 L

						Certificate of		Re	g. No.	2204
	Physic	ian	Decedent's Name (First, Middle, Landson Company)		_			2. Date of Death Month	Day Yeer	3. Time of Death
	/Medi		FRANCES	В.	R	OSENBLATT		JULY 1		4 AM
	Exami	ner	4a. Facility Name (If not institution, give				4b. City, Town, or I		4c. County of Deat	h
			JEWISH CONVALESO			hday) If Under 1 Ye		IMORE	BALTI	
۱	Funeral Director	ľ	111-10-4193	Sex 7. Ag 1 □ M 2 □ F	e (In yrs. lest birt 95	Months Day		8. Date of Birth (Month, Day, FEB. 14		hplace (State or Foreign untry) USSIA
	land		Usual Residence of Decedent  10a. State 10b. County		10c. City, Town	or Location				10d. Inside City Limits
	a-fish	tor	MARYLAND N/A			BALT	TIMORE			1 Ves 2 No
	15 th	le le	10e. Street and Number			10f. Zip Code	9	10	g. Citizen of What Co	untry?
	23a c	a C	7015 PARK HEIGHT	S AVE.			21215		USA	
20	72 hours after death with the Maryland neturel; or items 23a or 28a-f show dical Examiner must be netified at	by Funeral Director	11. Marital Status  1 Never Married 2 Married	12. Was Decedent Armed Forces? 1  Yes 2  If Yes, Give		13. Was Decedent of If Yes, specify C	of Hispanic Origin? (Suban, Mexican, Puerto	pecify Yes or No- o Rican, etc.)	14. Race - Ame Bleck, White Specify:	e, etc.
00	hour urel	D D	3 XWidowed 4 □ Divorced	Year or Dates:					WI	HITE
21215-0020	within ena. then "	Completed	15. Decedent's E (Specify only highest gra Elementary/Secondery (0-12)	ducation ade completed) College (1-4or 5	+)	Decedent's Usuel Oct (Give kind of work dot life. DO NOT use ret BROKER	cupation ne during most of work ired)	king	6b. Kind of Business/	
	Hygi Hygi ont, I		17. Father's Name (First, Middle, Last	)	1	Ditortart	18. Mother's Nen	ne (First, Middle, M		
Maryland	should be and Mental americave	To Be	MORRIS AARON	HA	NTMAN		RO	SE LE	EAH BLU	UMSTEIN
a	and land is me		19e. Informant's Name/Relationship (	Type, Print)	19b.	Mailing Address (Stre	eet and Number or Ru	ral Route Number,	City or Town, State, 2	Tip Code)
	1 and 2 Health em 27 i		MR. MATTHEW A. I	ROSENBLATT				ANDALLSTO	WN, MD 21:	133
Baltimore,	permit. Pages 1 and Department of Health Important: If item 27 any injury or other tr once.		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐			Disposition (Name of y, crematory or other p	olece)		Oc. Location - City or	
=	permit. Page Department of Important: If any injury or once.		4 ☐ Donation 5 ☐ Other (Special 21. Signature of Funeral Service Lice)		A CELLE	22. Name end Ad		17-97 EME	RSON, NEW	JERSEY
ñ	Depariment Important			Jays tel	man	SOL LEVIN	ISON & BROS		ville, MD	03.000
	Physician /Medical Examiner	ner	23a. Part1. Enter the disease, or com shock, or heart failure. List only Immediate Cause (Final disease or condition resulting in deeth)	a. MYC	Due to (or as a c	Dim .	/	Tow		Interval Between Onset and Death  MMSON ATE
o'	tificate be axecuted g physician and as the burial-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury thet initiated events	b	Due to (or as a c	onsequence of):				
Box 68760,		n/Medical	Cause (Disease or injury thet Initiated events resulting in death) Last	d	Due to (or es e c	onsequence of):				
ä	death cert e attendin ed for use	cia	Part II. Other significant conditions of	ontributing to death by	it not requiting in	the underhine source	alvan in Bast i	22b Did tot	and an use contribute	to the cause of death?
, P.O	requiras that the de been signed by the a hould be datached to	by Physician/	Tark. Ottos argimostic doriumora	ontributing to death bu	at not resulting in	ine undertying cause	given in Penti.			robably 4 Obnknown
Records,	aw 2 s	Completed I						24a. Was an perform	ed?	Were autopsy findings available prior to completion of cause of death?
E	The law ate has b page 2 si	no.						1 □ Yes	s 2 DHO	1 ☐ Yes 2 ☐ No
Vital	certificate	Be (	25. Was case referred to medical exeminer?				26. Plece of Dea	th (Check only one	)	
of V	d is	၉	1 Yes 2 No	Hospital: 1 ☐ Inpatie	nt 2□ER/Out	patient 3 DOA	Other: 4 Dearsing H	ome 5 Resider	nce 6 Other (Spec	cify)
o uc	and the		27. Manner of Death 1 Death 5 ☐ Pending	28a. Date of Injur (Month, Day		ijury V		28d. Describe how	w Injury occurred	
Division	Attender death	Certification:	2 Accident investigatio 3 Suicide 6 Could not b 4 Homlolde determined	e One Place of Inju	iry - At home, far (Specify)	m, street, factory, office	Yes 2 No	28f. Location (Str. City or Town,	eet and Number or Ru State)	rel Route Number,
-	There alor	Medical C	29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Exar	ysicien: To the best on niner: On the basis of and manner sta	examination and	death occurred at the Vor Investigation, In m	time, date and plece y opinion, deeth occur	, and due to the ca rred at the time, de	use(s) and manner as te end place, and due	stated. to the cause(s)
J		W	29b. Signature and the of certifier	1 -	10 1	29c. Lice	ense number	29	d. Date signed (Month	h, Day, Year)
_	20		30. Name and address of person who	completed cause of de	eath (Item 23e) (	Type, Print)	11140	1	60	-/-
			1m Sws	ina,	my	6210	PK. Ht	5. BM	BAT	MI) NINS
	Sta	ite	31. Date filed (Month, Day, Year)	32. Podistra	r's Signature	2			/	

water and the property

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Segible 2 2 2 6 5

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dey **Physician** Month JULY 20, 1997 5:08AM CLARA S. RICHARDSON /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 4605 HOMER AVENUE BALTIMORE If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year)
JULY 21, 1928 5. Social Security Number 7. Age (in yrs. last birthdey) 9. Birthplace (Stete or Foreign **Funeral** 1□M 2OXF Director Yrs. 68 VIRGINIA 227-32-5595 Usuei Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f ahov other traumstic event, the Madical Examiner must be notified at Y☐ Yes 2☐ No Director MARYLAND N/A BALTIMORE CITY 10e. Street end Number 10f. ZIp Code 10g. Citizen of What Country? 4605 HOMER AVE. 21215 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. pemit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene in Internation 1 filem 27 is marked other than "natural", or filer any Injury or other traumatic event, the Medical Examination. 1 Yes 2 No If Yes, Give Yeer or Dates: 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: **NEGRO** 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12TH **CLERK** SOCIAL SECURITY N/A 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be SILAS STOKES LUCY JOHNSON 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) ROBERT RICHARDSON - HUSBAND 4605 HOMER AVE. BALTIMORE, MD. 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) OWINGS MILLS, GARRISON FOREST VET. CEM. JULY 24,1997 **MARYLAND** 21. Standard of Funeral Service Liberal 22. Neme end Address of Fecility CALVIN B. SCRUGGS FUNERAL HOME 1412 E. PRESTON STREET BALTO, MD. 21213 23a. Pert1. Enter the disease, or complications that causes the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Deeth **Physician** Inforction /Medicai tmmediate Ceuse (Finel disease or condition resulting in deeth) Examiner therosclerosi attending physician and for use as the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest perlipidem Box 68760. Physician/Medical Methidus Type II Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 No 3 | Probably 4 | Unknown Rheumatois þ 24a. Wes en autopsy performed? 24b. Were eutopsy findings eveilable prior to completion of cause of death? Completed Deed 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital I or Attanding Physician: after death.

Director: After this certifica 25. Wes case referred to medical 28. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 □Other (Specity) 1 Yes 2 No 28a. Dete of injury (Month, Dey Year) 28c. Injury et Work? 27. Menner of Deeth 28d. Describe how Injury occurred 28b. Time of 5 Pending investigation 1 Neturei 1 Yes 2 No 2 D Accident 3 ☐ Suicide 6 Could not be determined 28e. Piece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) in by 4 - Homicide within 24 hours aft To the Funeral Dis completely filled in Scartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end menner as steted. 29e. Certifier Medical completely (Check only one) On the basis of exemination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signature and title of confider 29c. License number 29d. Dete signed (Month, Dey, Year) 7/21/97 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) WALEN MD 1836 Greene Dree Rd Ste 300 Pikesville Mingkind 21208 31. Dete filed (Month, Day, Yeer)
JUL 2 3 1997 32 Regionar's Signeture Tuna Jackdson-Handall State

Registrar

Eigen of the graph of the second of the seco Miles galler in men i gren greg filler still segt for florid in a "Floridat Megaller of subspecies of a Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygien 2 2 2 6 6

Physician   Modical   Examiner   Ida   Silverthorn   Day   Year   Day   One   County   Day   One   Day   Year   One   Day   Year   One   Day   Year   One						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			of Death	a montar rry	Reg. No.		
Total State   State		<b>D</b> I		1. Decedent's Nama (First, Mic	ddle, Last)							Vans	3. Time of Death
## Featily New Medical Center / 1.00 pt / 1.00				Ida	Eliz	abeth		Silve	erthorn	Nonia	19,199	Teer	DW
St. Joseph Medical Center    St. Joseph Medical Center   St. St. Joseph Medical Center   St. St. Joseph Medical Center   St. St. Joseph Medical Center   St. St. Joseph Medical Center   St. St. Joseph Medical Center   St. St. Joseph Medical Center   St. St. Joseph Medical Center   St. St. Joseph Medical Center   St. St. Joseph Medical Center   St. St. Joseph Medical Center   St. St. Joseph Medical Center   St. St. Joseph Medical Center   St. St. Joseph Medical Center   St. J				4a. Fecility Neme (If not institut	tion, give street end num	ber)			4b. City, Town,	or Location of Death	4c. County	of Deeth	
Social Security Number   0.5 Mr   17.0 mg /	1			St. Joseph Me	edical Cente	er			Towson	/	Balt	imore	
Usual Precisions of Discosors   100 Control   100 Contro		Funeral					ast birthday)			Hrs. 8. Date of Birt	h .	9. Birthpl	laca (Steta or Foreig
Usual Precisions of Discosors   100 Control   100 Contro	П			219-16-9373	1□M 2录F	72	Yrs.	Months E	Deys Hours N	Win. (Month, Da	1924	Mar	Vland
Elementary/Secondary (0-12) College (1-4of 54)    Receptionist Constuction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Indiana   Construction   Receptionist   Indiana   Construction   Receptionist   Indiana   Indi				Usuel Residence of Decedent									
Elementary/Secondary (0-12) College (1-4of 54)    Receptionist Constuction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Indiana   Construction   Receptionist   Indiana   Construction   Receptionist   Indiana   Indi	1	M M	١	10a. Steta 10b. Cour	nty	10c. City	, Town or Lo	cation				10	0d. Inside City Limit
Elementary/Secondary (0-12) College (1-4of 54)    Receptionist Constuction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Indiana   Construction   Receptionist   Indiana   Construction   Receptionist   Indiana   Indi	-	T T	ţ	MD N/	/A	Bal	timore	:					1 Nas 2 Nas 2 Nas
Elementary/Secondary (0-12) College (1-4of 54)    Receptionist Constuction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Indiana   Construction   Receptionist   Indiana   Construction   Receptionist   Indiana   Indi	4	288	9	10e. Street and Number		1		10f. Zip Co	ode		10a. Citizen of V	Vhat Coun	try?
Elementary/Secondary (0-12) College (1-4of 54)    Receptionist Constuction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Indiana   Construction   Receptionist   Indiana   Construction   Receptionist   Indiana   Indi		2 4		6225 York Rd	a.			21	212				.,.
Elementary/Secondary (0-12) College (1-4of 54)    Receptionist Constuction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Indiana   Construction   Receptionist   Indiana   Construction   Receptionist   Indiana   Indi	4	22	era	11 Madtal Status	12 Was Decar	lent Ever in I.I.S	S 13 V	Nee Deceden	t of Hispanic Origin	2 (Specify Vac or No	14 Bac	a - Amorio	an Indian
Elementary/Secondary (0-12) College (1-4of 54)    Receptionist Constuction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Indiana   Construction   Receptionist   Indiana   Construction   Receptionist   Indiana   Indi	_	Hen	5		Armed Ford	as?	J. 10. 4	Yes, specify	Cuban, Maxican, P	uerto Rican, etc.)	Blec		
Elementary/Secondary (0-12) College (1-4of 54)    Receptionist Constuction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Indiana   Construction   Receptionist   Indiana   Construction   Receptionist   Indiana   Indi	2	0	×		If Yas, Giva		1	I□Yas 2⊠	No Specify:		Specify	: Whi	+0
Elementary/Secondary (0-12) College (1-4of 54)    Receptionist Constuction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Construction   Receptionist   Indiana   Construction   Receptionist   Indiana   Construction   Receptionist   Indiana   Indi	3	n n			100.0.00	es:							
1.   Mother's Name First, Micking, Lest)   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest	0 8		ete	15. Deced (Specify only high	ent's Education hest grade completed)		16a. Daced	lent's Usuel C kind of work o	occupetion done during most of	working	16b. Kind of Bu	siness/Ind	ustry
1.   Mother's Name First, Micking, Lest)   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest   1.   Mother's Name First, Micking, Lest	7	9 5	E G		College (1-4	4or 5+)					Const	antic	
The part of the pa		rt to to	ပိ				кесер	tionis					711
The part of the pa		Tal H	Be	And the second s	la, Last)						Meiden Sumem	,	
23a. Part   Enter the disease. In compleations the caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interest referred Between Onset and Death   Immediate Cause (Fine)	X 20	Men	2	Charles		Ru	ssell		Editi	1		Ban	inister
23a. Part   Enter the disease. In compleations the caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interest referred Between Onset and Death   Immediate Cause (Fine)	ar	and and		19e. tnforment's Name/Reletio	inship (Type, Print)		19b. Meilin	g Address (S	Street end Number o	r Rural Route Numbe	r, City or Town,	Stete, Zip	Code)
23a. Part   Enter the disease. In compleations the caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interest referred Between Onset and Death   Immediate Cause (Fine)	2	alth alth		Bruce Russell,	/Brother		314 F	arkwoo	od St. Bet	thany Beac	h,DE. 1	9930	
23a. Part   Enter the disease. In compleations the caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interest referred Between Onset and Death   Immediate Cause (Fine)	e e	E E			_		ece of Dispos	sition (Neme	of or place)	Dete	20c. Location -	City or To	wn, Stete
23a. Part   Enter the disease. In compleations the caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interest referred Between Onset and Death   Immediate Cause (Fine)		y or		1 ☐ Burial 2 ☐ Cremation	n 3 ☐Removel from St (Specify)	eta				7-22-97	Towson	.MD	
23a. Part   Enter the disease. In compleations the caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interest referred Between Onset and Death   Immediate Cause (Fine)		The state of				1111	-			1 22 31	10W3011	, FID.	
Physician // Commendation in the cause of the death. Do not enter the mode of dying, such as cardiac or respiratory errest, infance Between Orisis and Charles Earth (Check Control Commendation of Charles). The cause of seath of the cause o	0	De la la la la la la la la la la la la la		UX	1 10		-	Ruck 1	Towson Fur	neral Home	, Inc.		
Physician immediate Cause (Final desease or condition resulting in deeth)  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause (Final desease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause (Final desease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause (Final desease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause (Final desease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause (Final desease or condition resulting in deeth)  Due to (or as a consequence of):  Part II (Other significant contributing to deeth but not resulting in the underlying cause given in Pert I.				1	1 13	-							
The minimidal cause (Fine) and the part of the cause of t	, p	hveician		shock, or heert feilure. Li	ist only one cause on eed	ch line.	. Do not ente	ar the mode o	or dying, such es car	diac or respiretory er	rest,		Intarval Between Onsat and Death
Secuentially list conditions:    Secuentially list conditions:   Secuential list conditions:   Secuential list conditions:   Secuential list conditions:   Sec				Immediete Cause (Finel		- 10	5		0	., 1		1	
Secuentially list conditions:    Secuentially list conditions:   Secuential list conditions:   Secuential list conditions:   Secuential list conditions:   Sec	E	xaminer		resulting in deeth)	e. LYV	900	ver	0096	-10	411-00	Om 2 di	1	
Per II. Other significant-conditions contributing to death but not resulting in the underlying cause given in Pert I.    Pert II. Other significant-conditions contributing to death but not resulting in the underlying cause given in Pert I.    Pert II. Other significant-conditions contributing to death but not resulting in the underlying cause given in Pert I.    Pert II. Other significant-conditions contributing to death but not resulting in the underlying cause given in Pert I.    Pert II. Other significant-conditions contribute to the cause of death of the cause o			e			Due to (or	es e conseq	uence of):	1	Haldo	1 an	d	-
Per II. Other significant-conditions contributing to death but not resulting in the underlying cause given in Pert I.    Pert II. Other significant-conditions contributing to death but not resulting in the underlying cause given in Pert I.    Pert II. Other significant-conditions contributing to death but not resulting in the underlying cause given in Pert I.    Pert II. Other significant-conditions contributing to death but not resulting in the underlying cause given in Pert I.    Pert II. Other significant-conditions contribute to the cause of death of the cause o	3	usit us	F		Ø b.				CER	regar!	nedo	end	ande
Per II. Other significant-conditions contributing to death but not resulting in the underlying cause given in Pert I.    Pert II. Other significant-conditions contributing to death but not resulting in the underlying cause given in Pert I.    Pert II. Other significant-conditions contributing to death but not resulting in the underlying cause given in Pert I.    Pert II. Other significant-conditions contributing to death but not resulting in the underlying cause given in Pert I.    Pert II. Other significant-conditions contribute to the cause of death of the cause o	g Mary	end el-tra	xal	Sequentially list conditions, if eny, leeding to immediate		Due to (or	as a conseq	uence of):	0	perlen	ein	X	
Per II. Other significant-conditions contributing to death but not resulting in the underlying cause given in Pert I.    Pert II. Other significant-conditions contributing to death but not resulting in the underlying cause given in Pert I.    Pert II. Other significant-conditions contributing to death but not resulting in the underlying cause given in Pert I.    Pert II. Other significant-conditions contributing to death but not resulting in the underlying cause given in Pert I.    Pert II. Other significant-conditions contribute to the cause of death of the cause o		Cler	ie i	Cause (Diseese or Injury	<b>4</b>				C	, ,		1	
Per II. Other significant-conditions contributing to death but not resulting in the underlying cause given in Pert I.    Pert II. Other significant-conditions contributing to death but not resulting in the underlying cause given in Pert I.    Pert II. Other significant-conditions contributing to death but not resulting in the underlying cause given in Pert I.    Pert II. Other significant-conditions contributing to death but not resulting in the underlying cause given in Pert I.    Pert II. Other significant-conditions contribute to the cause of death of the cause o	0	the	dic	thet initiated events	1	Due to (or	as a consequ	uence of):					
25. Wes case referred to medical examiner?  26. Plece of Deeth (Check only one)  27. Menner of Deeth 1   Deeth   Septiment   S	A C	0 e	Me									- 1	
25. Wes case referred to medical examiner?  26. Plece of Deeth (Check only one)  27. Menner of Deeth 1   Deeth   Septiment   S	0 5	or us	an		A3-01885-								
25. Wes case referred to medical examiner?  26. Plece of Deeth (Check only one)  27. Menner of Deeth 1   Deeth   Septiment   S	. 9	ed f	sic	Pert II. Other significant condi	tions contributing to deat	th but not resul	iting in the un	ndarlying caus	se given in Pert I.	23b. Did t	obacco use con	tribute to	the cause of death
25. Wes case referred to medical examiner?  26. Plece of Deeth (Check only one)  27. Menner of Deeth 1   Deeth   Septiment   S	, i	at by	Ph	( de des Ho	a de a las	TII/		11 -	1 Ro	. 5/ 101	ree 2□ No	3 Prob	ebly 4 Unknow
25. Wes case referred to medical examiner?  26. Plece of Deeth (Check only one)  27. Menner of Deeth 1   Deeth   Septiment   S	, י	b ed		Sax cito vie	> 10172 1074	19110	The !	TCIL	won	2/			
25. Wes case referred to medical examiner?  26. Plece of Deeth (Check only one)  27. Menner of Deeth 1   Deeth   Septiment   S		is us	8	Fail	Dtal	/	/	1 -		24e. Wes	en eutopsy	24b. We	re eutopsy findings
25. Wes case referred to medical examiner?  26. Plece of Deeth (Check only one)  27. Menner of Deeth 1   Deeth   Septiment   S		sho be	Siet	1 aunie	- KUNDO	LOMY	0/4	SXS		репо	medi	con	npletion of cause
25. Wes case referred to medical examiner?    Company   Property	D 6	96 2	E								/		
27. Menner of Deeth 1 Neturel 2 Applient 3 Describe how Injury occurred 1 Neturel 2 Applient 3 Describe how Injury occurred 1 Neturel 2 Applient 3 Describe how Injury occurred 1 Neturel 2 Applient 3 Describe how Injury occurred 1 Neturel 2 Applient 3 Describe how Injury occurred 1 Neturel 2 Applient 3 Describe how Injury occurred 1 Neturel 2 Applient 3 Describe how Injury occurred 1 Neturel 2 Applient 3 Describe how Injury occurred 1 Neturel 2 Applient 3 Describe how Injury occurred 1 Neturel 2 Applient 3 Describe how Injury occurred 1 Neturel 2 Applient 3 Describe how Injury occurred 1 Neturel 2 Describ		, pag								101	es 2LTNo	1L	JYes 2∐No
27. Menner of Deeth 1 Neturel 2 Applient 3 Describe how Injury occurred 1 Neturel 2 Applient 3 Describe how Injury occurred 1 Neturel 2 Applient 3 Describe how Injury occurred 1 Neturel 2 Applient 3 Describe how Injury occurred 1 Neturel 2 Applient 3 Describe how Injury occurred 1 Neturel 2 Applient 3 Describe how Injury occurred 1 Neturel 2 Applient 3 Describe how Injury occurred 1 Neturel 2 Applient 3 Describe how Injury occurred 1 Neturel 2 Applient 3 Describe how Injury occurred 1 Neturel 2 Applient 3 Describe how Injury occurred 1 Neturel 2 Applient 3 Describe how Injury occurred 1 Neturel 2 Describ	н	ecto.	B	examiner?	Hospital					Deeth (Check only o	ne)		
30. Name and eddresspot person who completed cause of deeth (Item 23e) (Type, Print)  Advices From Completed cause of deeth (Item 23e) (Type, Print)  No vices From Completed cause of deeth (Item 23e) (Type, Print)  No vices From Completed cause of deeth (Item 23e) (Type, Print)  State  31. Date filled (Month, Day, Year)  32. Hegistrar's Signature	5 3	a ib			1 LEATING				4 1 NUISI				)
30. Name and eddresspot person who completed cause of deeth (Item 23e) (Type, Print)  Advices From Completed cause of deeth (Item 23e) (Type, Print)  No vices From Completed cause of deeth (Item 23e) (Type, Print)  No vices From Completed cause of deeth (Item 23e) (Type, Print)  State  31. Date filled (Month, Day, Year)  32. Hegistrar's Signature	- 0	and and	0		ding 28e. Dete of (Month)	Per Year)	Injury			28d. Describe h	ow Injury occurr	ed	
30. Name and eddresspot person who completed cause of deeth (Item 23e) (Type, Print)  Advices From Completed cause of deeth (Item 23e) (Type, Print)  No vices From Completed cause of deeth (Item 23e) (Type, Print)  No vices From Completed cause of deeth (Item 23e) (Type, Print)  State  31. Date filled (Month, Day, Year)  32. Hegistrar's Signature	o loue	or: A	Sati	Z LI AGNIGOTIL		6/97	3:00	P <sup>M</sup>	1 Yes 2 No	OVE	1 Nas.	e	
30. Name and eddresspot person who completed cause of deeth (Item 23e) (Type, Print)  Advices From Completed cause of deeth (Item 23e) (Type, Print)  No vices From Completed cause of deeth (Item 23e) (Type, Print)  No vices From Completed cause of deeth (Item 23e) (Type, Print)  State  31. Date filled (Month, Day, Year)  32. Hegistrar's Signature	A	er d	tiff		mined 28e Place of	f Injury - At hon	ne, farm, stre	et, fectory, of	ffice	28f. Location (S	treet end Numbern. Stete)	er or Rurai	Route Number,
30. Name and eddresspot person who completed cause of deeth (Item 23e) (Type, Print)  Advices From Completed cause of deeth (Item 23e) (Type, Print)  No vices From Completed cause of deeth (Item 23e) (Type, Print)  No vices From Completed cause of deeth (Item 23e) (Type, Print)  State  31. Date filled (Month, Day, Year)  32. Hegistrar's Signature	5 0	e de la la la la la la la la la la la la la	Cer			AT	~//	ne		622	T10. 1	1 0	~1
30. Name and eddresspot person who completed cause of deeth (Item 23e) (Type, Print)  Advices From Completed cause of deeth (Item 23e) (Type, Print)  No vices From Completed cause of deeth (Item 23e) (Type, Print)  No vices From Completed cause of deeth (Item 23e) (Type, Print)  State  31. Date filled (Month, Day, Year)  32. Hegistrar's Signature	hose	hour Ineri			ring Phyelcian: To the be	est of my know	ledge, deeth	occurred et t	he time, dete end pi	ece, and due to the	euse(s) end ma	nner es st	eted.
30. Name and eddresspot person who completed cause of deeth (Item 23e) (Type, Print)  Advices From Completed cause of deeth (Item 23e) (Type, Print)  No vices From Completed cause of deeth (Item 23e) (Type, Print)  No vices From Completed cause of deeth (Item 23e) (Type, Print)  State  31. Date filled (Month, Day, Year)  32. Hegistrar's Signature	e H	n 24 Ne Fu	듗	(Check only 2 Medica	at Examiner: On the basi	is of examinetic	on end/or inv	estigetion, in	my opinion, deeth o	ccurred et the time, o	dete and place, a	ind due to	tha cause(s)
30. Name and eddresspot person who completed cause of deeth (Item 23e) (Type, Print)  Advices From Completed cause of deeth (Item 23e) (Type, Print)  No vices From Completed cause of deeth (Item 23e) (Type, Print)  No vices From Completed cause of deeth (Item 23e) (Type, Print)  State  31. Date filled (Month, Day, Year)  32. Hegistrar's Signature	o	omp.	ž	29b. Signatura and title of certif	liar	_	1	29c. Li	icense number	[13	19d. Dila signed	(Month, L	Dey, Year)
State 31. Date filed (Month, Day, Year) 33. Hegistrar's Signature	_	> - 0		la lea	BIAD		12	16	1000	7 P	1.1.	7 A	1007
State 31. Date filed (Month, Day, Year) 33. Hegistrar's Signature	•			renais	10/	MAR	LIM	00	0108-	>	reary	10,	177/
State				Su. Name and eddress of perso	n who completed cause	of deeth (Item :	23e) (Type, F	rint)	1. 12	41 16 NI	BAIT	sile	1 P/
State				L/101/25/	CILON	ye///	11)-	11184	DM/el	41111	Mar	y son	7/20197
					14.	istrar's Signatu	70.	MD					

De , /

Physici						tificate (	J, D	Calli			Reg. No.		
	an	1. Decedent's Name (First, Middl								2. Date of De	ath Day	Year	3. Time of Deatl
/Medic		John Evans	Schofiel	d						July		1997	02:30PM
Examir	- 11	4a. Facility Name (If not institution	n, give street and nu	imber)			4b	. City, To	wn, or Lo	cation of Deat	4c. Coun	y of Death	
		VA Maryland He	alth Care	System				erry			Cec	il	
Funeral		5. Social Security Number	6. Sex 1 X M 2 ☐ F	7. Age (In yrs. la		If Under 1 Y Months Da		If Under Hours	24 Hrs. Min.	8. Date of Bir (Month, De July	th y, Year)	9. Birth	place (State or Fore
Director 		218-14-8234		74	Yrs.					July 4	1,1923	Mar	yland
ž		Usual Residence of Dacedent  10a. State 10b. County		10c. City,	Town or Loc	cation							10d. Inside City Lim
Show	ō	Maryland Balt	imore			Baltim	ore						1 □ Yes 2)
28a-f sh	rec	10e. Street and Number			<u></u>	10f. Zlp Cod					10g. Citizen of	What Co.	intry?
23a or	Ö	12 Neves Cour	t				212	34			u.s		
ins 23a or 28a-f show	Funeral Director	11. Maritel Status		edent Ever in U.S.	13. V				nin? (Spe	ecify Yes or No			icen Indian,
or Iter	F	1 ☐ Never Married 2 ☐ Man	ied Armed Fo	2 No					Puerto	ecify Yes or No Ricen, etc.)		ck, White	, etc.
	by	3 ☐ Widowed 4 ₺ Divorced	If Yes, Gi Year or D	ve Dates: WW II	1	☐ Yes 2【X	No	Specify:			Speci	ts: Whi	te
natural', Idical Ex	Completed	15. Deceden	t's Educetion		16a. Deced	ent's Usual O	cupat	lon			16b. Kind of I	Business/Ir	ndustry
	ple	(Specify only higher Elementary/Secondery (0-12)	College (			kind of work do OO NOT use re				ng			
	50		2		Elect	trical	Eng	inee	r		u.s. G	overn	ment
end Mental Hygiene. Is marked other than ' aumatic event, the Ma	Be	17. Father's Name (First, Middle,		,			1				Maiden Sume	me)	
and Mental is marked of aumatic ev	<sup>2</sup>	Elliott Flint		a				EL	len	Gat	in .		
		19a. Informant's Neme/Relations		1.4.1		-					er, City or Town		p Code)
Health em 27 i		Robbin S. Eng	car (aaug						acii	more, I			
net of Heali nt: if item 2 iry or other		20a. Method of Disposition 1 □ Burial 2 ☒ Cremation	3 ☐Removal from	State 200. Pla	netery, crem	sition (Name on natory or other	place,	)		Date	20c. Location	-	
tant: jury		4 Donation 5 Other (S		GA	zen mo	ount Cr	.ema	иолу	1	/24/9/	baccom	ore,	Maryland
Department of Health important: If Item 27 eny injury or other to once.		21. Signature of Funeral Service	Licensee		22.	Name and A	dress	of Fecilit	y vota	P Hama	s Tuo		
0.2 0 0		Marts O	Car			9705	Bel	air	Rd.,	Baltu	s, Inc. nore, M	D 21	236
		23a. Part1. Enter the disease, or shock, or heart failure. List	complications that only one cause on	caused the death.	Do not ente								Approximete Interval Between
ysician												i	Onset and Death
Medical caminer		Immediate Ceuse (Final disease or condition resulting In death)	a Carc	inoma of	palat	e						i	one year
	*	resulting in death)			is a consequ								1
2	Examine		b										
physician and	Exa	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that Initiated events		Due to (or e	s a consequ	uence of):							
8 7		ceuse. Enter Underlying	c	Distance (as a									
100	<b>*</b>	that Initiated events		Due to (or a	s a consequ	ience or):						1	
a phys	ě	that initiated events resulting in death) Last			_								
Dugu	in/Medical	Cause (Disease or Injury that Initiated events resulting In death) Last	d										
altending for use a	sician/Mec	resulting in death) Last	d.	eath but not result	na in the un	dertvina ceuse	aiven	in Pert I		23b. Did	tobacco use c	ontribute 1	o the cause of de
altending for use a	hysician/Mec	Cause (Disease of Injury that initiated events resulting in death) Last	d	eath but not result	ng in the un	dertying ceuse	given	n in Pert I					
altending for use a	Physician	resulting in death) Last	d	eath but not resulti	ng in the un	dertying ceuse	given	n in Pert I			tobacco use c Yee 2X No		
signed by the attending of he detected for mo.s.	by Physician	resulting in death) Last	d	eath but not resulti	ng in the un	dertying ceuse	given	n in Pert I		1 □	Yee 2 No	3 □ Pro	obably 4 Unkr
been signed by the attending	by Physician	resulting in death) Last	d	eath but not resulti	ng in the un	dertying ceuse	given	n in Pert I.		1 □	Yee 2X No	3 □ Pro	obably 4 Unkr
been signed by the attending	by Physician	resulting in death) Last	d	eath but not resulti	ng in the un	dertying ceuse	given	n in Pert I.		1 □	Yee 2 No en autopsy med?	3 Pro	debty 4 Unknown
been signed by the attending	Completed by Physicial	Part II. Other significant condition	d	eath but not resulti	ng in the un	derlying ceuse				1 D	en autopsymed?	3 Pro	Vere autopsy finding valleble prior to ompletion of cause death?
cerificate has been signed by the attending restor, page 2 should be described to sure a	by Physician	Part II. Other significant condition	Hospital		ng in the un			26. Place	of Death	24a. Was perto	en autopsymed?	3 Pro	Jere autopsy finding valleble prior to ompletion of cause death?
this certificate has been signed by the attending all directions on a direction of the contraction of the co	To Be Completed by Physicial	Part II. Other significant condition  25. Wes case referred to medical examiner?  1 Yes 2 No.	Hospital: 1 X	Inpatient 2□ EF	₹/Outpatient	3□ DOA	Other	26. Place	of Death	24a. Was perfo	en autopsyrmed?  Yes 2 No	3 Pro	Jobebly 4 Unkr Jere autopsy finding valiable prior to propletion of cause death?
Ans. This certificate has been signed by the attending function as therein distributes page 2 should be detached to since a	To Be Completed by Physicial	25. Wes case referred to medical examiner?  1 Yes 2 No  27. Manner of Death 1 Natural 5 Pendin investig	Hospital: 1 🔀 28a. Date (Monation	Inpatient 2□Ef	VOutpatient	3 DOA 28c. I	Other	26. Place	of Death	24a. Was perfo	en autopsy med?  Yes 2 No	3 Pro	Jere autopsy finding valleble prior to ompletion of cause death?
ar desth. etter: After this certificate has been signed by the attending by the funeral director, page 2 should be described to since a	To Be Completed by Physicial	25. Wes case referred to medical examiner?  1   Yes   2   No   No   No   No   No   No   No	Hospital: 1 X 28a. Detace (Monipation lot be lace) 28e. Place	Inpatient 2□Ef	R/Outpatient Bb. Tima of Injury	3□ DOA   28c. !	Othern	26. Place : 4□ Nu at	of Death	24a. Was perfo	en autopsymed?  Yes 2 No  No  No  No  No  No  No  No  No  No	3 Production of the state of th	Jere autopsy finding vaileble prior to ompletion of cause death?
alter death. Director: After this certificate has been signed by the attending I in by the funeral director, page 2 should be described to since a	Certification: To Be Completed by Physicial	25. Wes case referred to medical examiner?  1 Yes 2 No 27. Manner of Death 1 Natural 5 Pendin investig 2 Accident investig 4 Homicide 6 Could referred to medical examiner?	Hospital: 1 X 28a. Detace (Monipation lot be lace) 28e. Place	Inpatient 2 ☐ Ef of Injury th, Day Year)  of Injury - At hom	R/Outpatient Bb. Tima of Injury	3□ DOA   28c. !	Othern	26. Place : 4□ Nu at	of Death	24a. Was perfo	en autopsymed?  Yes 2 No  No  No  No  No  No  No  No  No  No	3 Production of the state of th	Jere autopsy finding ralleble prior to ompletion of cause death?  Yes 2 No
ours after death.  seral Director. After this certificate has been signed by the attending filled in by the funeral director, page 2 should be described to the an	Certification: To Be Completed by Physicial	25. Wes case referred to medical examiner?  1 Yes 2 No  27. Manner of Death 2 Natural 5 Pendin investig 3 Suicide 4 Homicide  29a. Certifier (Check only 2 Medical 2	Hospital: 1 1 28a. Date (Monator beined 28e. Place building Physician: To the Examiner: On the be	Inpatient 2 Eff of Injury th, Day Year) of Injury - At hom ng, etc. (Specify) best of my knowle	eVOutpatient  Bb. Tima of Injury  e, farm, stre	3 DOA 28c. I	Other njury a Work?	26. Place  4 □ Nu  at  as 2 □ I	of Death	24a. Was performent of the control o	en autopsymmed?  Yes 24 No one)  dence 6 Ott now injury occu  Street and Num vn, Stete)	3 Production of	Jobebly 4 Unkn  Jere autopsy finding valiable prior to ompletion of cause death?  Yes 2 No  No  No  No  No  No  No  No  No  No
ours after death.  seral Director. After this certificate has been signed by the attending filled in by the funeral director, page 2 should be described to the an	To Be Completed by Physicial	25. Wes case referred to medical examiner?  1 Yes 2 No  27. Manner of Death 1 Natural investic investi	Hospital: 1 1 28a. Date (Monator beined 28e. Place building Physician: To the Examiner: On the be	Inpatient 2 □ Ef of Injury th, Day Year) 2 of Injury - At hom ng, etc. (Specify)	eVOutpatient  Bb. Tima of Injury  e, farm, stre	3 DOA 28c. M  Moret, factory, off	Otherniury & Work?  1 □ Ye ice  e time	26. Place  4 □ Nu at es 2 □ I	of Death	24a. Was performent of the second of the sec	en autopsymed?  Yes 2 No one)  dence 6 Ot now injury occu  Street and Num vn, Stete)  ceuse(s) end m date and plece	24b. We en control of the control of	Jere autopsy finding ralieble prior to ompletion of cause death?  Yes 2 No  No  No  No  No  No  No  No  No  No
or death.  ector: After this certificate has been signed by the attending by the tuneral director, page 2 should be described to tune as	edical Certification: To Be Completed by Physicial	25. Wes case referred to medical examiner?  1 Yes 2 No  27. Manner of Death 2 Natural 5 Pendin investig 3 Suicide 4 Homicide  29a. Certifier (Check only 2 Medical 2	Hospital: 1 1 28a. Date (Monator beined 28e. Place building Physician: To the Examiner: On the be	Inpatient 2 Eff of Injury th, Day Year) of Injury - At hom ng, etc. (Specify) best of my knowle	eVOutpatient  Bb. Tima of Injury  e, farm, stre	DOA  28c. I  M  et, factory, off  occurred et the stigation, in n  29c. Lice	Other njury e Work? 1 □ Ye e time e time e ty opir	26. Place  4 □ Nu at es 2 □ I	of Death	24a. Was performent of Check only of the Self. Location (City or Total due to the ed at the time,	Yee 2 No en autopsy rmed?  Yes 2 No one) dence 6 □ot now injury occu  Street and Num rn, Stete)  ceuse(s) end m date and plece  29d. Date sign	3 Production of State	mpletion of cause death?  □ Yes 2□ No  □ Yes 2□ No  □ Yes 2□ No  □ Yes 2□ No  □ No
ours after death.  seral Director. After this certificate has been signed by the attending filled in by the funeral director, page 2 should be described to the an	Medical Certification: To Be Completed by Physicia	25. Wes case referred to medical examiner?  1 Yes 2 No  27. Manner of Death 1 Natural 5 Pendin investig 3 Suicide 4 Homicide  29a. Certifier (Check only one)  29b. Signature and title of certifier	Hospital: 1 28a. Date (Mon and man)  28a. Date (Mon and man)  28a. Place (Mon and man)	inpatient 2 Eff of Injury th, Day Year) of Injury - At hom ng, etc. (Specify) best of my knowle sels of examination ner stated.	WOutpatient Bb. Tima of Injury e, farm, streedge, death and/or Inve	3 DOA  28c. I  M  occurred at the satigation, In n  29c. Lic  D166	Other njury e Work? 1 □ Ye e time e time e ty opir	26. Place  4 □ Nu at es 2 □ I	of Death	24a. Was performent of Check only of the Self. Location (City or Total due to the ed at the time,	en autopsymed?  Yes 2 No one)  dence 6 Ot now injury occu  Street and Num vn, Stete)  ceuse(s) end m date and plece	3 Production of State	Jobebly 4 Unkn Jere autopsy finding valiable prior to ompletion of cause death?  Yes 2 No  No ify)  al Route Number, stated. o the cause(s)  Day, Year)
ours after death.  seral Director. After this certificate has been signed by the attending filled in by the funeral director, page 2 should be described to the an	Medical Certification: To Be Completed by Physicia	25. Wes case referred to medical examiner?  1 Yes 2 No  27. Manner of Death 1 Natural investic investi	Hospital: 1 28a. Date (Mon lation net be ined 28e. Place building Physician: To the examiner: On the band man	Inpatient 2 Effor Injury th, Day Year)  of Injury - At hom ng, etc. (Specify)  best of my knowless of examination ner stated.	R/Outpatient Bb. Tima of Injury e, farm, stre edge, death n and/or Inve	DDOA  28c. I  M  occurred et the estigation, in in in in in in in in in in in in in	Otherniury & Work?  Otherniury & Work?  Otherniury & Work?  Otherniury & Work?	26. Place  4 □ Nu  at  as 2 □ I  dete endon, deat  number	of Death rsing Hor	24a. Was performent of the control o	en autopsymmed?  Yes 2 No one)  Idence 6 Ott now injury occu  Street and Num wn, Stete)  ceuse(s) end m date and plece  29d. Date sign  July 16	3 Production of	Jobebly 4 Unkr Jere autopsy findin Jere autops

JOHN E. SCHOFIELD

NAME KNOWN TO PHYSICIAN:

MANE KM XAM E SEN JIGNETT

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 22268

					C	ertifica	ate of	Death		Reg. No.		
Bu Cala		1. Decedant's Nama (First, Middla,	Last)			100			2. Data of De		Vaar	3. Tima of Death
Physicia /Medic		M EUGEN	E S	ILVER	RT				JULY		Yaar L997	1:00 AN
Examin		4a. Facility Nama (If not institution,	give street and numbe	ir)			3	4b. City, Town, o	r Location of Deat			
		Saint Joseph	Medical	Cent	er			Tows	on	E	Balti	more
uneral		5. Social Security Number 6		Aga (In yrs.		y) If Uno Month	dar 1 Yaar ns Days	If Undar 24 H Hours Mi		th ly, Year)	9. Birthpl	aca (State or Fore
irector		202-03-0107	1□M 2□F	77	Yrs.				OCT.2	9,1919		NSYLVANIA
3		Usual Rasidanca of Dacadant  10a. Stata 10b. County		10c Cit	y, Town or	Location					140	od Incido City Limi
al', or items 23a or 28a-f show Examiner rount be notified at	ž		TIMORE	100. 01.		IMON]	TIM				10	od. Insida City Limi 1 De Yas 2 1 1
Page 1	Director		11.1010									
De or		10e. Street and Number				101.	Zip Code			10g. Citizan of		try?
8 23 Numit	Funeral	1804 EASTRIDGE					2109				USA	
E P	un.	11. Marital Status	12. Was Decedar Armed Forca	s?	,5.	If Yas, s	pecify Cub	n, Maxican, Pu	(Spacify Yas or No arto Rican, atc.)		ck, Whita, a	
0.0	by F	1 ☐ Navar Married 2 ☐ Marriad 3 ☐ Widowed 4 ☐ Divorced	If Yas, Give	J No		1 🗆 Yas	2 <b>N</b> No	Specify:		Specif	v: WE	HITE
		15. Decedant's	Yaar or Datas	S.	160 Dec	adaatta 11		netion.		10h Kind of D	vale e e e fle el	
	Completed	(Specify only highest	grade completed)		(Gi	ve kind of	sual Occup work done Tuse retire	during most of w	rorking	16b. Kind of B	usinass/ind	ustry
the M	E	Elementary/Secondery (0-12)	College (1-40	r 5+)			NGIN			MADE	HTNI O	
C		17. Fathar's Nama (First, Middle, La					MCTM		ama (First, Middle		rin Co	).
0 0	Be c	MANUEL	,	S	ILVER	T		ROS			JACOBY	7
7 Is merked traumatic e	10	19e. Informant's Name/Ralationship	(Time Brint)				na /Ctrant		Rural Route Numb			
7 Is trau					190. 1418	illing Addre	355 [01/66]	and reuniber or i			Siele, Zip	Code)
- 0		ANNE P. SILVERT  20a. Method of Disposition	(WIFE)	20b. P	lace of Dis			DGE RD.	TIMONIU	M, MD 20c. Location	21093	un State
Important: If Itam 27 Is any Injury or other tra once.		XXBurial 2 ☐ Cramation 3		ta c	ametery, c	rematory o	r other pla					
tant		4 ☐ Donation 5 ☐ Othar (Spe	* 1//	DU.					ENS 7/21		MONIUM	1,MD
any ir		21. Signature of Egheral Service Lic	9900				and Addre	INSON &	BROS., I	NC.		
- 6 0		1//UMANU	Nuy	eer		890	O RE	ISTERSTO	WN RD.,	PIKESVI	LE, N	4D 21208
		231 Pmtt Entar the disaasa, or co shock, or haart failure. List on	mplicitions that taus	ed tha daath	h. Do not a	intar tha m	oda of dyli	ng, such as cardi	ac or raspiratory a	rrast,		Approximata Intarval Batwaan
sician		Shock, of heart failure. List of	ly ona cause of each	mie.							1	Onsat and Death
edical		Immediata Causa (Final disease or condition	METAST	ATIC	SMA	LL C	ELL	LUNG C	ANCER		1	
miner		resulting in deeth)	a	Dua to (o	r as a cons	equanca o	of):		******			
-	ner			564 10 (6	. 40 4 55115	oquanoa s	,,,.				1	
ansi	Examiner	Sequentially list conditions	b. ———	Dua to (o	r as a cons	eguanca o	of):				-	
riel-t		Sequantially list conditions, if any, laading to immadiata cause. Enter Undarlying Cause (Disaesa or Injury					,				į	
ng ep	edicai	triat iriitiateo avants	C	Dua to (or	as a cons	equanca o	U.					
as the second	8	rasulting in daath) Last					.,.				į	
for use as the bunel-transit	M		d									
of for	000	Part II. Other significant conditions	contributing to death	but not resu	ulting in the	underhilni	Causa oi	en in Part I	23h Did	tohecco use co	ntribute to	the causa of deat
ned by the ettendin detached for use	Physician/			Jet Hot last		andanyii!	y vauoa yn	OTHER DICE.		Yas 2□ No		ably 4 Unkno
ned e det	by P								_   '''	149 ∠⊔N0	3 L LI00	awy - Unikne
n sign	象								24a. Wes	an autopsy	24b. Wa	ra autopsy findings
should be	Completed								perfo	ormad?	cor	llabla prior to
page 2	Ę									and .		laeth?
icata r, pa									10	Yas 2 No	1	Yes 2 No
or: After this cerificata the funeral director, pag	Be	25. Was case referred to medical axaminar?	Hospital:				Oth	201.	eath (Check only o			
this ai di	2	1 Yes 2 No	1 Le Inpa		ER/Outpati		DOA	4 Li Nursing	Homa 5 Rasi			)
d in by the funer	o	27. Mannar of Daath 1 ■Natural 5 □ Panding	28a. Data of In (Month, L	ay Year)	28b. Tima Injury	,	28c. Injui Wor		28d. Dascribe	how Injury occur	rea	
the	Certification:	2 Accidant invastigat	he			M		Yas 2 □ No	00(1			
in by	ŧ	4 ☐ Homicida datarmine	d 28a. Placa of I	njury - At ho atc. <i>(Specif</i> )	oma, farm, : /)	straat, iact	ory, office		City or To	Street and Numi wn, State)	oer or Hurai	Houte Number,
aly f	Medical	(Check only 2 Madical Ex	Phyalcian: To tha bes aminar: On tha basis	t of my know of axaminat	wladge, dea	ath occurre	ed at tha tir	ma, data and pla	ce, end dua to the curred at the time.	causa(s) and made and place.	ennar as sto	ated. tha causa(s)
plat	8	Orie)	end manner	steted.		gui	o., ., ., ., .	pinon, dodan oo	ouriou at aro tario,	outa and place,	4110 004 10	
00	2	29b. Signatura and Illie of contiller				2	29c. Licans			29d. Date signe	d (Month, L	Dey, Year)
		(///	m	X	M	D	372	54		7.1	8-9	\
	- 1	30. Nama and addrass of person wh	o complated cause of	daath (Item	23e) (Typ	e, Print)						-
į l		oo. Hana and addition of portion with										
)			.D., 76	20 Y	DRK F	CADS	T	OWSON,	MARYLA	ND 21	204	

DHMH 16 Ray 6/95

Earlies on the Tearlies and

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 2 2 2 6 9

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Daath 3. Tima of Death **Physician** 1997 TITTY 4:30 AM Edward Stevenson /Medical 4a. Fecility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) July 31, 1949 9. Birthplace (State or Foraign **Funeral** 1⊠M 2□ F Months Deys Hours 47 Yrs. 218-52-4090 Maryland Director Usual Rasidence of Decadant the Maryland 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits 28a-f show evant, the Medical Examiner must be notified at Baltimore Baltimore Director 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 23a or 2807 Jomat Ave. 21234 USA death Funeral or items 11 Marital Statue 12. Was Dacedent Ever in U,S. Armed Forcas? Was Decedant of Hispanic Orlgin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, etc. filed within 72 hours after 1 ☐ Yas 2 🎇 No If Yas, Giva 1 Never Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ▼ No Specify: White À 3 ☐ Widowed 4 ☐ Divorced Year or Dates: natural', Completed 16a. Dacedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Dacedant's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) Collaga (1-4or 5+) Dispatcher Transportation is marked other 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) permit. Pages 1 and 2 should be file Depertment of Health and Mental Hy Important: if Item 27 is marked oth any Injury or other traumatic evant sones. Be Edward W. Stevenson, II Catherine Mitchell 70 19e. Informent's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Gail F. Stevenson 2807 Jomat Ave., Baltimore, MD 20a. Mathod of Disposition 20b. Place of Disposition (Nama of comatery, cremetory or other place) 20c. Location - City or Town, Stete W Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Parkwood Cemetery 7/22/97 Baltimore, MD 4 ☐ Donetion \_5 ☐ Other (Specify) 21. Signature of Superal Sarvice Licensee 22. Nama and Addrass of Facility ALTENBURG FUNERAL HOME, P.A. 6009 Harford Rd., Baltimore, 21214 Entar the disease, or complications had ceused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, to rheart failure. List only one cause on each line. Approximete Intervel Batween Onset and Deeth Physician Immediata Ceusa (Final disaase or condition rasulting in deeth) /Medical Cardio Pulmonary Arrest immediate Examiner Due to (or as a consequence of): Physiclan/Medical Examiner Increased Intracranial Pressure 3 months The lew requires that the death certificete be executed attending physician and for use es the buriel-trensit Sequantially list conditions, if eny, laeding to immediata ceusa. Entar Underlying Causa (Diseesa or Injury Dua to (or as a consequence of): Brain Tumor Box 68760. 6 months that initiated evants rasulting in daath) Last Dua to (or es e consequence of) signed by the a P.O. Pert II. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ cate has been sig ; page 2 should b Completed 24b. Wara autopsy findings evailable prior to complation of cause of daeth? 24a. Was an autopsy performed? 1 Yas 2 No 1 Yas 2 No Division of Vital or Attending Physician: director. Be 25. Was casa rafarred to medicei 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To this 27. Mannar of Daath 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred After 1 Neturel al Director: After the for 5 Pending Invastigation N/A N/A 1 Yas 2XXNo N/A 2 Accidant 6 Could not be determined 3 ☐ Suicide 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) filled in by 4 Homicida To the Hospital within 24 hours To the Funeral I The Certifying Physician: To the bast of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and manner stated. Medical 29a. Cartifier completely (Check only one) 29b. Signature and this of certifiar 29c. License number 29d. Dete signed (Month, Day, Year) D30060 7/21/97 30. Nama and address of person who completed ceusa of death (Itam 23a) (Type, Print) REGINALD J. DAVIN, M.D., 6569 N. CHARLES ST., BALTO, MD. 21204 32 Registrer's Signetura Fundalle 31. Data filed (Month, Day, Yaer)

JUL 2 3 1997 State Registrar

DHMH 16 Rev 6/95

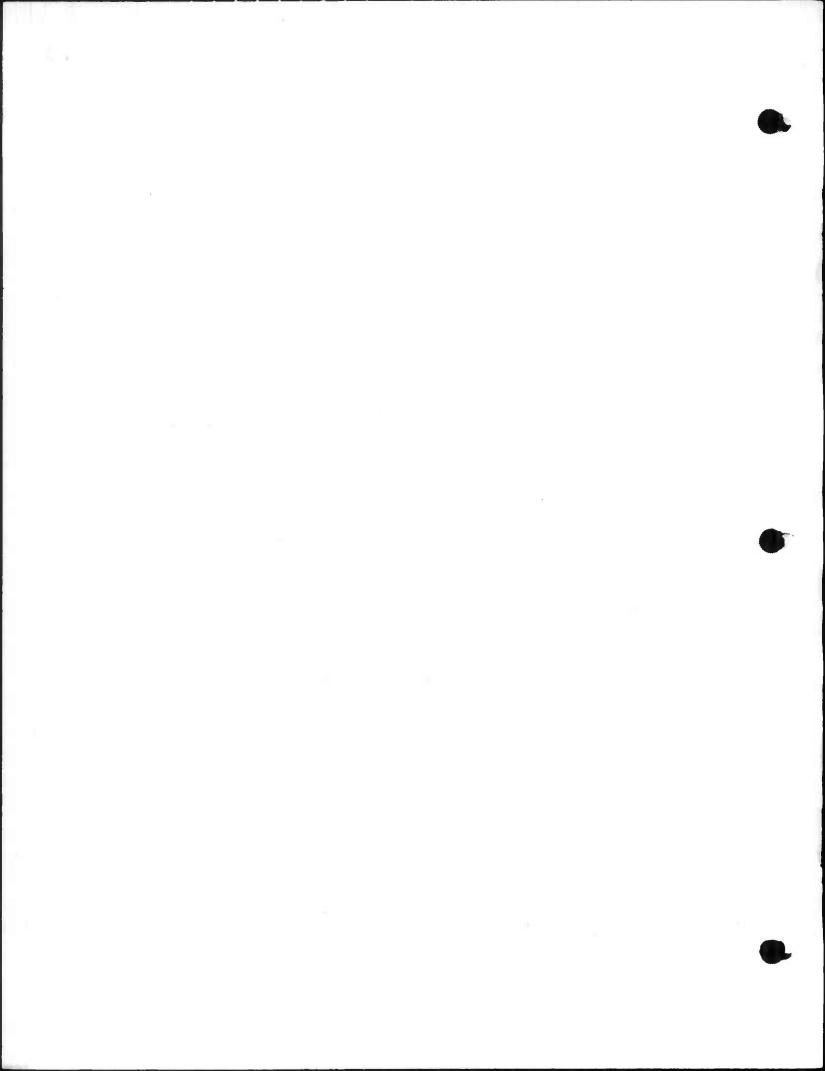
The state of the state of
-
-
1
4
1
and the same of the same
4
A man a
q
Dane
hand
after d

DIVISION OF VITAL RECORDS, P.O. BOX 68760

COITH IND ATTENDING DUVELFIAM. The last reactions that death conditions he monated within the contract of the	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, age 5 should be detached for use as the burial-transf narmin Panes 1 2 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE MOCDITAL	TO THE FUNERAL	be filed within 72 I	IMPORTANT: If

										9	1 2	2270
	FOR	STATE OF M	IARYLAND /	DEPAR	TMENT O	E MENITH	AND	MENTAL	HVCIEN			
	1 - STATE REGISTRAR				ICATE C			MENIA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)		5	. 1				MONTE	OF DEATH	AY	OYEAR	3. TIME OF DEATH
	A SOCIAL SECURITY NUMBER	larlton	6. AGE (In yrs. lest	ate	IF UNDER 1 YE	AR IF UNDER		07	- 18	3 -1	497	12:50 Am
	218-40-1564	1 J-M 2 F	100	YRS.	MONTHS DA		MIN.	NOV.	OF BIRTH 1, Day, Year) 18,1	896	Mary	PLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give	street end number)	100		9b. CITY, TO	WN OR LOCATI	ON OF D		10/1		NTY OF DE	
OR	The Wesley Home				Balti	more				n/	'a	
DIRECTOR	PESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY
	Maryland n,	/a			Bal	timore	9					LIMITS?
FUNERAL	10e. STREET AND NUMBER					10f. ZIP COD	E			10g. CITI		HAT COUNTRY?
NE	2211 W. Rogers A						209				USA	
	1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N		II var	DECENDENT C	n Mayles	no Duneto S	? (Specify Yes Nican, etc.)	or No-	14. RACE Bleck,	- American Indian, White, etc.
BY	3 X Widowed 4 Divorced	WW I	AR OR DATES		10	YES XXNO	Specif	ly:			Specify	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION completed)	/Gh	ve kind of v	USUAL OCCUP	ATION most of working	ng	.16b.	KIND OF BU	SINESS/INC	DUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+	'	Post					Po	~+ Of	fice	
OM	17. FATHER'S NAME (First, Middle, Last)			rost	IIICII I	18. MOT	HER'S NA	ME (First, A	Aiddle, Maiden		TICE	
BEO	Elijah Bradfor	d Sater							elius			
2	19e. INFORMANT'S NAME (Type/Print)				ADDRESS (Str							
	Virginia Phillip	os (Daught		_	Walthe		l. Pa		_			
	1) Suriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State	cemetery, cren	natory or or		,		7/21			City or Tow	
	21. SIGNATURE OF FUNERAL SERVICE LA		Sater	s ce		E AND ADDRE		CILITY				ge, MD
	> / peparl (	mois	nter	Mighan)	Bus9	ee-Her Falls	iss I	Funer ad, E	altim	ne ore,	2121 Mary	land
	23. PART I. Enter the diseases, or ahock, or heert failure.	complications that	ceused the das	ith. Do n								Approximata
	IMMEDIATE CAUSE (Final					-						Interval Between Onaet and Death
	diseese or condition	HTIM	2011									
	resulting in death)	a. // / / / /	devel	u /	1AS.CC	lar	Du	SEO	se			
-	resulting in death)	a. Ather. Advan	OR AS A CONSEON	UENCE OF	AS.CC	ilai	Du	SEO	se		-	
TION	Sequentielly list conditions, if any, leading to immediate	Haven	OR AS A CONSEQUENCE OF AS	4ge	_	rlar	Di	5 60	se			
ICATION	Sequentially list conditions,	b. Haven	OR AS A CONSEQU	Age UENCE OF	7):	rlar	Du	SEA	ese_			
TIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING	b. Haven	ray 1	Age UENCE OF	7):	rlar	Di.	SEA	ese-			
CERTIFICATION	Sequentielly list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury thet initiated evanta resulting in deeth) LAST	oue to (	OR AS A CONSEQUE	Age UENCE OF	7):				se_			
CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated evanta resulting in deeth) LAST	OUE TO (	OR AS A CONSEQUENCE OF AS	UENCE OF	n the underl	ying ceuse ç			24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated evanta resulting in deeth) LAST	oue to (	OR AS A CONSEQUENCE OF AS	UENCE OF	n the underl	ying ceuse ç			24s. WAS AN	MEO?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in deeth) LAST  PART II. Other significant condition  Hypertessin V.	oue to (  oue to	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OF AS	UENCE OF	n the underly	ying couse of	given in	Part I.	24s. WAS AN PERFOR	MEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in deeth) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL	DUE TO ( d	OR AS A CONSEQUENCE OF DEAT	UENCE OF	n the underly kei'ca	ying couse s		Part I.	24s. WAS AN PERFOR	MEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury their Initiated eventa resulting in deeth) LAST  PART II. Other significant condition  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	oue to (  oue to	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF DEAT 28. PLACE	UENCE OF	n the underly Killing NO	ying couse s	given in	Part I.	24a. WAS AN PERFOR	MEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL CEI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury the Initiated eventa resulting in deeth) LAST  PART II. Other significant condition  The property of the significant condition of the significant condition of the significant condition of the significant condition of the significant condition of the significant condition of the significant condition of the significant condition of the significant condition of the significant condition of the significant condition of the significant conditions of the significant co	OUE TO (  DUE TO	OR AS A CONSEQUENCE OF DEAT 28. PLACE ER/Outpattern 3 (N)JURY	UENCE OF	The underly of the control of the co	ying ceuse of UNC	ERTAIN	Part I.	24a. WAS AN PERFOR	NO NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury the Initiated eventa resulting in deeth) LAST  PART II. Other significant condition  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation	OUE TO (  C. DUE TO (  d	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF DEAT  28. PLACE  ER/Outpatient 3 ( NJURY (1) Year)	UENCE OF  UENCE OF  OF DOA  28b. TIMI	The underly of the control of the co	ying couse (  UNC  WORK?  YES 2	ERTAIN	Part I.  N	24a. WAS AN PERFOR 1 □ YES 2 (Specify) (CRIBE HOW II	NO NO	CUREO	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1  YES 2  NO
ED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated eventa resulting in deeth) LAST  PART II. Other significant condition  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1. Natural 5 Pending	OUE TO (  C. DUE TO (  d	OR AS A CONSEQUENCE OF DEAT 28. PLACE ER/Outpattern 3 (N)JURY	UENCE OF  UENCE OF  OF DOA  28b. TIMI	The underly of the control of the co	ying couse (  UNC  WORK?  YES 2	ERTAIN	Part I.  N	24a. WAS AN PERFOR 1 YES 2	NO NO	CUREO	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1  YES 2  NO
ED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated eventa reaulting in deeth) LAST  PART II. Other significant condition  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined	DUE TO (  C. DUE TO (  d	OR AS A CONSEQUENCE OR AS	UENCE OF  DELITING I  TH YE  OF OEAT  DOA  28b. THMI	The underly of the latest of t	ying ceuse supplied to the sup	ERTAIN	Part I.  N	24a. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW III	NJURY Occ	CUREO or Rural Ro	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1  YES 2  NO
ED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated eventa reaulting in deeth) LAST  PART II. Other significant condition  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined	DUE TO (  C. DUE TO (  d	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF DEAT  26. PLACE  ER/Outpetlent 3  INJURY  y, Year)  This injury  The control of the	UENCE OF UENCE OF UENCE OF DOA  28b. TIMI	The underly of the lime, of at the lime, of	UNC	ERTAIN NO NO NO NO NO NO NO NO NO NO NO NO NO	Part I.    Other   28d. OE\$  28f. LOCA   City of to the ceur.	24a. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW III ATION (Street a or Town, State)	NJURY OCC	CUREO or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in deeth) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined  290. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (  C. DUE TO (  d	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF DEAT  26. PLACE  ER/Outpetlent 3  INJURY  y, Year)  This injury  The control of the	UENCE OF UENCE OF UENCE OF DOA  28b. TIMI	The underly of the lime, of at the lime, of	ying ceuse of UNC	ERTAIN NO NO NO NO NO NO NO NO NO NO NO NO NO	Part I.  6 Other 28d. OES  28f. LOCA City of	24a. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW III ATION (Street a or Town, State)	NJURY OCC	or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CEI	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in deeth) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only 2 MEDICAL EXAMINER)  29b. SIGNATURE AND TITLE OF OPRIFIEE  29b. SIGNATURE AND TITLE OF OPRIFIEE	DUE TO (  C. DUE TO (  d	OR AS A CONSEQUENCE OR AS	UENCE OF  UENCE OF  DOA  DOA  28b. THMI INJ  ne, farm, a	n the underi	ying ceuse supplied to the sup	ERTAIN SIDENT OF THE SIDENT OF	Part I.  6 Other 28d. OES 28f. LOCA City of to the ceutime, date	24a. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW III ATION (Street a or Town, State)	NJURY OCC	or Rural Ro	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1  YES 2  NO  Nute Number,  and menner es stated.
E COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated eventa reaulting in deeth) LAST  PART II. Other significant condition  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE ANO TITLE OF CERTIFIER  30. NAME ANO ADDRESS OF PERSON WHO	DUE TO (  C. DUE TO (  d	OR AS A CONSEQUENCE OF OBATH (ITEM	UENCE OF UENCE OF OEAT  DOA 28b. TIMI	The underly of the lime, on, in my opinio	ying ceuse supplied to the sup	ERTAIN sidence No end due	Part I.  6 Other 28d. OES 28f. LOCA City of to the ceutime, date	24a. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW III ATION (Street a or Town, State)	NJURY OCC	or Rural Ro	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1  YES 2  NO  Nute Number,  and menner es stated.
BE COMPLETED BY PHYSICIAN: MEDICAL CEI	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in deeth) LAST  PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only 2 MEDICAL EXAMINER)  29b. SIGNATURE AND TITLE OF OPRIFIEE  29b. SIGNATURE AND TITLE OF OPRIFIEE	DUE TO (  C. DUE TO (  d	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF DEAT  28. PLACE  ER/OUtpatlem 3 [INJURY (1964)]  INJURY — At horrore. (Specify)  my knowledge, dear  amination end/or in	UENCE OF UENCE OF OEAT  DOA 28b. TIMI	n the underi	ying ceuse supplied to the sup	ERTAIN sidence No end due	Part I.  6 Other 28d. OES 28f. LOCA City of to the ceutime, date	24a. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW III ATION (Street a or Town, State)	NJURY OCC	or Rural Ro	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1  YES 2  NO  Nute Number,  and menner es stated.

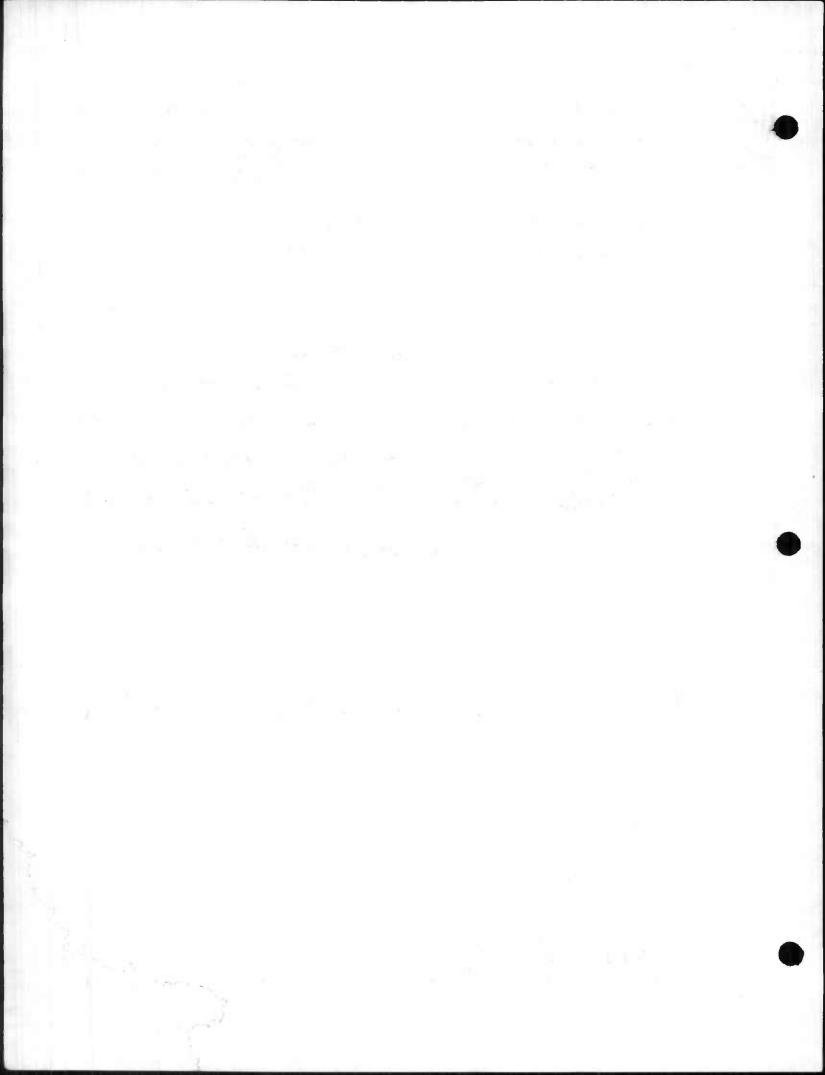
(A



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Lagible. 227

State of Maryland / Department of Health and Mental Hygiene

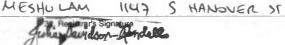
				(	Certificate of	Death	Re	eg. No.				
Dhyoi	ion	Decedent's Name (First, Middle, Last)					2. Date of Deet Month			im of Courth		
Physic /Med		Gary A. Tocht	erman				July	20, 19	97 10	:10 PM		
Exam		4a. Facility Name (If not institution, give s	street end number)			4b. City, Town, or L	ocation of Death	4c. County of	Death			
		213 Kensington	Parkway			Abingdor		Harf	ord			
Funera Directo	_	5. Sociel Security Number 6. Sex 213-60-0246	7. Age	43 Y	Months Deys		8. Date of Birth (Month, Dey, Feb. 14	Yeer) 1,1954	). Birthplace (S Country) Marylan	tate or Foreign		
end **		10a. State 10b. County		10c. City, Town	or Location				10d. Insi	ide City Limits		
Mary	0	Maryland Harfor	d		Abino	ndan				Yes X No		
n the Maryleni r 28a-f ehow	9	10e. Street end Number	•		10f. Zip Code	juon	10	0g. Citizen of Wh	et Country?			
ath with	ral Di	213 Kensington	Parkway			21009						
21215-0020  d within 72 hours efter death with the Marylend sjene. plene. r than "nature!", or Herna 23e or 28s-f ehow the Madical Evantor must be notified at	by Funeral Director	11. Maritel Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent I Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Year or Dates:		13. Was Decedent of If Yes, specify Cut  1 ☐ Yes 2 No		pecify Yes or No- p Rican, etc.)		American Indi White, etc. White	an,		
5-0 72 hc	Completed	15. Decedent's Educ (Specify only highest grede		16a. l	Decedent's Usual Occu	pation	klaa	16b. Kind of Busi	ness/Industry			
	npie	Elementary/Secondary (0-12)	College (1-4or 5		Give kind of work done life. DO NOT use retin							
Marie 1	Co		4	Asa	sistant Adn	ninistrato	けた	Hospi	tal			
Tal Hall	Be	17. Father's Name (First, Middle, Last)					ne (First, Middle, M		ieme)			
Via Men Men Men	1º	George Tochter	macri			Sylvio	ı Sambo	rsri				
Maryiand 21215-002 nd 2 should be filed within 72 hours tith end Mental Hyglene. 27 is marked other then "neturel; r traumatic event, the Medical Ex-		19a. Informant's Neme/Relationship (Type, Print)  Sylvia Tochterman (mother)  19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Continued and Sylvia Tochterman (mother)  213 Kensington Parkway, Abingdon, MD 216										
Hear other		20a. Method of Disposition			Disposition (Neme of cremetory or other pla			20c. Location - Ci	ty or Town, Ste	ate		
age ant of		1 Burial 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	emoval from State		, cremetory or other pil Mount Cren		1/22/97	Baltimore, Maryland				
Baltimore, Maryland 2121 permit. Pages 1 end 2 should be filed within Depertment of Health end Menfal Hygiene. Important: if Item 271s merked other than any injury or other traumatic event, that have		21. Signature of Fyheral Service License	1/1/	_	22 Name and Adde	one of Engility			-	grana		
40500		· Mary	12	$\sim$	610 W. Ma	Funeral cPhail Ro	I., Bel A	ir, MD	21014			
Physician /Medical Examiner		23a. Perty: Enter the disease, or complications, or heart failure. List only an immediate Couse (Final disease or condition resulting in deeth) e	Eno	Due to (or es e co	se Mi	of the	A SC	lens.	Interve	ximate al Between and Death		
. Box 68760, death certificate be executed e attending physicien and ed for use es the bunial-transit	Physician/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	1									
O. Billing deat	sicia	Pert II. Other significent conditions cont	tributing to death bu	it not resulting in	the underlying cause o	iven in Part I.	23b. Dfd to	bacco usa contr	ibute to the ca	uee of death		
D. het the deby					のしたり	4	1 🗆 Ye		☐ Probably			
ecords, ew requires to been sign 2 should be	Completed by						24e. Was a		24b. Were euto availeble p completio of deeth?			
The The page	mo:						1□ Ye	s 2 10	1 🗆 Yes	2 No.		
Vital Fisions Sicien: The certificate irector, pag	Be	25. Wes case referred to medical				26. Plece of Dee	th (Check only on	e)				
On of Vital Re sing Physician: The is h. After this certificate ha funeral director, page	To	exeminer?	ospital: 1   Inpatie	nt 2 ER/Out	patient 3 DOA	her: 4 Nursing He	ome 5 Reside	nce 6 Other	(Specify)			
g Physical this		27. Menner of Deeth	28a. Date of Injur (Month, De)	y 28b. Ti	me of 28c. Inju		28d. Describe ho		1			
VISION Attending or deeth. ector: After by the fune	atio	1 ☐ Haturel 5 ☐ Pending 2 ☐ Accident investigation	(worth, Day	7 007/		Yes 2□No						
5 th th 1	Certification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined	28e. Place of Injubulding, etc.	ry - At home, far (Specify)	m, street, fectory, office		28f. Location (St. City or Town		or Rural Route	Number,		
To the Hospital within 24 hours ( To the Funeral I	edicai (	29a. Certifier (Check only one)	iclan: To the best of er: On the basis of and menner sta	examinetion and	deeth occurred at the t for Investigation, In my	ime, date end place, opinion, death occur	end due to the ce rred at the time, da	use(s) end mannate end plece, and	er es stated. d due to the ce	use(s)		
o the	N O	29b. Signature and title of certifier	/ _ /	- 1	29c. Licen	se number	. 29	d. Dete signed (	Month, Dey, Ye	ear)		
P 5 P 0		91. 1	(6	w	m. 2.	1/9/7	1 00	14 20)	199	7		
1		30. Name and address of person who con	mpleted cause of	7th (Item 23e) (1	ype. Priny Ma	/ Ran			/ /			
4		0000	-////	-11 = "		n	クローメノ	and 2	1133			
St Regist	ate rar	31. Date filed (Month, Day, Year)	Jula De	widson-Par	delle		5					



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible,

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Deeth 3. Time of Death 1. Decedent's Neme (First, Middla, Last) Month **Physician** Jean hyllis 0635 AM July /Medical 4b. City, Town, or Location of Deet 4c. County of Death 4e. Fecility Neme (If not institution, giva street and number) Examiner Baltimore John L. Deaton Medical Center N/A If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) If Under 1 Year 7. Age (In yrs. last birthday) 5. Social Security Number 6. Sex Birthplece (Stata or Foraign Country) **Funeral** Days 1□M 2\ F Months 67 Yrs. **Director** 218-26-0381 April 8, 1930 Virginia Usuel Residence of Decedant with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d, Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Director Maryland Baltimore Milford 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? permit. Pages 1 and 2 should be filed within 72 hours efter death v Department of Health end Mantel Hygiene. Important: If item 27 is marked other than "natural", or items 23a any injury or other traumatic event, tra Medical Examination 2008. 3420 Abbie Place 21244 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 🗓 No 14. Raca - American Indien, Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Status Black, White, etc. 1 Never Married 2 Married Maryland 21215-0020 If Yes, Give 1 ☐ Yes 2 X No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highast grada complated) Elementery/Secondary (0-12) Coilaga (1-4or 5+) Baltimore Good Will, Inc 12 Years Year Secretary 18. Mother's Name (First, Middla, Maidan Sumama) 17. Fathar's Neme (First, Middla, Last) Arnold H. Kirk Flora R. Laningham 19b. Melling Address (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) 19e. Informent's Name/Reletionship (Type, Print) Mr. Charles H. Thornton 3420 Abbie Place Baltimore, MD 21244 20b. Place of Disposition (Nama of cemetary, crematory or other pleca) 20c. Location - City or Town, Stete 20a. Method of Disposition Dete 1 X Burial 2 ☐ Cremetion 3 ☐ Removel from Stete Meadowridge Memorial Park 7/21/97 Elkridge, Maryland 4 ☐ Donetion 5 ☐ Other (Spacify) 21\_Signature of Fune al Service Licensee 22. Name end Address of Fecllity Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133 was the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiretory errest, an feliure. List only one cause on aach lina. Approximata Intervel Between Onset end Deeth **Physician** Immediate Ceuse (Final disease or condition rasulting in daath) Staphylococca /Medical days Examiner Preumania Examiner week physicien and the burial-transit Sequentially list conditions, if any, leading to immedieta cause. Enter Underlying Causa (Disaasa or Injury that initial deligious) Due to (or es e consequence of): of Vital Records, P.O. Box 68760. Cerebro Vancular Accident years Physician/Medical that initieted events resulting in deeth) Lest Due to (or es e consequence of): 80 esn for signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Unknown þ 24b. Were eutopsy findings eveileble prior to completion of cause 24e. Wes en eutopsy of deeth? certificate hes 2 100 1 Yes 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? Be 26. Place of Daath (Check only ona) Hospital: 1 Inpatient 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 2 ER/Outpatient 3 DOA 100 28a. Data of Injury (Month, Day Year) (uners) 28d. Describe how injury occurred 27. Menner-of Daeth 28b. Time of 28c. Injury et Work? Certification: 5 Pending investigation 1 Naturel 1 Yas 2 No 2 Accident 6 Could not be datarmined 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28e. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 3 Suicide 4 Homicida after Oirs 24 Indurs 29a. Cartifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and pleca, end due to the ceuse(s) and mannar as steted. Medical To the Hose within 24 I or To the Functional 2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end menner stated. (Check out one 29c. License number 29d. Date signed (Month, Dev. Yaer) 29b. Signature s MD

State Registrar



BALT

21230

30. Name and accress of person who completed causa of daath (Item 23e) (Type, Print)

JOEL

31. Date filed (Month, Day, Year)

JUL 2 3 1997

(egr. s. In

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 22273

					Certificate of	f Death	В	eg. No.		
П			1. Decedent's Name (First, Middla	i, Last)			2. Data of Dea	_		3. Tima of Death
	Physic /Medi		Lula -	Thornton			July	17Th	Yaer 9 47	6:30 pm
eś	Examir		4a. Facility Nama (If not institution			4b. City, Town, or		4c. County	-	
			BON SEC	Lours Hosp	PITAL	BAL	TIMORE		NIL	4
Н	Funerai		5. Social Sacurity Number	6. Sax 7. Aga (In yrs. la	ast birthday) If Under 1 Yaa	II Under 24 mrs.	8. Data of Birth	1	9. Birthplac	ce (Stata or Foraign
8	Director		213-52-4787 Usual Rasidence of Dacedant	1□M 2 <b>X</b> ,F	Yrs. Months Days	s Hours Min.	8. Data of Birth (Month, Day NOV. 01	1946	SOUTH	CAROLINA
	yland		10a. Stete 10b. County	10c. City	, Town or Location				10d	I. Inside City Limits
	Sa-f eh	Director	MARYLAND .	N/A		BALTIM		LITY		1X Yas 2 □ No
	ith ti	ā	10e. Street and Number		10f. Zip Coda	4	. 1	0g. Citi≱an of W	hat Country	7
	ath v	100	2511 MAI	SEL STRE		2123	0	4	15A	1
	er de	Funeral	11. Marital Status	12. Wes Decedant Ever in U,S Armed Forces?	<ol> <li>13. Was Decedant of If Yas, specify Cu</li> </ol>	Hispanic Origin? (S ban, Mexican, Puart	pecify Yes or No- o Rican, atc.)		e - Amarican k, Whita, etc	
5-0020	s 1 end 2 should be filed within 72 hours after death with the Maryland I Health end Mental Hygiene. I tem 27 is marked other than "natural", or items 23e or 28e-f show other traumatic event, the Medical Exerticet must be notified at	by	1 ☐ Navar Married 2 ☑ Marri 3 ☐ Widowad 4 ☐ Divorced	ed 1 Tas 2 No If Yas, Give Yaar or Datas:	1 □ Yas 2 N	o Specify:		Specify:	BLAC	2K
5-(	72 h	etec	15. Dacadant (Specify only highas		16a. Decedant's Usuel Occi (Give kind of work don- lifa. DO NOT usa ratir	upafion a during most of wor	king	16b. Kind of Bu	sinass/Indus	stry
121	han vithin	Completed	Elemantary/Secondery (0-12)	College (1-4or 5+)				<b>'</b> O-	~	
2	filed with Hygiene. ther ther		17 Eathard Name (First Middle )	( act)	Dom	ESTIC				HILLES
Ĭ,	d off	Be	17. Fathar's Nama (First, Middle, L	.ast/			ne (First, Middle, i	waidan Sumami	э)	
X	should be nd Mental marked o	2	UNKNOWN			UNKNO				
Maryland	2 sho end le me raum		19a. Informant's Nama/Ralationsh		19b. Mailing Addrass (Strai					
	other tra			HER (DAUGHTER)	2511 MAISE	-L STREE	T, BAL	TIHORE	MD.	21230 n, Stata
ore			20a. Method of Disposition 12 Burial 2 □ Cramation	2 Demoved from State	metery, cramatory or othar pr	aca)				
Baltimore	permit. Peges Department of I Important: If Ite any Injury or of		4 Donation 5 Othar (Sp	recify) MT	ZION CEN	IETERY !	7-23-97	BALTI	HORE	HARVLANN
alt	permit. Pe Departmen Important: any injury once.		21. Signature of Funetal Service L	Joensee O	22. Nama and Add	rass of Facility	PALLA	P EINE	POL	Hans DA
00	89 5 8		▶ ( ( \alpha \alpha \)	1).12	JOSEP	ח ח. אי	Aug A	n. rune	KAL	TIONE, F.H.
			23a. Pert1. Entar tha disaasa, or	complications that causad the death	. Do not anter tha moda of dy	ring, such es cardiac	or respiratory err	9-L7 / 17 0/4	EMO	pproximete
K	Physician		shock, or haert failure. List of	only one ceuse on each line.						itervel Between Insat and Daath
7	/Medical		Immediata Cause (Final	Hear	Lie Fuce	2/10/10	a <del>41</del>		-	ha n
	Examiner		disaasa or condition rasulting in daath)	a. IITTU	tic Encc as a consaquance of):	phalop	alug			Month
		ē					7		1	
	icete be executed physician end s the buriel-trensit	Examiner	0	Buston	as a consequence of):	ure			1	
,	ertificate be executed ling physician end se es the buriel-trensit	Exa	Sequentially list conditions, if any, laading to immadiata causa. Enfer Undarlying Cause (Disaasa or injury	O I	as a consequence or):	0		N	1	
68760,	sicla bur		Cause (Disaasa or injury fhat initiated avants	c. CHICHI	c Obstructi	W ruin	mary	V2524.	SC	
89	ifficete g phy es the	Medical	rasulting in daeth) Last	Due to (or	as a consequanca of):		J			
×	eath certifi attending I for use es			d						
Bo	eath cer attendin I for use	clar					1			
O.	that the de ad by the deteched	Physician	Part II. Othar significant condition	ns contributing to death but not rasul	ting in the underlying cause of	jivan in Part I.				ha cause of death?
<u>α</u>	es that the igned by be detected						1 U Y	es 2 No	3 Probat	bly 400 Unknown
ds,	- 0 D	d by					24a. Was a	n autoney	24h Ware	autopsy findings
Ö	v requ	ete					perfor		availa	abla prior to
Record	S S	Completed							of das	ath?
F		ဒိ					1□ Y	as 2 No	1□Y	ras 2 No
Vital	Physicien: The this certificate ral director, peg	Be	25. Was case rafarred to medical axaminer?				ath (Check only or	na)		
of	nysk lis co	2	1 ☐ Yas 2 No	Hospital: 1 Inpatiant 2 E	R/Outpatient 3□ DOA O	thar: 4□ Nursing H	ome 5 Rasid	anca 6 □Otha	r (Specify)	
		ü	27. Mannar of Death 1 X Natural 5 ☐ Panding		28b. Time of 28c. Inj	ury et ork?	28d. Dascribe h	ow injury occurre	ad	
0	Attending or deeth.	atic	2 ☐ Accident invastig	ation		☐Yas 2☐No				
Division	or Attence efter deetl Director:	Certification:	3 ☐ Sulcide 6 ☐ Could n 4 ☐ Homicida datarmi	ot be nad 28e. Place of Injury - At hor building, atc. (Spacify)	ne, farm, streat, factory, office	В	28f. Location (S. City or Town		er or Rural R	louta Number,
	s effer st Direct ed in by	Ce		,,				, 4.2.2,		
	To the Hospital or within 24 hours eff To the Funeral DI completely filled in	edicai	29a. Cartifiar (Check only one)	Physician: To the best of my know examiner: On the basis of axamination and manner steled.	eledga, daath occurrad at the on and/or invastigation, in my	time, date end place oplnion, daath occu	, and dua to the c rred at tha tima, d	ause(s) end mer lata and piece, e	nnar es state ind dua to th	ed. na cause(s)
	vithin 2 To the comple	Me	29b. Signature and fittle of certifier		29c. Licar	nsa number	2	9d. Date signed	(Month, Da	y, Year)
	->-0		Mayor. 1	Idar in	N:	24412		17/1-	100	
			30. Nagre and artiress of person w	House mi House	COTICEN D:	20793		51/1/	191	
			ou. Have all person w	vho completed cause of deeth (Item	CONTRIBO PINT	H 1+	P.H		M-	ryland
	Sta	to	31. Data find (Month, Day, Year)	Regularar's Signat	LIDERTY	11911	3 Day 111	7010	Mai	41419
	Registr		JUL 2 3 1997	guina Devidson-	fandelle -	- 6				, -,-,0
				M	-					

DHMH 16 Rev 6/95

and the second second Martin Late and the St Market and a price mental professor a promoted for a little contract of the the old as more than it is a second of a fill 

Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible. 22274 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth H. Thomas Month 30 Sharon Ju 16 4a. Facility Neme (If not institution, give street end number, 4b. City, Town, or Location of Death 4c. County of Deeth CENTER

vrs. last birthday) If Under 1 GALTIMORE

1 Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Day, Year) MEDICAL 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplece (Stete or Foreign Country) 1 M 2 1 F Days 217-62-1361 Usual Residence of Decedent 10h County 10c. City, Town or Location 10d. Inside City Limits 1KI Yes 2□ No NIA MARYLAND 10e. Street end Number 10g. Citizen of Whet Country? 5078 AVENUE 21201 USA. FTON 12. Wes Dacedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 € No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2 ☐ Married 1□ Yes 2NNo Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 10 +HGRADE ASSEMBLY LINE WORKER 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) JEROME GERALDINE IHOMAS 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) THER 50 78 CLIFTON AVE. BALTIHORE HD. 2/207

20b. Place of Disposition (Name of cemetery, cremetory or other place)

Dete 20c. Location - City or Town, State GERALDINE THOMAS (MOTHER) 5078 20a. Method of Disposition 1 Buriei 2 ☐ Cremetion 3 ☐ Removel from State MEMORIAL PARK 7-21-97 WOODLAWN, MARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) 22. Nama and Addrass of Facility

22. Nama and Addrass of Facility

BROWN JR. FUNERAL HOME, P. A.

2140 N. FULTON AVE. BALTIHORE HD. 21217

Control anter tha mode of dying, such es cerdiac or respiretory arrest,

Approximate Interval Representations of the property arrest. 21. Signature of Funeral Service Licensi 23a. Parti /Enter the disease, or complications that caused the death. Immediate Ceuse (Finel diseese or condition resulting in death) Sequentially list conditions, if any, laading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest rium Complex infection (Blad) 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? Failure 24a. Was an eutopsy performed? ancomycin Resistant Interococcus 26. Place of Deeth (Check only one) Hospital: 12 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28e. Date of Injury (Month, Dey Yaer) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 5 ☐ Pendinge investigation 1 Yes

physician end s the buriel-transit P.O. Box 68760 signed d be det Records, cartificete Division of Vital To the Hospital or Attending Physician: within 24 hours eftar deeth.

To the Funeral Director: Aftar this cartifice completely filled in by the funeral director,

Physician/Medical

þ

Be Completed

Medical Certification:

**Physician** 

/Medical

**Examiner** 

10a State

Director

28a-f show

items 23a

permit. Peges 1 end 2 should be filed within 72 hours effer to Department of Health and Mentai Hygiena. Important: If Item 27 is merked other than "natural", or item any Injury or other traumatic event

**Physician** /Medical

Examine

Baltimore, Maryland 21215-0020

Director

Funeral

by

Completed

traumatic event, the Madical Examiner rount be notified at

Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 25. Wes case referred to medical examiner?

1 Yes 2 No 27. Manner of Deeth 1 Neturel 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29a. Certifier

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medicat Exampler: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signeture and title of certifian

31. Data filed (Month, Dey, Year)

29c. License number

29d. Date signed (Month, Dey, Yeer)

Y HEIGHTS cause of death (Item 23a) (Type, Print) 2600 LIBERT BALTIMORE

State Registrar

JUL 23 1997



and the second of the second of the second The process of the process of The state of the contract the state of the s 

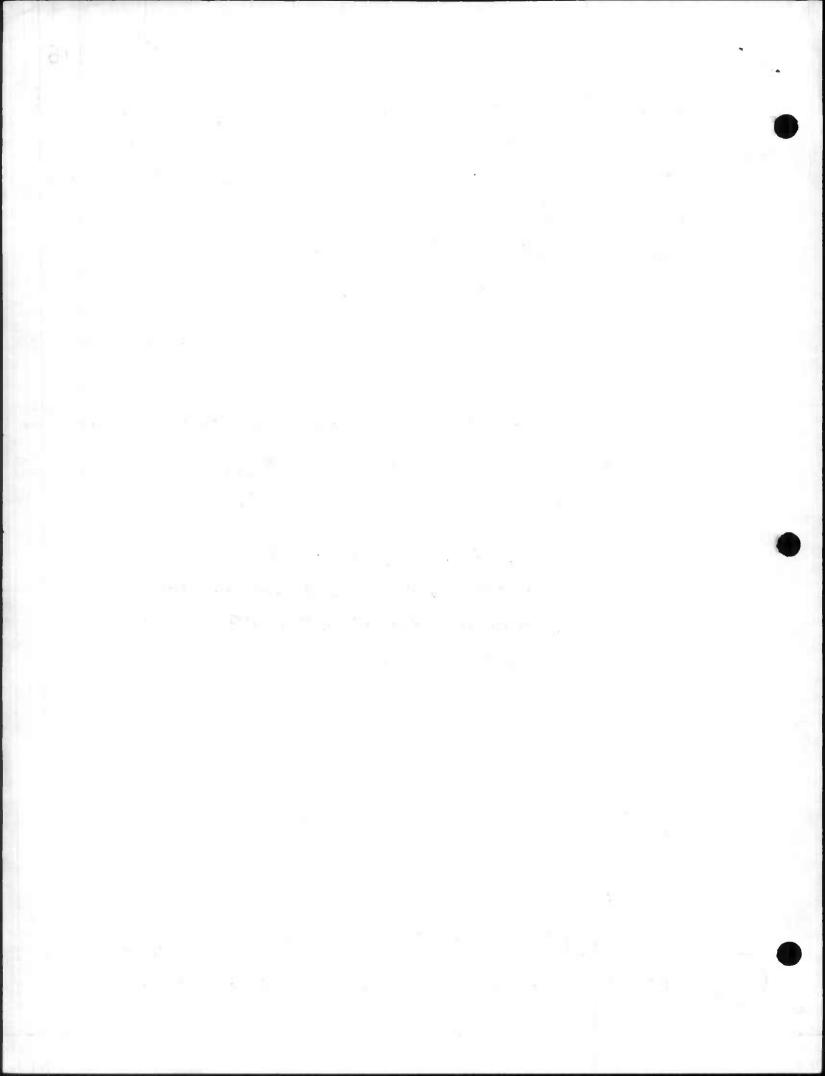
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The continue of the death certificate be executed within 24 hours after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has been attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Difference of the control of the con
--

	FOR 1 - STATE REGISTRAR		STATE OF N		/ DEPAI					MENTA	L HYGIEN				
ŧ	1. DECEDENT'S NAME (First,	esay Mi	3 1/ 0							2. DATE	OF DEATH	19	JEAR J	3. TIME OF DESTRI	
1	Emma Mc Ts 4. social security nume 135-30-5442	ER	5. SEX 1  M 2  X F	6. AGE (In yrs. 64	last birthday) YRS.	IF UNDE	DAYS	IF UNDER	MIN.	7. DATE	OF METH	33	8. BIRTH Country	PLACE (State or Foreign NJ	
TOR	90. FACILITY NAME (# not in 1506 Dunlos	ca Rd.	eet and number)				y, town o	R LOCAT	ON OF O	EATH		9c. COUN Balt			
DIRECTOR	10e. STATE  MD	106. COUNTY Baltim	ore			ry, town		ION					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	1506 Dunlor	ra Rd.		1					4				SA	VHAT COUNTRY?	
B	11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 K Divo		FORCES? 1	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO If YES, GIVE WAR OR DATES  13. WAS DECENDENT OF H If yes, specify Cuben, M 1 ☐ YES 2 ☑ NO S						an, Puerto		or No—	14. RACE Black Speci	- American Indian, t, White, etc.	,
COMPLETED	15. DEC (Specify only Elementery/Secondary (0 12	EDENT'S EDUC. y highest grade of	ATION completed) College (1-4 or 5+	ge (1-4 or 5+) life. Do NOT use retired.)								JSTRY			
ш	17. FATHER'S NAME (First, M MC IVET WOO										Middle, Maiden Vellyn		5		
TOB	David W. Sov		1)								ber, City or Tow			79701	
	20e. METHOD OF DISPOSIT.  1 □ Burlel 2 IX Cremelic  4 □ Nonellon 5 □ Other	n 3 🗆 Remo	val from State		E AND DATE					7/22		CATION — C			
	22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, I 1050 York Rd. Towson, MD. 21204														
	PART I may the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, enock, or heert fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCY OF):														
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infiltated events resulting in death) LAST														
1	PART II. Other significa	nt conditions	contributing to	death but no	t resulting	in the u	nderlyln	g cause	given ir	Part I.	24a. WAS AN PERFOI 1 TYES	RMED?	246.	. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
IN: MEDICA	DID TOBACCO U		BUTE TO CA					UNG	CERTAI	IN []				1 YES 2 NO	
TOT SICION.	25. WAS CASE REFERENCE T EXAMINED 2 NO	O MEDICAL	HOSPITAL:		3 DOA	OTHE	R:	no 5 🗀 🗎	esidenca	8 🗆 Oth	er (Specify)				
10		Pending Investigation	28a. OATE OF (Month, D	lay, Year)		JURY M	1 🗌	YES 2	□ NO	28d. DEŞCRIBE HOW INJURY OCCURED					
2 2	4 Homicide	Could not be determined		of INJURY — AI atc. (Specify)	home, ferm,	streat, fee	ctory, offic	•		28f. LO C/t)	CATION (Street or Town, State,	and Number	or Rural F	Route Number,	
COMPL	CONDON ONLY		CIAN: To the best of											e) end manner ea stated	s.
0 85	290. SIGNATURE AND TITLE	lest	(O)	m	ell	m	>	Nec. LIC	OG	MBER 38	3	PST	poneo	(Hareh, Day, Year)	2
	31. NAME AND ADDRESS O	F.O'	DONN	SE OF DEATH (I	1 1 (Typ	e, Print)	14	Sm	107	4/	1/2	180	H.	Marca)	2,

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 22276

•					Certificate of	of Death	Rec	a. No.			
	Physici	ian	1. Decedent's Neme (First, Middle, Li	Ginia W.	nellington		2. Date of Death Month	Dev	Year	Time of Death	
al er	/Medi				BSNILGION	-,	July	18 1	997 1	11: 30A	
	Examir	ner	4a. Fecility Neme (If not institution, gi	/	4.1	4b. City, Town, or L	2-110-2-40-277-1211	4c. County			
			CENESIS Eld			10 w 50,		611	House		
L	Funeral Director			Sex 7. Age (In yrs. 1 ☐ M 2☐ F 93		ear if Under 24 Hrs. eys Hours Min.	8. Date of Birth (Month, Dey, ) Aug - 4		9. Birthplece (Country)  Mayy	(Stete or Foreign	
Merylend a-f show		ctor	Mary Cary	/	BA/HMOLE					nside City Limits	
	ath with the Meryler 23s or 28s-f show	Funeral Director	1701 Euthaw	Place #7	V	a)2/7	100		en of Whet Country?		
	ë E	ner	11. Marital Status	12. Wes Decedent Ever in U Armed Forces?	,S. 13. Wes Decedent	of Hispenic Origin? (Sp Cuban, Mexican, Puerto	ecity Yes or No-		- American Inc	dian,	
5-0020	9 9	by	1 Never Married 2 Marrled 3 Vidowed 4 Divorced	1 Ves 2 No If Yes, Give Yeer or Dates:	1 ☐ Yes 2-2		Hican, etc.)		k, White, etc.	′c	
5-0	"naturel",	ted	15. Decadent's E	ducation	16e. Decadent's Usuel Oc	cupation	16		siness/Industry		
2121	e filed within 7 if Hygiene. Other than "r	Be Completed	(Specify only highest gr Elementery/Secondary (0-12)	College (1-4or 5+)	ilife. DO NOT use re	one during most of work tired)	ing F	WOUAT	t Bu	SINCSS	
p	il Hygi other	e C	17. Fether's Name (First, Middle, Lasi	)			e (First, Middle, Me				
lar	should be nd Mental marked o	ToB	JAMES Edu	IND Hill		BERTL	A E. L	WAIT	ein		
Maryland	2 sho and is m	-	19a. Informent's Neme/Relationship		19b. Mailing Address (Str	A CONTRACTOR OF THE PROPERTY O				***	
a)	Health Health em 27 i		20a. Method of Disposition	.,.,-	1733 BKD				-		
Baltimore	permit. Peges 1 end Depertment of Health Important: If Item 27 eny injury or other ti once.		1 Burial 2 Cremetion 3				7/24/63	C. Location - 1	City or Town, S	nate	
ţ	permit. Peg Depertment Important: I eny Injury c		4 □ Donetion 5 Other (Speci	VI ENTOMBNEN	Par RUTUS MED 22. Name end Ac	norioc lark	./04/7/	FIROU?	105,10	larylan	
Bal	permit. Depertr Imports eny inju		21. Signature of Funeral Service Lice	ASO	22. Name end Ac	Idress of Facility	ATMAN	HO HO	11 tel	DUINC (NOT	
	<b>4</b> 0 = <b>6</b> 0		Bury the	Lecio	MAHIN	818. Mar	, CANO	2/1/	_		
			23e. Pert1. Enter the disease, or con shock, or heart failure. List only	plications that caused the death	h. Do not enter the mode of	dying, such es cardiac	or respiretory erres	4,	Appr	roximete vel Between	
	Physician									et end Deeth	
7	/Medical Examiner		Immediete Ceuse (Final diseese or condition	CARDIF	te ARRY	THMIA					
п	LAGITITIE		resulting in death)	Due to (o	at as a consequence of).		1 -				
	p is	Examiner	_	, COMPRES	SION FRACT	URE OFLE	3 VERTE	= BRA			
	ecute and trans	Cam	Sequentially list conditions,	Due to (o	r es e consequença of):						
8	icete be executed physician end s the burial-transit		Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury	SEVERE	DEGENERATI	IVE TO	INT DIS	EASE			
68760	ertificete be Ilng physicia se as the bur	Medicai	thet initieted events resulting in deeth) Lest		r as e consequence of):						
9 ×	\$ 0 a	Mec		HYPOTHYR	2017 15m				1		
Bo	e death certifi the ettending hed for use as	an		d. 7) [1 / 11 / 11	100/11				1		
	dea ne et ed fo	sici	Part II. Other significant conditions	contributing to death but not res	ulting In the underlying cause	given In Pert i.	23b. Did tob	acco uee con	tribute to the	cause of deeth?	
P.0	es that the death cer igned by the ettendir be deteched for use	Physician					1 Yes	2 No	3 Probably	4.05 Unknown	
	gned be de	by									
Records,	requir sen s hould	Completed					24a. Was en performe		eveileble	utopsy findings e prior to ion of cause	
3ec	8 00	ldu							of deeth	?	
=		S					1 🗆 Yes	2.22 No	1 🗌 Yes	2□ No	
Vital	Physician: The this certificate ral director, pag	Be	25. Was case referred to medical exeminer?				h (Check only one)				
of	5 00	5	1 ☐ Yes 2⊠ No	Hospital: 1 ☐ Inpatient 2 ☐	ER/Outpetient 3□ DOA		me 5 🗆 Residen	ca 6 Othe	r (Specify)		
2	ding P. h. After t funera	on:	27. Menner of Deeth 1 ☑Neturel 5 ☐ Pending	28e. Date of Injury (Month, Dey Year)	28b. Time of lnjury 28c. I	njury et Work?	28d. Describe how	injury occurre	ed		
Sio	Attending or death.	cati	2 Accident Investigation		M	1 Yes 2 No					
Division	or Attendi efter death. Director: A i in by the fu	Certification:	3 Suicide 6 Could not be determined	28e. Placa of Injury - At he building, etc. (Specify	ome, ferm, street, factory, off	ica	28f. Location (Stre City or Town,		or Rural Rou	te Number,	
	Ital c										
	To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: After th completely filled in by the funeral	edicai	29a. Certifier 1 Certifying Pt (Check only 2 Medical Exer	nyeician: To the best of my knor niner: On the basis of examinal end manner steted.	wledge, deeth occurred et th tion end/or investigation, In r	e time, dete end plece, ny opinion, death occur	end due to the ceu red et the time, dete	se(s) end mer e end piece, e	nner es steted. and due to the c	ause(s)	
	vithin of the	Me	29b. Signature end title of cartifier	The state of the s	(A) 29c. Lic	ense number	290	d. Date signed	(Month, Dey,	Year)	
	->-0		A	Whithe	0	32700		.4/21	197		
7.			30. Neme end eddress of person who	•	22a) (Turn Daint)			110	17/		
	(T)		ANWAL KHO		123a) (Type, Print) D. 83( N. (	EUTAW ST	BACI	6MO	2120	/	
		10	31. Date filed (Month, Day, Year)	32_Registrar's Signe		5017100 81	1	1	3.00		
	ota Domina	ite	111 9 9 1007	L. K.	70 0 00						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7

Item5 8-19-97 FilmG750 W.H.Per F/H Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Physician WILLENS 5:20 PM JULY 15 1997 /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3810 KILBURN RD. If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) MAR. 7, 1934 RANDALLSTOWN BALTIMORE 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplaca (State or Foreign **Funeral** 1**X** M 2□ F 215-30-8746 NEW YORK 63 Yrs. Director the Marylend 10a, State 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 1 Yes 2 □ No Director MD BALTIMORE RANDALLSTOWN 10e. Street and Number 10g. Citizen of Whet Country? 10f. Zip Code with 3810 KILBURN RD. 21133 USA death Funeral 12. Was Decedent Ever in U,S. Armed Forces? ↑™Yes 2 □ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No. If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian Bleck, White, etc. 11. Marital Status 1 Never Married 2 Married Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: by Specify: 3 ☐ Widowad 4 ☐ Divorced WHITE 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) permit. Peges 1 and 2 should be filed within.
Department of Health end Mental Hygiene important: if lem 27 is marked other than any Injury or other trainment. Elementery/Secondary (0-12) College (1-4or 5+) 12 CLERK SOCIAL SEC. ADMN. 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be NATHAN WILLENS PAULINE 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 21117 MRS. PHYLLIS GOLDBERG (SISTER) 8015 VALLEY MANOR RD., APT. 2-B OWINGS MILLS, MD altimore, 20b. Place of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 XXuriel 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) MOSES MONTEFIORE WOODMOOR HEBREW 7/17/97 BALTO., MD 21. Signature of Funeral Service Licensee 22 Name and Address of Fecility BROS., INC. 20 Levenson 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximeta Intervel Between Onset end Deeth Physician /Medicai Immediete Ceuse (Finel diseesa or condition resulting in deeth) **Examiner** sequence of): Examiner 0 ettending physician end for use as the burial-transit Sequentially list conditions, if eny, leeding to immediete cause. Enter Underlying Cause (Diseese or injury that initiated avents resulting In deeth) Lest certificate be execu Torioscleroi Box 68760 Physician/Medical signed by the e P.O. 23b. Did tobacco use contribute to the cause of death? Pert II. Other eignificant conditione contributing to death but not resulting in the underlying cause given in Pert I. 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records. þ 24b. Were autopsy findings available prior to Completed 24a. Wes en eutopsy completion of cause of deeth? 1 Yes 2 No 1 □ Ves 2 □ No Be 25. Wes case referred to medical 26. Placa of Death (Check only one) exeminar? Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Assidance 8 Other (Specify) 2 o 28c. Injury et Work? 28a. Dete of Injury (Month, Dey Year) Certification: 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred Alber Division 1 Waturel 5 Pending investigation death. 1 Yes 2 No 2 Accident after death Director: 3 Suicida 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, State) 2 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital o within 24 hours at To the Funeral D 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) edicai 29a. Certifier (Check only 29b. Signature any fittle of fertifier 29d. Date signed (Month, Dey, Year) №9c. License number 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 111 State Devidson Registrar

water to the special section of

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 1 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death Month :00 P.m 1997 14 4a. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death Baltimore Augusta Avenue If Undar 1 Yaar If Undar 24 Hrs. Months Days Hours Min. 8. Data of Birth (Month, Day, Year) 3-18-191 6. Sex 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) 1□ M 2XF 218-12-2497 Yrs. Usual Rasidanca of Decedant 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 □ No more 10e. Street and Numbe 10f. Zip Coda 10g. Citizan of What Country? Race - Amarlcen Indian, Black, Whita, atc. Augusta 831 Arenue 12. Was Decadant Evar In U.S. Armed Forcas? Was Dacedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 1 Yas 2 1100 If Yas, Giva Yaar or Datas: 1 ☐ Navar Married 2 ☐ Married 1□ Yes 21 No 3 DWidowed 4 □ Divorced Black 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Dacedant's Education (Specify only highast grade complated) 16b. Kind of Businass/Industry College (1-4or 5+) Elementery/Secondary (0-12) th eria trid grade 17. Fathar's Nama (First, Middle, Last) 18. Mother's Nema (First, Middla, Meidan Sumama) Nelson 1110 19a, Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) to red INV 21208 20b. Place of Disposition (Nama of Comptary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) fourth 21. Signatura of Funaral Sarvice Licenses 22. Nama and Addrass of Facility Watash 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one ceuse on each line. Approximata Intarval Batween Onsat and Deetl Immadiata Cause (Final disaasa or condition resulting in deeth) Dua to (or as a consequence of) Dua to (or as a consequence of): Dua to (or as a consaquanca of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

**Physician** /Medical Examiner

burial-transit

Hospital or Attending Physician: The law requires that the death certificate be executed 24 hours efter death.
 Funeral Director: After this certificate has been signed by the attending physician and etely filled in by the funeral director, page 2 should be deteched for use as the burial-transit

Division of Vital Records, P.O. Box 68760,

**Physician** 

/Medical

Examiner

10a. Stata

**Funeral** 

Director

ns 23a or 28a-f show must be notified at

"natural", or Items 23a

permit. Pages 1 and 2 should be filed within 72 hours effer c Department of Health and Mental Hygiene. Important: If them 27 is merked other than "natural", or then any injury or other traumatic event

Baltimore, Maryland 21215-0020

Director

Funeral

þ

Completed

death with the Maryland

Examiner Physician/Medicai

Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last Be Completed by

25. Was casa rafarred to medical axaminar?
1 □ Yas 2 □ No

31. Dete filad (Month, Day Year)

27. Manner of Daath

Natural

2 Accident

3 Suicida

29a. Cartifiar

4 I Homicide

24a. Was an autopsy performed? 2 No

24b. Wara autopsy findings availabla prior to completion of ceusa of deeth? 1 Yas 2 No

26. Pleca of Death (Chack only onle)

Other: 4 Nursing Homa 5 Rasidence 8 Othar (Specify) 28c. Injury at Work? 28d. Dascribe how injury occurred

28f. Location (Streat and Number or Rural Routa Numbar, City or Town, Stata)

28a. Place of Injury - At homa, farm, straat, factory, offica building, etc. (Specify)

28a. Date of Injury (Month, Day Year)

1 ☐ Inpatiant 2 ☐ ER/Outpatlent 3 ☐ DOA

28b. Tima of

11 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the ceuse(s) and mannar as stated.
2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated.

29b. Signatura and titla of certifier

5 Panding Invastigation

6 Could not be datamined

29d. Data signed (Month, Day, Year)

30. Nama and address of parson who complated cause of death (Item 23a) (Type, Print) KERNAN

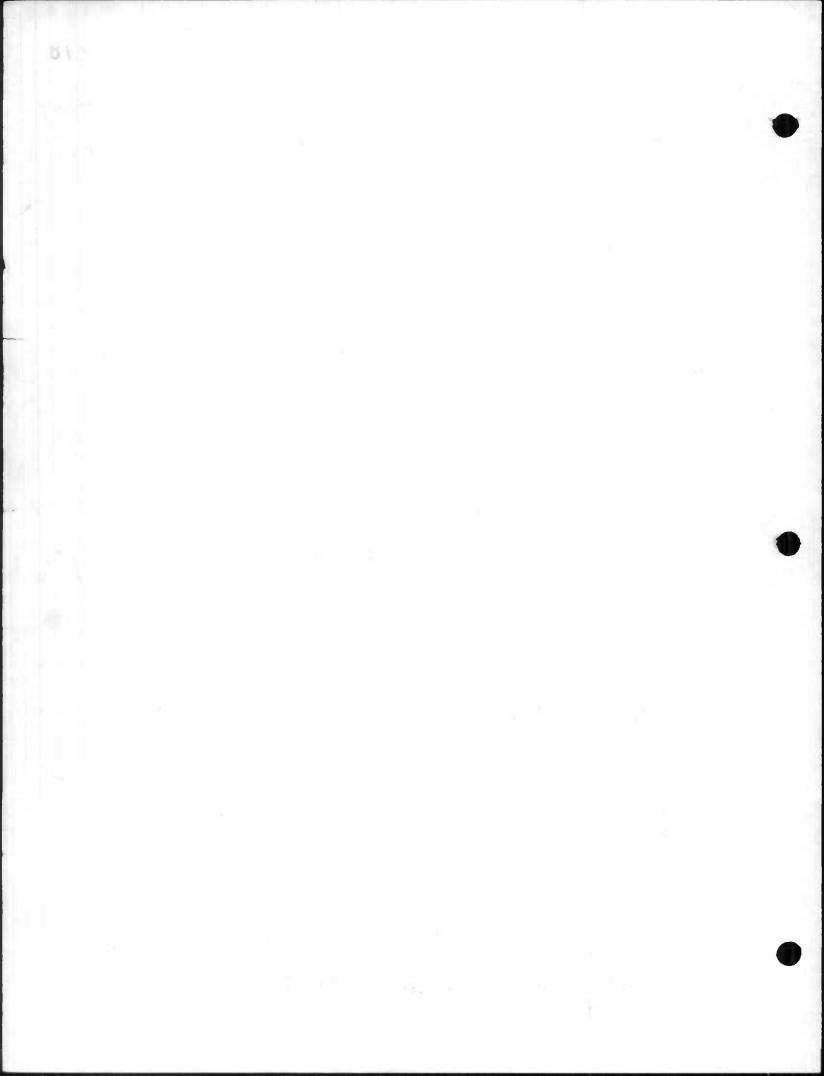
Julia Day

1 ☐ Yas 2 ☐ No

State Registrar

Medical Certification: To

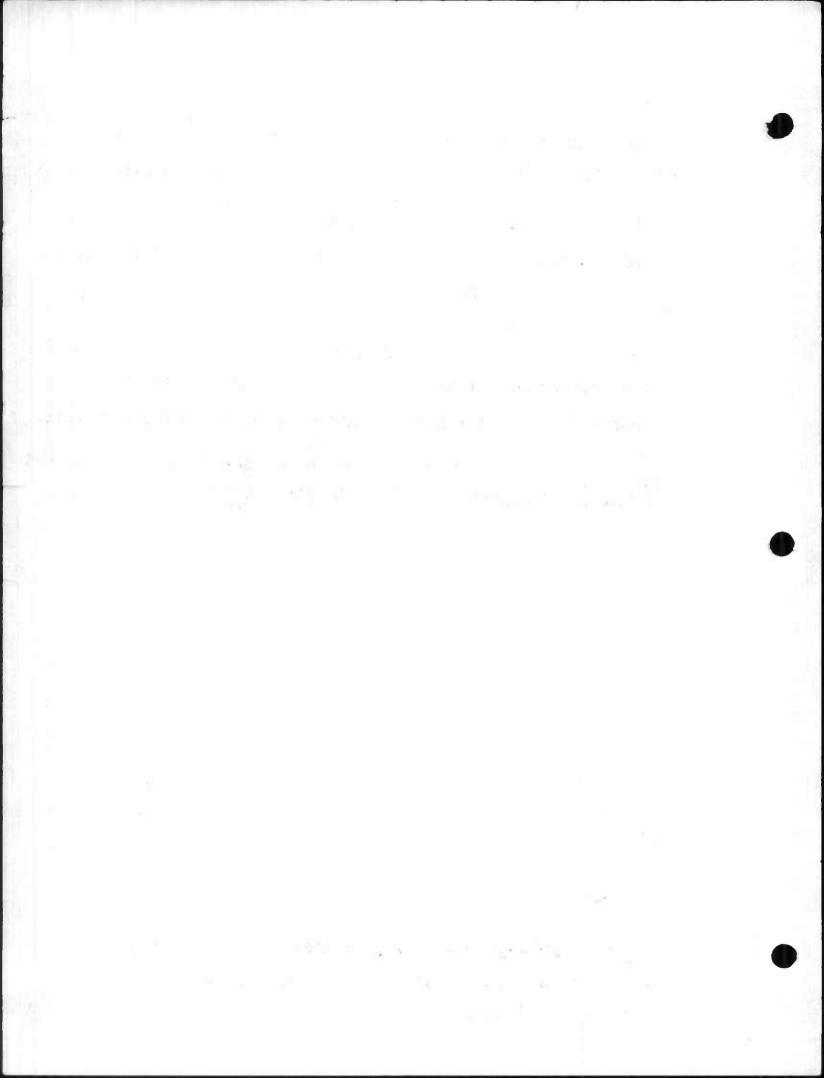
To the Hospital or within 24 hours after To the Funeral Dir



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 2 2 2 7 9

Certificate of Death Item 16a per FH Film G749 7-25-97 rja 1. Decedent's Nama (First, Middla, Last) 2. Data of Daath 3. Time of Death Month Yee **Physician** 005 U 20 199 ROWN /Medical mg 4a. Fecility Nema (If not institution, give street and number) 4b. City, Town, or Location of Deeth-4c. County of Death Examiner BALTIMORE n/a HOSPICE RITCHIE JOSEPH 7. Age (In yrs. last birthday) 51 yrs. | If Under 1 Yaer | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) | 9. Birthpiaca (Stata or Foreign FEB . 14, 1946 BALTIMORE 5. Social Sacurity Number 6. Sex **Funeral** 1 MX 2 F **Director** 212-46-2282 Usuai Residence of Decedant Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hyglene.

int: If Item 27 Is marked other than "natural", or items 23a or 28a-f show int: If Item 27 Is marked other than "natural", or other training a vent, in Medical Examines man 10a Stata 10b. County 10c. City. Town or Location 10d, inside City Limits Yas 2□ No Director BALTIMORE n/a MD 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? UNITED STATES 21223 828 N. EUTAW STREET Funerai 12. Wes Decedant Evar in U,S. Armed Forces? Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 ☐ Yes 2 ☐ Yes If Yes, Give Yaar or Datas: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1□ Yes 2√X Specify: à BLACK 3€Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation
(Giva kind of work done during most of working lifta. DO NOT use ratired) ENTREPRENEUR 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Coitaga (1-4or 5+) self-employed ENTRPRENEUR 12 17. Fether's Nema (First, Middle, Last) 18. Mothar'e Name (First, Middle, Maldan Surname) Be MARY O. JOHNSON GILLIAM AUGUSTUS DALLAS 2 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) ETTA DUNN- DAUGHTER- 848 W. FAYETTE STREET, balto. PROPHETESS LEE20b. Placa of Disposition (Nama of cometery, pramatory or other piace) 20a. Mathod of Disposition 20c. Location - City or Town, Stete Dete permit. Pages Department of Important: If It any Injury or of 1 ☑ Removai from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Lemoria Tark of Funeral Sarvica Licansas 22. Neme end Address of Fecility Hom march FUNCIA (d 21213 4300 wabash tue 23a. Parts. Enter the classe, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete intervel Between Onset and Death **Physician** /Medical Immediate Causa (Final 9 years disaase or condition rasulting in death) Breast cancer Examiner Dua to (or as a consaguance of): Examiner physician and the burial-transit Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Cause (Disaese or injury that initiated events rasulting in daeth) Last Dua to (or as e consequance of): P.O. Box 68760, Physician/Medicai Dua to (or es e consequance of): attending pl been signed by the a should be detached Part ii. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Onknown Asthmatic bronchitis Division of Vital Records. à 24b. Ware autopsy findings eveilable prior to completion of cause of death? Completed 24a. Wes en autopsy performed? ate has t certificate 1 ☐ Yes 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 25. Was case raferred to medical axaminar? funeral director, Be 26. Place of Death (Check only one) Hospitai: 21 No Other: 4 Nursing Homa 5 Rasidance 6 Domar (Specify) Hospice 10 1 ☐ Yes 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this 27. Mannar of Deeth Certification: 28a. Data of injury (Month, Day Year) 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred 5 Panding invastigetion Taturai after death. 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of injury - At home, ferm, street, factory, office building, atc. (Specify) completely filled in by 4 Homloids 24 hours 29e. Cartifiar rtifying Physician: To the best of my knowledga, death occurred at tha tima, date end place, and dua to the causa(s) and menner es stated. Medicai Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. To the within 2 To the 29b. Signeture end titla of certifiar 29c. License number 29d. Dete signed (Month, Day, Year) 21 July 97 D 13006 30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print) Thomas H. Powell 212014905 101 W. Read St. Baltimore 31. Date filad (Month, Day, Year) 32. Registrar's Signetura State JUL 24 1997 his sevidson Randell. Registrar



### Please Type or Print in Black Indelible Ink. Assure All Copies Are degible 2

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Dacedant's Nama (First, Middle, Last) 2. Data of Daath 3. Tima of Deeth 55 AM Physician BISHOP, SR. JOSEPH JUL 20 /Medical 4b. City, Town, or Location of Death 4c. County of Deeth 4a. Fecility Nema (If not institution, give street end number) **Examiner** RANDALLSTOWN BALTIMORE NORTHWEST HOSPITAL | If Undar 1 Year | If Undar 24 Hrs. | S. Data of Birth (Month, Dey Yeer) | SEPT . 25 . 1925 | 9. Birthplace (Stete or Country) | MARYLAND 5. Social Security Number 7. Aga (In yrs. lest birthday) 9. Birthplace (Stete or Foreign **Funeral** 15 M 2 F Months 214 20 9729 Yrs. Director Usual Rasidanca of Dacadan 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show MD. BALTIMORE BALTIMORE 1 ☐ Yas 2 No Director 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 0 1 WALDEN OAK COURT 21207 U.S. OF A. or items 23a death 14. Race - Amarican Indian, Black, Whita, atc. 12. Was Dacedant Evar in U,S. Armad Forces? 1 M Yas 2 No / 26 / 43 Wes Dacedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) Pages 1 and 2 should be filed within 72 hours efter 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Yaar or Datas: 714/46 Specify: þ 3 Widowad 4 Divorced BLACK natural', Be Completed Decedant's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Dacedant's Education 16b. Kind of Business/Industry (Specify only highest grede completed) al Hygiene. Elementary/Secondary (0-12) 11TH Collaga (1-4-UNKNOWN 4or 5+) U.S. POST OFFICE MAIL CARRIER 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surneme) end Mental is marked JOSEPH H BISHOP ELLA R. PURVINES BISHOP 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Peges 1 end 2 Depertment of Health e Important: If Item 27 is any Injury or other tree JOSEPH W. BISHOP.JR. (SON) 1 WALDEN OAK COURT BALTO., MD. 21207 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 7/28/97 Data 20c. Location - City or Town, Stata BALTO 20a, Mathod of Disposition 1 ABurlal 2 □ Cramation 3 □ Ramoval from State 4 □ Donation 5 □ Other (Specify) GARRISON FOREST VET. CEM. OWINGS MILLS, MD. CO. GWYNN-2. Name and Addrass of Facility
LEWIS T. GWYNN FUNERAL HOME 21215-6393 21. Signatura of Foreral Sarvice Licensee LEWIS Τ. PARK HEIGHTS AVE. 4517 BALTO., MD. 23a. Pert1. Enter the disease, or complications that aused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause of mode of dying. Approximata Intarval Batween Onset and Daeth **Physician** Immediate Ceusa (Final diseasa or condition rasulting In daath) /Medical Examiner Physician/Medical Examiner DIOMYO PATHY The lew requires that the death certificate be executed sician end Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury physician s the buria P.O. Box 68760 that initiated avants rasulting in death) Last Due to (or es a consaguence of): 98 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown Records. þ 24b. Were autopsy findings available prior to completion of cause of death? VILLOUS ADENOMA COLON Completed 24a. Was an autopsy page 2 1 Yas 1 TYAS 2 No Division of Vital or Attending Physician: 25. Was cesa rafarrad to medical examinar? Be 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Othar: 4 ☐ Nursing Homa 5 ☐ Rasidence 6 ☐ Othar (Specify) 9 1 Yas 2 No funeral 27. Mannar of Death 28b. Tima of 28c. Injury at Work? Certification: 28d. Dascribe how injury occurred After 1 Natural 2 Accidant 5 Panding investigation To the Hospital or Average within 24 hours effer death.

To the Funeral Director: After the Funeral Director of the Funeral Director of the Funeral Planta 1 Yas 2 No 6 Could not be datarminad 3 ☐ Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicida 29a. Cartifiar Certifying Phyalcian: To the bast of my knowledge, death occurred at the time, dete end plece, end due to the ceuse(s) and mennar as stated.

2 Medicat Examiner: On the basis of examination end/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) end mannar stated. Medicai (Check only onel 29b. Signatura and titla of certified 29c. Licansa numbar 29d. Date signed (Month, Dey, Yeer) REP 30. Neme and eddrass of person who completed cause leeth (Itam 23a) (Type, Print) AYNOLD NORTHWEST HOSPITAL CENTER TRE 31. Data filed (Month, Dey, Year) State JUL 241997 Registrar

DHMH 16 Rev 6/95

Special and a support arm greeklet at part Walter Art Tayl Chauly

# BASE MAN, KATHERINE limore, Maryland 21215-0020

ITEM#20a&20b PER F.H. FLM#G749 7/24/97 J Gertificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth JULY Physician 21, 1997 Katherine L. Baseman 7:00 PM /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner ANNE ARUNDEL NORTH ARUNDEL HOSPITAL ASSN GLEN BURNIE If Under 24 Hrs. If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dev. Year) Birthplece (State or Foreign Country) **Funeral** 1 □ M 20% F Months Days Hours 220-92-8095 34 Director 1963 Maryland May 19, Usuai Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at Glen Burnie Maryland Anne Arundel Director 1 Yes 2X No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? permit. Pages 1 end 2 should be filed within 72 hours after death with Depertment of Health and Mental Hygiene. In procrant: if Item 27 is marked other than "natural", or items 23a or any injury or other traumatic event. 21061 United States 7883 Tall Pines Ct., Apt. C 12. Wes Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give 11. Maritel Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien Bleck, White, etc. 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 ☑ No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16h Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Lithography Clerk 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Joseph Raley Elizabeth Stickel 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Jerry Allen Baseman, Jr. 7883 Tall Pines Ct., Apt. C, Glen Burnie, MD 21061 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete July 25, + Barial 2 ☐ Cremetion 3 ☐ Removel from State CEDAR HILLD CEMETER Metery etion 5 Cher (Specify) ENTOMBMENT Baltimore, Maryland 1997 21. Signetu of Funeral Servica Licanse 22. Name end Address of Facility
Kirkley-Ruddick Funeral Home, P.A. 421 Crain Hwy., S.E., Glen Burnie, MD 21061 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervei Between Onset end Deeth **Physician** Arrhythmia /Medical Immediete Ceuse (Final disease or condition resulting in death) Examiner Examiner Due to (or es e consequenca of): thet the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Last and Box 68760. physician Physician/Medicai Due to (or es e consequence of) the Syndrome P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? II - Amoventrular Block 1 Yes 2 No 3 □ Probably 4 □ Unknown signed t Records, þ 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed 1 Yes 2 PINO 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: Be 25. Was case referred to medical exeminer? 26. Piece of Death (Check only one) Hospitel: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28e. Dete of Injury (Month, Dey Year) 27. Manner of Death 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred After 1 Natural 5 Pending within 24 hours after death.

To the Funeral Director: All completely filled in by the fu death. 2 Accident investigation 1 Yes 2 No 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 - Homicide Medicai 29a. Certifier Ecritifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted. (Check only one) 2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. To the To the To the I 29d. Dete signed (Month, Dey, Year) 29b. Signeture end title of certifier 29c. License number

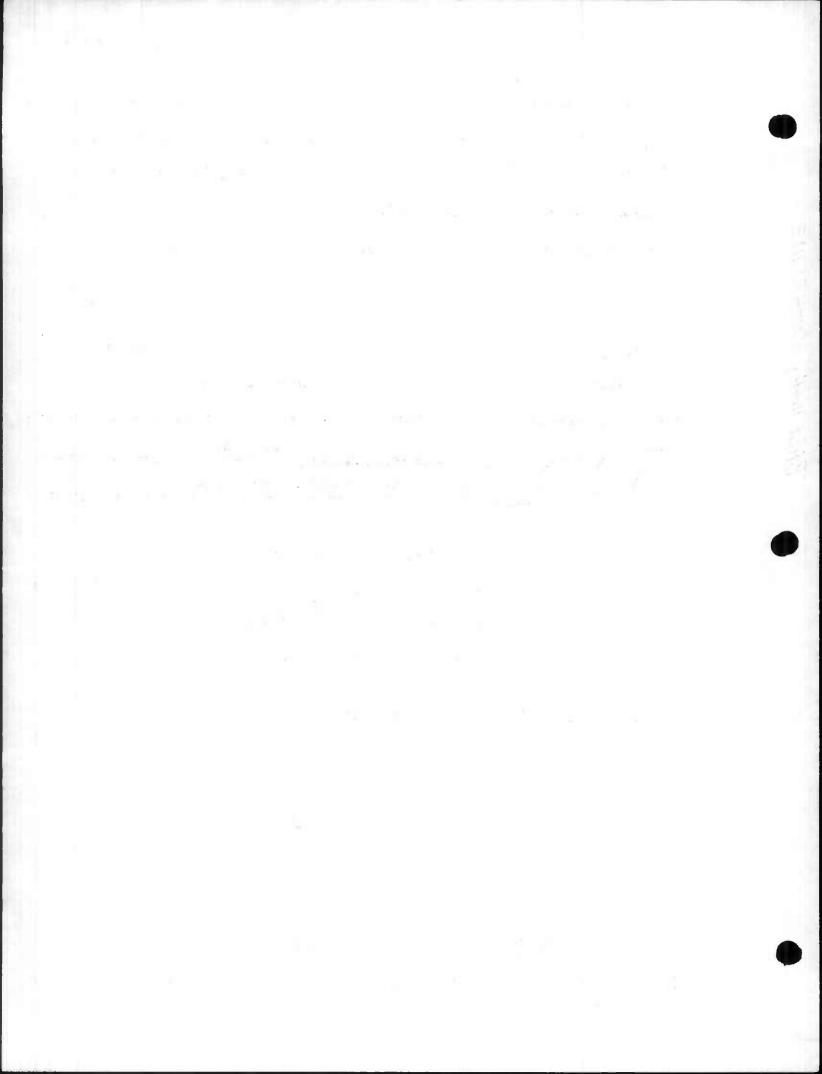
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Levin Doyle, MD. 203 Hospital Drive, Swite 206, Glen Burnie, MD 21060

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 2 8

State of Maryland / Department of Health and Mental Hygierie

Registrar

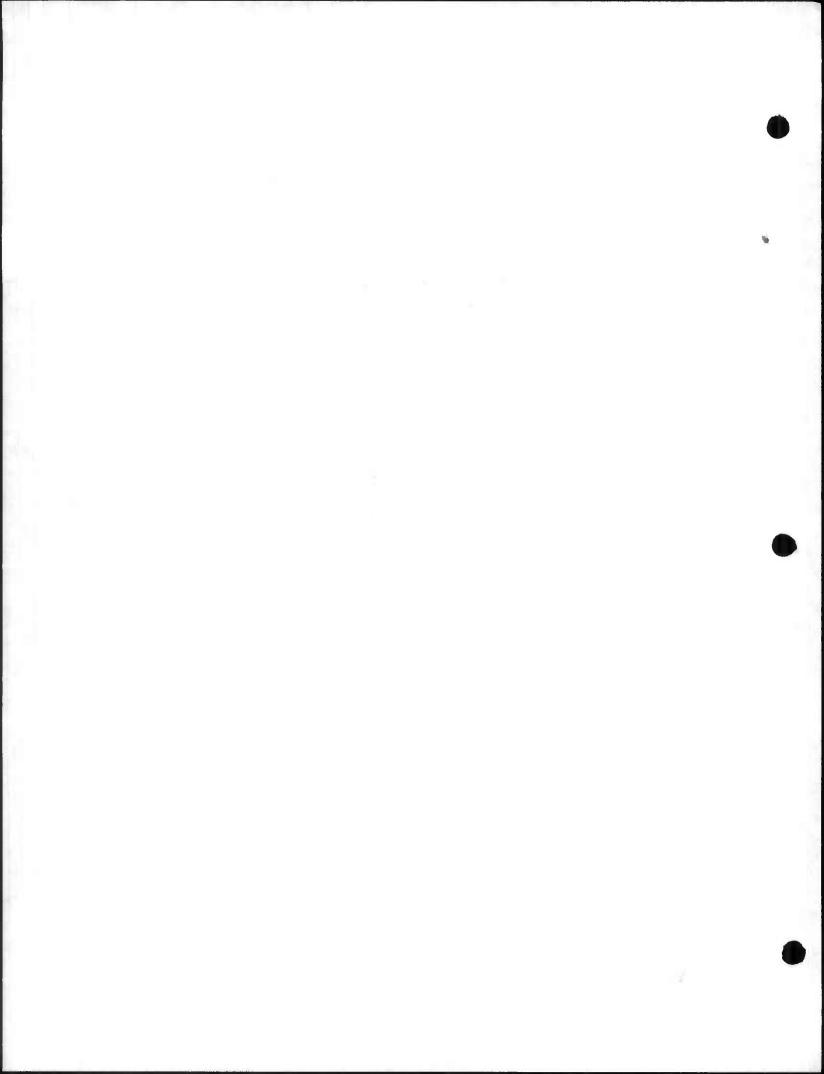
JUL 24 1997



## VOID

DEATH

certificate no.: 97- 22282



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

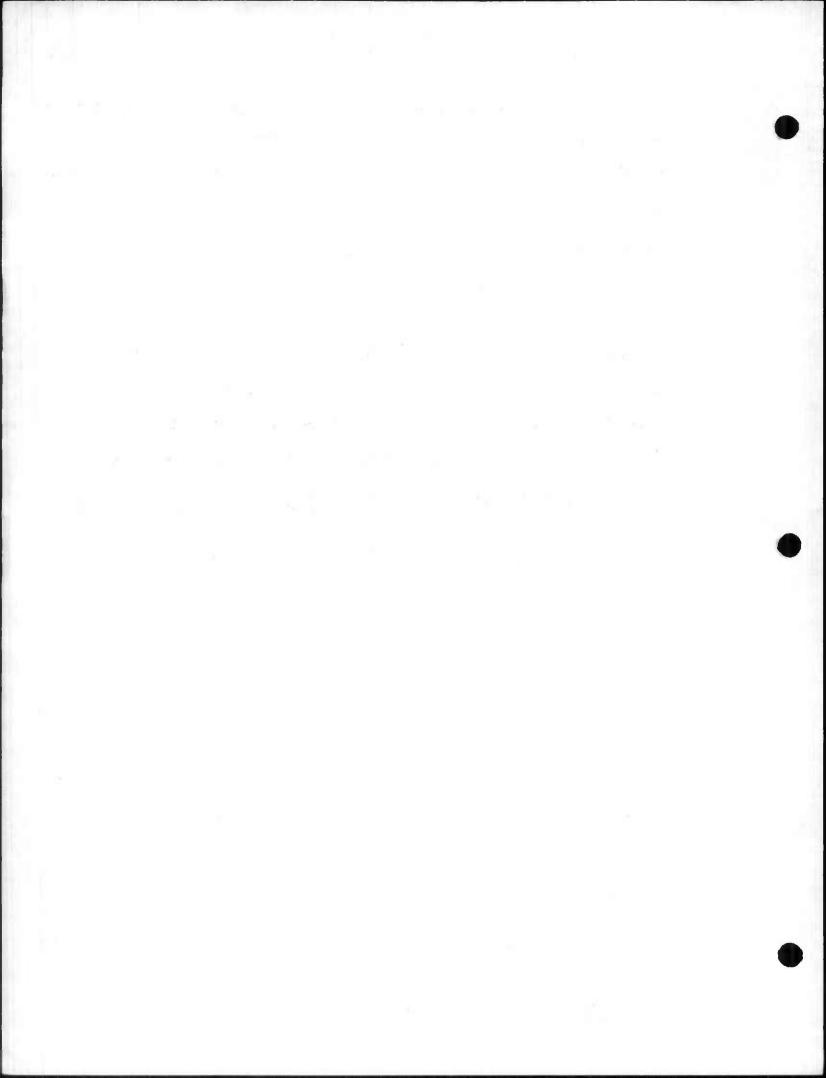
A	NTHONY		CURTIS  part I,27 per MEO G-750 8/6	te of Marylar /97_dh		rtment of F ificate of		lental Hy	giene Reg. No		En (m)	200
ľ	Physic		Decedent's Neme (First, Middle, Last)	nthony				2. Dete of De Month			Yeer	3. Time of Deeth
3	/Medi	cal	cal — Thirding Survey						21, 1997			0412AM
	Examir Funeral Director	ier							TY N/A			ce (Stete or Foreign
	pus A.		Usuel Residence of Decedent  10a. Stete 10b. County	10c Cit	ty, Town or Loca	ation			, .,			Inside City Limits
	Meryli -f sho	to	Md N/A		altimor						100	XXYes 2 □ No
	or 284	Director	10e. Street end Number			10f. Zip Code			10g. Cit	izen of W	het Country	?
	s 23a	eral	5005 Palmer Avenue		10 40 11	21215		7 7		SA	A	4.4
Maryland 21215-0020	permit. Pages 1 end 2 should be filed within 72 hours efter death with the Meryland Department of Health and Mentel Phygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examiner must be notified at once.	by Funeral	1 Never Married 2 Married 1 If Y	s Decedent Ever in U led Forces? Yes 2 XNo es, Give er or Detes:	lf \	as Decedent of P Yes, specify Cub	dispento Origin? (Speen, Mexican, Puerto Specify:	ecity Yes or Ne Rican, etc.)	0-	Black	American k, White, etc	).
5-0	72 ho natur	eted	15. Decedent's Education (Specify only highest grade comp	leted)	16e. Decede (Give ki	nt's Usuai Occup nd of work done	pation during most of worki	ing	16b. K	ind of Bu	siness/Indus	stry
2121	within iene. than	Completed	Elementary/Secondery (0-12) Col 12th grade N	ege (1-4or 5+)	1	ate Nurs			S	tate	of Mo	t
pu	should be filed within and Mentel Hygiene. s marked other than tumatic event, the Mentel to the Ment	Be C	17. Fether's Name (First, Middle, Last)	, , , ,		acc man	18. Mother's Name	(First, Middle	, Meiden	Surneme	e)	
yla	Ment Marked Marked	ToE	Clifton Curtis		Margare							
Ma	nd 2 sh tth and 27 is m traum		19e. Informent's Name/Reletionship (Type, Pri Margaret Taylor-Moth				end Number or Rura Avenue					
Baltimore,	Pages 1 er nent of Hea int: If item 2 iry or other		20e. Method of Disposition  1X Burial 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	Baltimore, Md 21215 Date 20c. Location - City or Town, State  25/97 Randallstown, Md								
Balti	permit. Departm Importa any Inju		21. Signeture of Funeral Servica Licansee  23a. Part1. Enter the disease, or complications shock, or heert feilure. List only one ceus	Cook	)   1	Neme end Addre	H West	nuo R	al+ir	2000	Md	21215
68760,	Physician /Medical Examiner  ling bhysician end e es the pnuel-treusi	Medical Examiner	Immediate Cause (Final	MORBID OBESI  Due to (c		ence of):					Ö	iterval Between
.O. Box	iaw requires that the deeth certifies been signed by the ettending as 2 should be deteched for use es	Physician/M	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  23b. Did tobecco use contribute to the underlying cause given in Pert I.									
Records, P	v requires that been signed I should be det	þ			24e. Wes en eutopsy 24b. V				eutopsy findings able prior to eletion of cause			
Rec	The law ste hes b page 2 s	Completed									of dea	eth?
tai		Be Co	25. Wes case referred to medical				26. Piece of Death			□No	uę v	/es 2□ No
> 1	hysicia nis cer i direc	ToB	exeminer? 1 No Hospitei	1 Inpatient 2	ER/Outpetient	3□ DOA Oth				6 □Othe	er (Specify)	
Division of Vital	Attanding Physician: or deeth. ector: After this certific by the funerel director,	Certification:	27. Manner of Deeth  1 DNaturel  5 Pending investigation  3 Suicide  6 Could not be	Dete of Injury (Month, Dey Year)	28b. Time of Injury	M 1□	Yes 2 □ No	28d. Describe				
2	al or Attander's after deet	Certif	4 ☐ Homicide determined 28e.	Placa of Injury - At he building, etc. (Specify		t, factory, offica		28f. Location ( City or To	Street an wn, Stete	nd Numbe a)	er or Rural R	oute Number,
	To the Hospital or / within 24 hours after To the Funeral Director Completely filled in E	edical		o the best of my kno the basis of examine menner stated.	wledge, deeth o tion end/or Inve	stigation, in my o	pinion, deeth occurr	end due to the	ceuse(s) date end	) end mer d place, e	nner es stete ind due to th	ed. e cause(s)
)	To To	Σ	29b. Signature end title of certifier  Attys 5 7	Nacl	J, MI	29c. Licens	e nu <i>m</i> ber		29d. Da		(Month, De	
	Sta Registr	_	30. Name end eddress of person who complete Stephen S. Rade 31. Dete filed (Month, Day, Year) JUL 24 1997	rtz, MV 32 Registar's Signe Julia Javidson			reet, Ba	altimo	re,	Maj	rylan	d 21201

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 22284

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** 19, 1997 Frances M. Dare 10:45 P.M. July /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 2521 Reisterstown Road Baltimore If Under 1 Yaar If Undar 24 Hrs. 5. Social Security Number 219-14-0395 7. Aga (In yrs. last birthday) Birthpiace (State or Foraign Country) **Funeral** 1□ M 2□yF Hours 72 Yrs. Director Usual Residence of Dacedani 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at N/A Director Baltimore XYes 2□No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2521 Reisterstown Road 21217 USA Funerai 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. permit. Peges 1 and 2 should be filed within 72 hours after of Depertment of Health and Mental Hygiene. Important: if flem 27 is marked other than "natural, or item any injury or other traumatic event, the Medical Exercising 2008. 1 Nevar Married 2 Marriad 1 Yas 2 No If Yes, Giva Yaar or Dates: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: **Black** þ 3 ☑ Widowad 4 ☐ Divorced Completed 16a. Dacedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collaga (1-4or 5+) Domestic 9th grade Home N/A 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) James Elliott Elsie Elliott 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) Charles Elliott - Son 2521 Reisterstown Road Baltimore, Md 21217 20b. Placa of Disposition (Nama of camatary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Durial 2 ☐ Cremation 3 ☐ Ramoval from Stata 7-25-97 Arbutus, Md 4 ☐ Donation 5 ☐ Othar (Specify) Arbutus Memorial Park 21. Signatura of Funeral Sarvice Licansea 22. Nama and Address of Facility March F/H West 23a. Pert1. Entar tha disaase, or complications that caused tha death. Do not enter the mode of dying, such es cardiac or raspiretory arrast, shock, or heart failure. List only one cause on each line. 0 Baltimore, Md 21215 Approximata Interval Batwaan **Physician** yperten Sive Cardio-Vascular disease /Medicai Immediate Causa (Final disaasa or condition rasulting in daath) Examiner Examiner attending physician end for use as the burial-transit The law requires that the death certificate be axecuted Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last Records, P.O. Box 68760, Physician/Medicai Dua to (or as a consaquance of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? á 1 Yas 2 No 3 Probably 4 Unknown erebro-vascular signed to þ Completed 24a. Was an autopsy performed? 24b. Wara autopsy findings availabla prior to complation of cause of death? pege 2 s 1 Yes 2 No 1 Yas 22 No certificete Division of Vital Hospital or Attending Physician: 24 hours efter death. 25. Was casa rafarrad to medical axaminar? Be 26. Placa of Daath (Chack only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Medical Certification: To 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28d. Dascribe how Injury occurred 28b. Tima of 28c. fnjury at Work? After 1 Natural 2 Accidant 5 Panding invastigation 1 Yas 2 No d in by the 3 Suicida 6 Could not ba 28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 ☐ Homicida To the Hospital or within 24 hours eff To the Funeral DI completely filled in Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

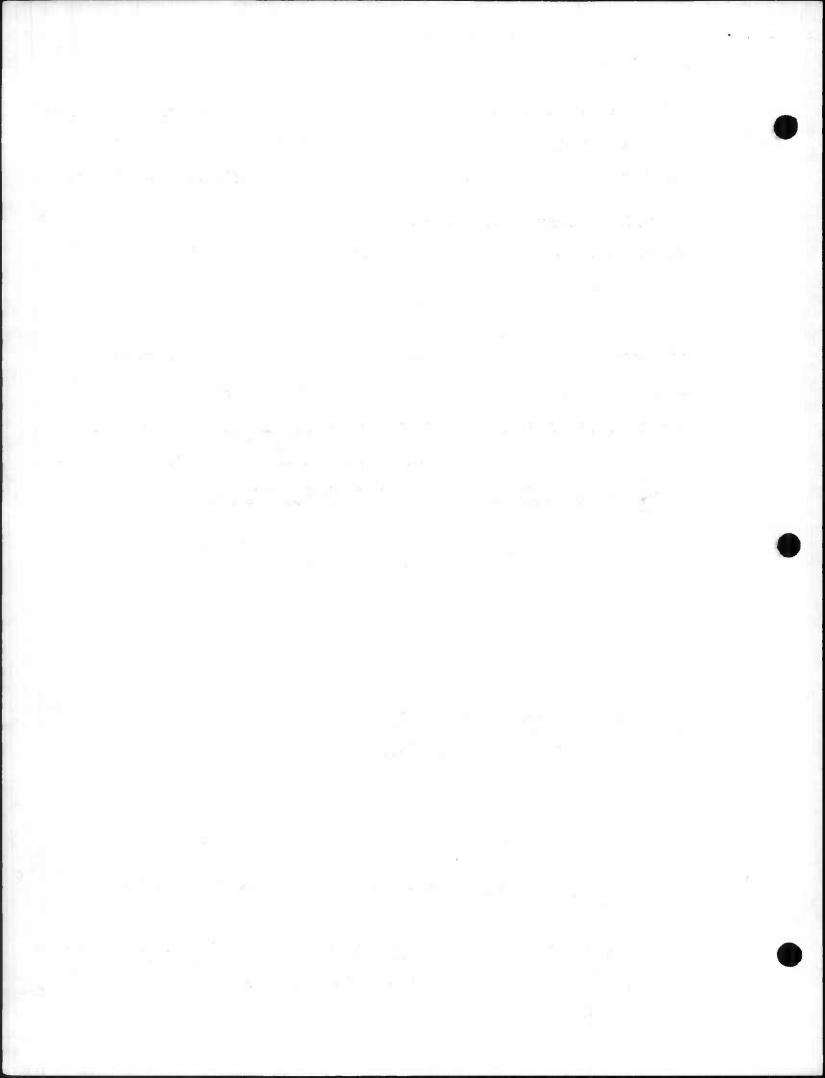
Madical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Cartifian 29b. Signatura and titla of certifiar 29d. Data signed (Month, Dey, Year) 29c. Licansa number Amatun H Macon M.D July, 23 30. Nama and addrass of person who complated cause of death (tam 23a) (Type, Print) 31. Data filad (Month, Day Year) State

Registrar



### Please Type or Print in Black Indelible Ink. Assure All Copies Are segible 2 2 2 8 5 State of Maryland / Department of Health and Mental Hygiene

		Certificate of Death	Reg. No.									
Physic	ion	1. Decedent's Name (First, Middle, Last)	Dete of Death	Year 3. Time of Deeth								
/Medi		John Harrison Dieter, Sr.	1010 161	997 / PM								
Exami	ner	4a. Fecility Neme (If not institution, give street end number)  4b. City, Town, or Loca										
		516½ Hampton Lane Towson  5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs. 8		imore County								
Funeral Director		5. Sociel Security Number 217-05-5713  Usuel Residence of Decedent  6. Sex Yrs.  7. Age (In yrs. last birthday) 83  Yrs.  16. Under 1 Yeer Months Deys Hours Min.  Sept. 11, 1913  9. Birthplace (Stete or Country) Marryland  9. Birthplace (Stete or Country) Marryland										
/land		10e. Stete 10b. County 10c. City, Town or Location		10d. Inside City Limits								
Man	to	Maryland Baltimore County Towson		1 ☐ Yes 2 2 No								
th the	Director	10e. Street and Number 10f. Zip Code	10g. Citizen of	Whet Country?								
th wi		516½ Hampton Lane 21286	U.S.A	٨.								
r dee	Funeral	11. Marital Stetus  12. Was Decedent Ever in U,S. Armed Forces?  13. Was Decedent of Hispenic Origin? (Specifit Yes, specify Cuban, Mexican, Puerto Ric	y Yes or No- an, etc.) 14. Ra	ce - American Indien, eck, White, etc.								
or i	by F	1 Never Married 2 Married 1 Yes 2 No If Yes, Give 1 No Specify:	Speci	4								
72 hours after deeth with the Manyland 72 hours after deeth with the Manyland natural, or Items 23s or 28s-f show dical Examiner must be notified at	pe pe	100 01 20103.		wnite								
d within 72 ho piene. r than "natur	Completed	(Specify only highest grede completed) (Give kind of work done during most of working	Tob. Kind of t	Business/Industry								
filed within Hygiene. ther than	mo.	Elementery/Secondary (0-12)  12th Grade  College (1-4or 5+)  Electrician	Automo	tive								
0 = 0 >	Be C	17. Fether's Neme (First, Middle, Lest)  18. Mother's Name (First, Middle, Lest)	irst, Middle, Maiden Sume	me)								
should be and Mental marked o	To	John W. Dieter Anna Ma	rie Hasse									
and ls ma		19a. Informent's Neme/Reletionship ( <i>Type, Print</i> )  19b. Mailing Address ( <i>Street and Number or Rural F</i>	loute Number, City or Town	n, Stete, Zip Code)								
		John H. Dieter, Jr./Son 8910 Emla Avenue, Baltim										
iges 1 end 2 should nt of Health and Mer If Itam 27 is marke or other traumatic		1 ⊠ Buriel 2 □ Cremetion 3 □ Removal from Stete		- City or Town, State								
nit. Pa partmen cortant: Injury		4 Donetion 5 Other (Specify) Gardens of Faith Cemetery	Baltimo	re, Maryland								
permit. Pages 1 er Department of Hea Important: if Item 2 any Injury or other		21. Signetur of Funeral Service Licensee  22. Name and Address of Facility John C. Miller, Inc. 6415 Belair Road, Bal	timore, Mary	land 21206								
		23a. Part I there the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reshort of repetitions. List only one cause on each line.	espiretory errest,	Approximete Intervel Between								
Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)  But to (or es e consequence of):	Head	Onset end Death								
eath certificate be executed attending physician end for use as the bunal-transit	in/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury their Initiated events resulting in death) Lest  b. Due to (or es e consequence of):  Due to (or es e consequence of):  d.										
0 0	Physiclan/N	Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I.	23b. Did tobacco use c	ontribute to the cause of deeth?								
at the d by the etache	Phy	R = R = R = R = R = R = R = R = R = R =	1 ☐ Yes 2 ☐ No	3 Probably 4 Miknown								
res that igned b	by	Concery mostate										
aw requi	Completed	Deshites Mellettes	24e. Wes en eutopsy performed?	24b. Were eutopsy findings eveileble prior to completion of cause of deeth?								
F	Co		1□ Yes 2ŪNo	1 ☐ Yes 2 ☐ No								
ysician: The	Be	25. Wes case referred to medical examine?  Hospital:  Other:  Other:	Check only one)									
Physician: this certific ral director,	. To	1 Inpatient 2 Et/Outpetient 3 DOA 4 Nursing Home	5 □ Desidenca 6 □ Ot									
Bu de la company	Certification:	1 Netural 5 Pending (Month Day Year) Injury Work?	I. Describe how injury occu	197								
	fica	and Society 6 Could not be	Location (Street and Num	ber or Rural Route Number								
[新報]	erti	4 Homicide building, etc. (Specify)	City or Town, State)	32/tipper2128								
100		29a. Certifier 1□ Certifieng Physicien: To the best of my knowledge, deeth occurred et the time, dete end pleca, end	due to the ceuse(s) end	plonted steed.								
To the He within 24 I To the Fur completely	edicai	(Check only one)  2 [Medical Examiner: On the basis of examination end/or Investigetion, in my opinion, deeth occurred and manner stated.	et the time, date end place	, end due to the ceuse(s)								
To the within 2 To the comple	M	29b. Signature and little of certifier 29e. License number	29d. Date sign	ed (Month, Dey, Year)								
		Sepalest on onnellas 1093	3 July	123,1997								
4		30. Name and address of person who completed cause of deeth (Item 23e) (Type, Rrint)	11/10/	Baltimore								
V		Unarlest-O'Donnel/MU-111 Hamlet	HIMRA,	mary pred 272								
Sta	ite	31. Date filed (Month, Day, Year)  32. Registrats Signature										

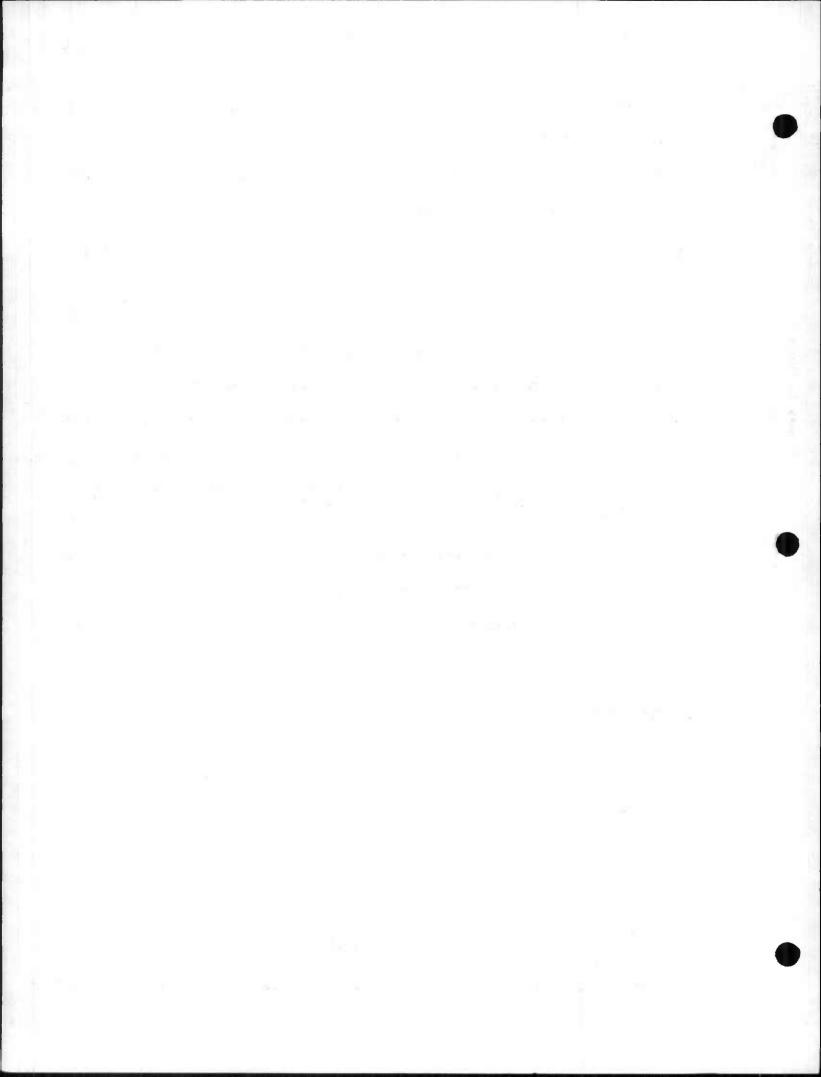


### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 2 8 6

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** July 1997 Thomas Leroy Dietz Jr. 21 0810 PM /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Baltimore N/A St. Agnes Hospital If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Months Days Hours 1<del>√</del>M 2□ F 216-36-1316 56 Yrs Director 30,1940 Maryland Aug. Usual Residence of Decedent with the Maryland 10a. State 10b. Count 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 10d. inside City Limits Director Maryland Baltimore Arbutus 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1103 Meadowlark Drive 21227 United States Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) Race - American Indian, Black, White, etc. 12 should be filled within 72 hours after on and Mantal Hygiana. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 XYes 2 No Specify: by Specify: white 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Private Investigator Service 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Pagas 1 and 2 should be 1 nent of Haalth and Mantal Thomas Leroy Dietz Sr. Helen Wensein 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21227 19a. Informant's Name/Relationship (Type, Print) Department of Haalth a Important: If itam 27 is any injury or other tra once. Barbara J. Dietz, wife 1103 Meadowlark Drive Arbutus, Maryland 20b. Piace of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State Metro Crematory 4 ☐ Donation 5 ☐ Other (Specify) 7/26 Catonsville, Maryland 21. Signature of Funeral Service Licenses 22. Name end Address of Facility Ambrose Funeral Home, Inc. Arbutus 1328 Sulphur Spring Road 21227 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Betw Onset and Death Physician /Medical Immediate Cause (Final Hepatorenal syndrome disease or condition resulting in deeth) weeks Examiner Due to (or es e consequence of): Examiner Cirrhosis of the liver years physician and the bunal-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as e consequence of) Box 68760. Alcoholism years Physician/Medical Due to (or as e consequence of) attending for usa as P.O. Part II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2월 No 3 ☐ Probably 4 ☐ Unknown Hypertension signed b Records, þ 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of ceuse of death? Completed peen cata has i ¥Yes 2□No cartificata Division of Vital Hospital or Attanding Physician: director, Be 25. Was cese referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1. Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funarai 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Aftar 5 Pending Investigation 1 Natural death. 1 Yes 2 No aftar death Director: A 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide filled 24 hours 29a. Certifier 📧 Certifying Phyaician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated. To the Hosp within 24 hou To the Fune completely fil Medical 2 Medicel Examinar: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) and manner stated. 29b. Signature and title of certifier 29c. Licensa number 29d. Dete signed (Month, Day, Year) D43453 July 22, 1997 10 30. Neme end address of here the completed cause of death (Item 23a) (Type, Print) V. Dixon King, St. Agnes HealthCare - 900 Caton Avenue, Baltimore, Md. 21229 31. Date filed (Month, Day, Year) Registrar's Signature State JUL 24 1997 Davidson Registrar

**DHMH 16 Rev 6/95** 



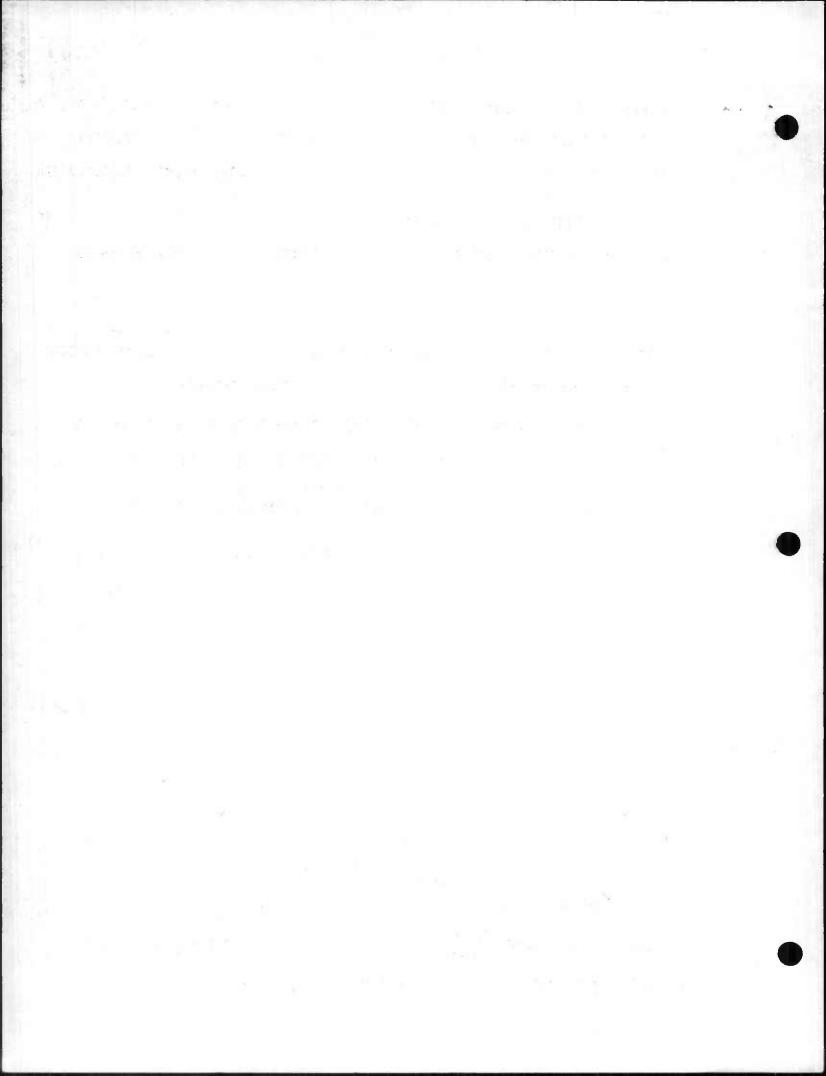
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple.

State of Maryland / Department of Health and Mental Hygiene 22287

				Certificate of	Death	F	Reg. No.					
Physic	clan	Decedant's Nama (First, Middla, Last)			l <sub>a</sub>	2. Data of Dea	ith Day	Vonr	3. Tima of Death			
, Physi /Med		WILLIAM I. FALLON	JR.			JULY 1	9 19	97"	9:20 PM			
Exam	iner	4a. Facility Nama (If not institution, give street and number) 17520 QUEEN ELIZABETH DRI			4b. City, Town, or L		MO	of Death NTGOME	RY			
Funera Directo		5. Social Sacurity Number 6. Sax 7. Ag 1 1 1 M 2 □ F 7. Ag 1 Sual Rasidance of Dacedant	a (In yrs. last bin	thday) If Undar 1 Year Months Days	If Undar 24 Hrs. Hours Min.	8. Date of Birth (Month, Day JAN . I	9,1937	9. Birthplace	CA (State or Foreign			
Marylend -f show	tor	10a. Stata 10b. County  MD . MONTGOMERY	10c. City, Town					10d. Insida City Llmits 1 ☐ Yas 2 🛣 No				
ath with the Marylen 23e or 28e-f show	al Director	10e. Street and Numbar 17520 QUEEN ELIZABETH DRI		10f. Zip Coda	20832	,		Citizan of What Country?				
ter des	by Funeral	11. Marital Status  1 □ Navar Married 2 ☑ Married  1 □ Vasy ar Or Datas:  1 □ Was Dacadant Armed Forcas?  1 □ Yas 2 ☑ Hif Yas, Giva Yaar or Datas:		13. Was Dacadant of H If Yes, specify Cub 1 ☐ Yas 2 ☒ No	Hispanic Orlgin? (Sp en, Maxican, Puarto Specify:	ecity Yes or No- Rican, atc.)	14. Rad Blee Specify	a - Amarican ck, Whita, at WHIT	c.			
2121 d within giene. r than	Completed	15. Decedant's Education (Specify only highest grada complated)  Elamantary/Secondary (0-12)  Collega (1-4or 5) 6	i+)	Decedant's Usual Occup (Giva kind of work dona lifa. DO NOT usa ratire RPORATE MAN	during most of work d)	ing	SATEL CO	LITE	CATIONS			
aryland 2 should be filed nd Mentel Hygic marked other umatic event, til	To Be C	17. Fathar's Nema (First, Middle, Last) WILLIAM I. FALLON, SR.	,		18. Mothar's Nam HELEN		st, Middla, Maidan Sumama) GOSNEAR					
Maryla d 2 should th end Mer T is merke traumetic		19a. Informant's Name/Ralationship (Type, Print)		Mailing Addrass (Straat								
Heal Heal		PHYLLIS C. FALLON, WIFE  20a. Mathod of Disposition  1 Burial 2 Cramation 3 Removal from Stata	20b. Pleca of camatar	7520 QUEEN Disposition (Nama of y, crematory or other pla	ca)	Data	20c. Location -	City or Town				
Baltimo permit. Pages Department of important: If it		1 Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Othar (Specify)  21. Signatura of Funaral Sarvice Licansae  A WRIEL H. BARBER FUNERAL HOME										
		23a. Part1. Entar tha disaasa, or complications that caused shock, or haari failura. List only ona ceusa on aach lir	tha death. Do r	POBOX 503	88 LAYTON ng, such as cardiac	SVILLE, or raspiratory ar	MD.	20882	pproximata ntarvai Batwean			
Physician /Medica Examine	i			MCER, ME	ETA STA-	TIC			Onsat end Death			
		Teesing it dutily										
760, be executed sician and burial-transit	Examiner	if any, laading to immadiata	Dua to (or as a c	consequance of):								
687 tificete g phy	n/Medical											
P.O.	by Physician	Part II. Other significent conditione contributing to death be	ut not rasulting In	tha undarlying causa giv	van In Pert I.		obacco use co ∕es 2□ No		he cause of death?			
Records, he lew requires the hes been signe	Completed b				_	24a. Was a perfor	an autopsy med?	availe	a autopsy findings abla prior to oletion of causa ath?			
_ F # d						1 □ Y	as 2 No	101	Yas 2□ No			
of Vital Physician: Tithis certificate ral director, pa	Be O	25. Was cesa rafarrad to medical axaminar?  1  Yas 2 No Hospital: 1 Inpatia	0	Oth	26. Placa of Deat	-		- 40				
After fune	atlon: To	27. Mangar of Death  1 Matural  2 Accidant invastigation  1 Inpatia  28a. Data of Inju (Month, Day	y. 28b. T	ima of 28c. Injury Wo	4   Nursing Ho	ma 5 PAasid 28d. Dascribe h						
Division  To the Hospital or Attending within 24 hours after death.  To the Funeral Director: Attention to the Funeral Director or Attention to the Puneral Director or Attention to the Puneral Director or Attention to the Puneral Director or Attention to the Puneral Director or Attention to the Puneral Director or Attention to the Puneral Director or Attention to the Puneral Director or Attention to the Puneral Director or Attention to the Puneral Director or Attention to the Puneral Director or Attention to the Puneral Director or Attention to the Puneral Director or Attention to the Puneral Director or Attention to the Puneral Director or Attention to the Puneral Director or Attention to the Puneral Director or Attention to the Puneral Director or Attention to the Puneral Director or Attention to the Puneral Director or Attention to the Puneral Dir	Certification:	3 ☐ Suicida 6 ☐ Could not be datarmined 28a. Placa of Injuding, ato	iry - At homa, fai (Spacify)	rm, straat, factory, office		28f. Location (S City or Tow		per or Rural F	Routa Number,			
DIVI To the Hospital or At within 24 hours effer of To the Funeral Direct completely filled in by	edical	29a. Cartifiar (Check only one)  12 Certifying Phyelcien: To tha best of 2 Medical Examinar: On the basis of and mannar sta	axamination and	daath occurrad at tha tid for invastigation, in my c	ma, data and piaca, ppinion, daath occur	and dua to tha d red at tha tima, o	ausa(s) and ma data and piaca,	annar as stat and dua to th	ed. na causa(s)			
To the within 2 To the comple	M	The state of the s	TTE NO	N 3 11	740 (		29d. Date signe		ey, Year)			
		30. Nama and addrass of person who complated causa of de	aath (Itam 23a) (		12 ; OLA	ey, m.	D 20 8	32_				

DHMH 16 Rev 6/95

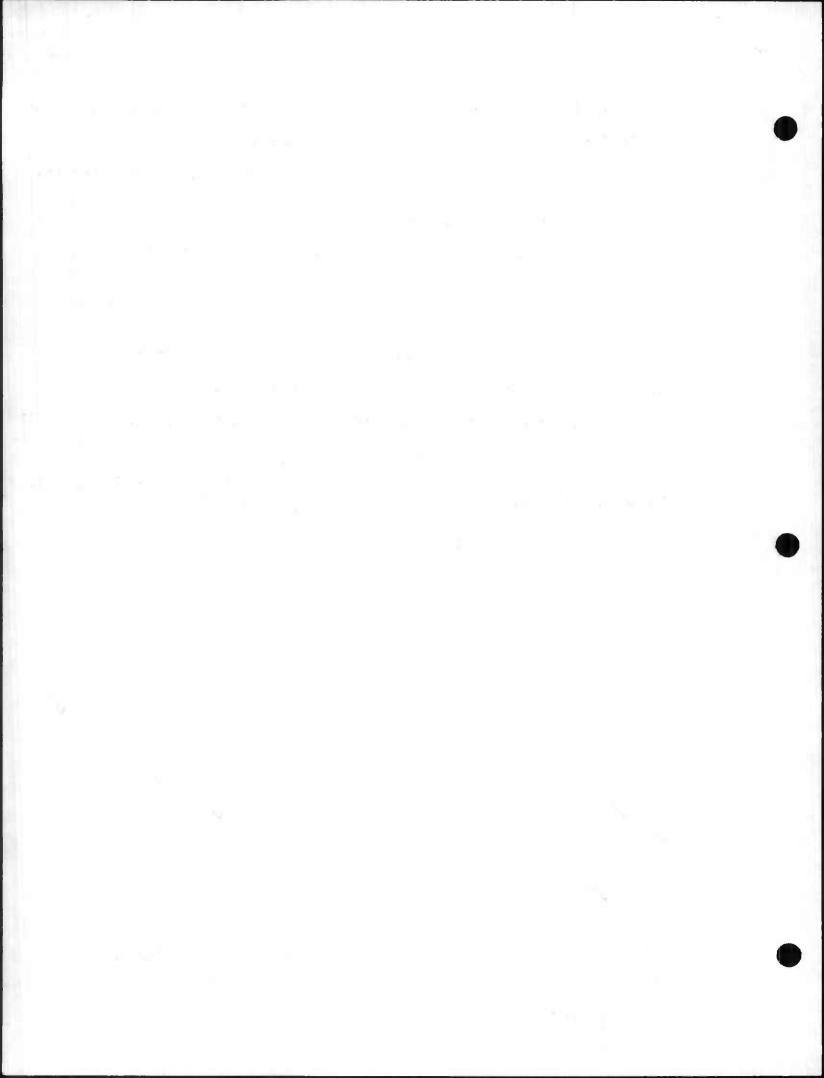
Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 22288

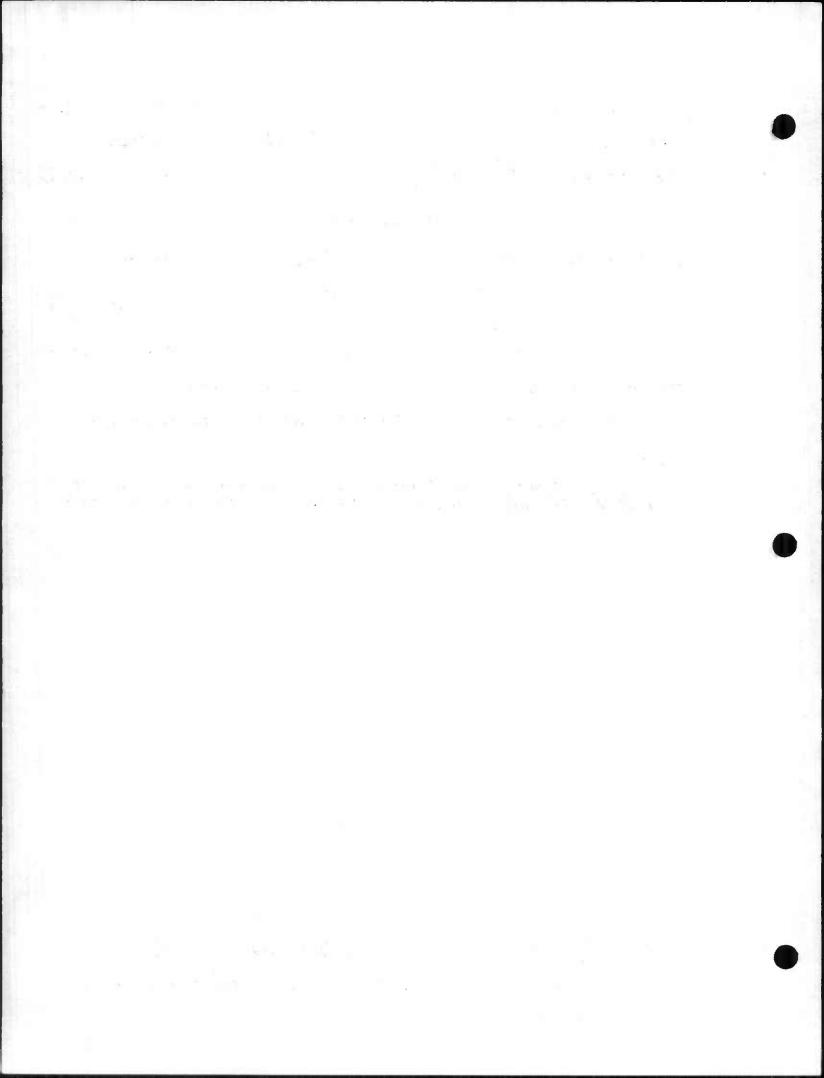
						Cei	tificate o	of De	ath		Reg. No.			
П			1. Decedent's Name (First, Middle,	Last)						2. Data of De		1245		ime of Deeth
	Physic		Erlin L. Freeman							July	19, 1997			:40AM
d	/Medi Exami		4a. Fecility Neme (If not institution,					4b. C	ity, Town, or L	ocation of Deel	1	County of De	1 = +	
4	LAGIIII	ilei	1236 Oakland	T-1121-15C-13111					butus		altin			
н	Funeral			. Sex	7. Age (In yrs. I	est birthday)	If Undar 1 Ya		Jnder 24 Hrs.	8 Date of Bi	rth	QF		State or Foreign
	Funeral Director		234-12-8757	<b>X</b> □M 2□F	79	Yrs.	Months De	ys H	ours Min.	Oct 9	9, Yeer)	7 We	Country)	rginia
			Usuel Residence of Decedent						peo 5	11 3 1 1	,,,,	50111	. 9 11114	
	/land		10a. State 10b. County		10c. City	, Town or Lo	cation						10d. Ins	side City Limits
	Many Many	ţ	Maryland Balt	imore	Ar	butus	S				Yes 2 No			
	E 28 E	- Je	10e. Street and Number				10f. Zip Cod	de			Country?			
	With Sa		1236 Oakland	Terrac	e Road		2	1227	7		-	ted S		S
	fleath me 2	era	11. Marital Status	12. Wes Dece	edent Ever in U.	S. 13. V	Was Decedent	of Hispar	nic Orlgin? (Sr	pecify Yes or No	0-	14. Race - Ar	merican Ind	ien.
	liter in	F	1 Never Married 2 Married	Armed Fo	rces?	1	f Yes, specify (	exican, Puerto	pecify Yes or No Ricen, etc.)		Bleck, W			
21215-0020	72 hours efter death with the Maryland natural, or Items 23a or 28a-f show pical Examiner must be notified at	by Funeral Director	3 ☐ Widowed 4 ☐ Divorced	If Yes, Giv Yeer or D	/a		I□Yes 2🔀	No Sp	ecify:			Specify:	Whit	e
Ö	tura tura	8	15. Decedent's	Education		16a. Deced	lant's Usual Oc	cupation			16b. Kir	nd of Busina		
15	n n	Completed	(Specify only highest	greda complated)		(Give life. L	kind of work do	one during tired)	g most of work	king				
212	within and the Man	E	Elementery/Secondary (0-12)	College (1	-4or 5+)	Sur	ervis	or			Ra	dar T	resti	na
	Hygi Hygi Hher mt, n		17. Fether's Nama (First, Middle, Le	st)		1000			Mother's Nam	e (First, Middle				
an	Mantai I Marked of artic eve	To Be	Aubrey Guy	Freeman				Т	Dicie	Keys				
Maryland	end Man is marke	F	19e. Informent's Neme/Reletionship			19b Meilin	a Address /St			rel Route Numb	er City o	Town State	a Zin Code)	
N	AI 00 07 05		Genevieve V.		Wife					ce Rd				
0	of Health item 27 i		20e. Method of Disposition							Dete		cation - City		
altimore,	Pages net of I int: If its		1 ☑ Burial 2 ☐ Cremetion 3	☐Removel from	21919	_	sition (Neme o		Dawle	July23	Wes	t	West	
Ħ	t. P.		4 Donetion 5 ☐ Other (Spe		Mas		Memor			1997	Uni			ginia
Bal	permit. Pages Depertment of Important: If i any injury or once.		21. Senature of Funeral Service Like	ensee		22	. Neme end Ad	ddress of	Fecility Amb	rose :	Fune	ral F	lome,	Inc.
	00260		of White	tagan		13	28 Su	lphi	r Spr	ing Ro	oad			
п			23a. Perti. Enter the diseese, or co shock, or heert failure. List or	mplications that c	or respiretory	errest,		Appro	el Betwaen					
	Physiclan			, 1									Onse	t and Deeth
п	/Medical		Immediata Cause (Final disease or condition	Ca	udo vo	2-1.1	Tour a	100.1	7					
н	Examiner		resulting in deeth)	θ	Due to (or	es e conseq	uence of):	1 4-02	1				1	
	, ,	ner			epsis									
	certificete be axecuted ding physician end se es the bunal-transit	Examiner	Sequentially list conditions	b	77	es e conseq	uence of):							
ó	an er nial-t		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that Initieted events	Si	ol Stay				1					
68760,	ysici	Medical	Ceuse (Disease or injury thet Initieted events	C	Dua to (pr	as a consadi	uence of):	ren	114					
	tifice g ph es th	be	that initiated events resulting in death) Last  Dua to (of as a consequence of):											
ŏ				d									<u> </u>	
. Bo	death	Physiclar	Part II. Other significant conditions	contributing to de	eth but not resu	Iting in the ur	derlying cause	aiven In	Dart I	23h Did	tohecco	uee contribu	ute to the o	auae of deeth?
0	es thet the de igned by the a be detached f	hys	at it. Other significant outling	outhouting to de	attrout not rosu	iting in the di	robitying cause	giverini	raii i.					4 Unknown
σ,	thet	by P								1 Yes 2 No 3 Probabl				- B Olikilowii
Records,	law requires thet the as been signed by the 2 should be detache									24a. Wes	en eutop	sv 24	b. Wera aut	opsy findings
Ö	v require been si should t	Completed									ormed?	·	availeble	prior to on of cause
3e	has has	d H											of deeth?	
	Page Page	ပိ								10	Yes 2	No	1 🗆 Yas	2 No
Vital	Physician: The this certificate ral director, par	Be	25. Was casa refarred to medical axeminar?	110-20-20-1				-	Plece of Dee	th (Check only	one)			
of	physic this c	2	1 ☐ Yes 2 No	Hospital: 1 🗆 I	npatient 2 🗆 E	ER/Outpatien			☐ Nursing He	ome 5 Res	idence 8	Other (S)	pecify)	
		ü	27. Mann of Deeth 1 Neturel 5 ☐ Pending	28e. Date of (Mont	of Injury th, Dey Yaer)	28b. Time of Injury	28c. l	njury et Work?		28d. Describe	how injury	/ occurred		
Division	Attending ir deeth. ector: After by the fune	Certification:	2 Accident investigat				М	1 🗌 Yes	2□No					
Ž	rect rect	Ě	3 ☐ Suicide 6 ☐ Could not determine	d 288. Pieca	of Injury - At hor		eet, factory, off	ice		28f. Location (	(Street end	d Number or	Rurel Route	Number,
	rs after al Dir													
	Hospital 24 hours Funeral I	edical	29a. Certifier 1 Certifying I	Physician: To the aminer: On the ba	best of my know	ledge, deeth	occurred et the	e time, de	ete end pleca,	end due to the	ceuse(s)	end menner	es steted.	auga(a)
	To the Hospital or Attendi within 24 hours after deeth. To the Funeral Director: A completaly filled in by the fi	8	one)	end menr	ner stated.	OH BHOZOI INV	estigetion, in n	ту орипог	i, deeth occur	Ted et the time,	, date end	piece, end d	ade to the ce	Juse(s)
	To the within 2 To the comple	Σ	29b. Signeture end title of cartifier				29c. Lic	ense nun	nber		29d. Dat	e signad (Mo	onth, Dey, Y	aar)
	,h		H. Tewas	mali 1	rus		DI	84	84		710	21/9	7	
(	1812		30. Name end eddress of person wh	o completed caus				U- /	· /		-	-/-	/	
١	4 4		H. TAMARC	OL II				-KE	NS A	-ve #.	306	BALT	- MT	21229
	Sta	ite	31. Data filed (Month, Day, Year)	32 R	egistrar's Signet	ure		,	/ 1		- 0		-	
	Registr		JUL 2 4 1997	gu	a Davidson	-Randel	12.							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

		Ite	m 27 Per PHY Film G749	State of Maryla 7-25-97 rja		epartment of F Certificate of			Jiene y Jeg. No.	4	2289				
	Dhuais		1. Decedent's Neme (First, Middle, Last					2. Dete of Dee Month	th Dey	Year	3. Time of Death				
	Physici /Medi		Doris Lee Graha	n				July 8	, 1997	Tear	9:10 PM				
	Exami		4e. Fecility Neme (If not institution, give	street end number)			4b. City, Town, or I		4c. County	of Death					
	LLI,		603 Hillview Road					more	Ba1	timor	e				
	Funeral Director		213-27-6201	7. Age (In y	rs. last birth	Months Days	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Dey	Year)	9. Birthp Coun	leca (Stete or Foreign try)				
	pue *		Usuel Residence of Decedent  10e. Stete 10b. County	10c.	City, Town	or Location				10	0d. Inside City Limits				
	n the Marylen r 28a-f show	5	MD N/A	1	Ba	ltimore					1 1 16s 2 □ No				
	128e	rec	10e. Street end Number	_		10f. Zip Code		1	Og. Citizen of	Whet Coun	try?				
	th with 23a or	Funeral Director	603 Hillvie	w Road		212	25		US.	A					
	items in mer mer	ner		12. Wes Decedent Ever in Armed Forces?	U,S.	13. Wes Decedent of H	lispanic Origin? (S	(Specify Yes or No- 14. Reca - American indien,							
21215-0020	9 9 5	þ	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☑ Divorcad	1 Yes 2 No If Yes, Give Year or Detes:		1 ☐ Yes 2 ☑ No	Specify:	o rucan, etc.)	Specifi	ck, White, or	lack				
5-0	72 ho	Completed	15. Decedent's Edu (Specify only highest grad	cation	18e. D	Decedent's Usuel Occup Give kind of work done	ation	king	16b. Kind of B	usiness/inc	lustry				
21	Med.	nple	Elementery/Secondary (0-12)	College (1-4 <i>o</i> r 5+)	- 7	ife. DO NOT use retire	d)	Ning .	Federal Governmen						
12	led w hygier her tr	S	12	2		Medical Co		455			vernment				
and	De per per per per per per per per per pe	Be	17. Fether's Neme (First, Middle, Last) Charles Walker Boo	nth.				ne <i>(First, Middle, i</i> eth Whit:		10)					
Ž	d Mei d Mei mark	2	19e. informent's Neme/Reletionship (Ty		101	1.11.				y or Town, Stete, Zip Code)					
e, Maryland	and 2 s eaith an n 27 is r		Janet West/daut	ghter	60	03 Hillview		altimore							
Baltimore,	parmit. Pages 1 and 2 should be filed within 72 hours Department of Health and Mentel Hyglene. Important: If item 27 is marked other than "natural", any injury or other traumatic event, the Medical Exagnos.		20e. Method of Disposition  1 □ Buriel 2 □ Cremetlon 3 □ R  4 □ Conetion 5 □ Other (Specify)			Disposition (Name of cremetory or other ple	ce)	Date	20c. Location	wn, Stete					
att	Departition of the partition	21. Signature of uneral Service Learning House Id S. Wade, Director State Anatomy Board, 655 W. Baltimore Street Maryland Baltimore, Maryland 21201													
<b>m</b>	82729		Sauler ///	1/16 7/1	Ally 7	Mary1	and	Balti	more, M	aryla	ind 21201				
2	۰		Pert1. Enter the disease/ or complete hock, or heert feilure. List only or	cetions thet caused the de	eath. Do no	t enter the mode of dylr	ng, such es cardiec	or respiretory err	est,		Approximete Intervel Between				
Y	Physician					,				i	Onset end Deeth				
3	/Medical Examiner		immediate Ceuse (Finel disease or condition resulting in death)	metaste	ixic	breast c	ance				12 year				
		L O	Due to (or es e consequence of):												
-	nsit	Examiner			1										
,	cete be executed physician end s the buriel-transit	Еха	Sequentially list conditions, if eny, leeding to immediate	Due to			i								
68760,	sicia e bur	dicai	cause. Enter Underlying Ceuse (Diseese or Injury thet initieted events	Due to											
	ng phy as th		resulting in deeth) Last	500 10											
Box	requires that the deeth certifics een signed by the ettending pl hould be detached for use as t	Physician/M		1						1					
	the eth	SICI	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert t.  23b. Did tobacco use contribute to the c												
P.0	that the de ed by the detached							1 🗆 Y	00 20THO	3 ☐ Prot	bably 4 Unknown				
S,	ires tha signed d be de	by	100					- SZ 31 (S)		T					
Records,	v require been si should	Completed						24e. Wes e	n eutopsy med?	ava	ere eutopsy findings alleble prior to impletion of cause				
360	8 8	ldm								of c	death?				
<u>a</u>	Page at a							1 🗆 Y	es 2No	10	Yes 2□ No				
Vital	iling Physician: Th. n. After this certificate funeral director, pag	o Be	25. Wes case referred to medical examiner?	lospitel:		otions 20 DOA Oth	ann ann ann ann ann ann ann ann ann ann	oth (Check only or							
of	Phys ral di	<b> </b>	1 Yes 2 No	1 ☐ Inpatient 2	ER/Outp	etient 3L DOA	4 LI Nursing n	ome 5 Reside			)				
O	ding th. After	tion	Netural 5 Pending investigation	(Month, Dey Year)	) Inji	ury Wor	k?` Yes 2□No	200. 2000.00	ou unjury occur	100					
Division	Attending or deeth. sector: After by the fune	fica	3 ☐ Sulcide 6 ☐ Could not be	28e. Plece of Injury - Al	t home, ferm			28f. Location (S	treet end Numb	er or Rura	l Route Number,				
Ö	after Dire	Certification:	4 Homicide	building, etc. (Spe	cify)			City or Town	n, Stete)						
	To the Hospital or Attending I within 24 hours after deeth.  To the Funeral Director: After completely filled in by the funer	edicai C	29e. Certifier (Check only one)  Certifying Physical Examination (Check only one)	sician: To the best of my keer: On the basis of examination on menner stated.	nowledge, o	deeth occurred et the tire or investigation, in my o	ne, dete end plece plnion, deeth occu	, end due to the c rred et the time, d	euse(s) end me ete end piace,	enner as st	ated. the ceuse(s)				
	omple	Me	29b. Signature end title of certifier	one monitor stated.		29c. Licens	e number	2	9d. Dete signe	d (Month, i	Dey, Year)				
	F \$ F 0		A gara	/		Da	2780	3	7/14	100					
		1 128	30 Name and address of person who co	mpleted cause of deeth (II	tem 23a) (Tr										
			Aron W. Berk	mpleted cause of deeth (III  man, M. J.  32. Registrer's Sign	).30	015. Han	over 5t	: Balt	. Md.	0123	15				
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registrer's Sig	neture	5									
	Registr	ar	JUL 2 4 199	7 Julia x	Javadson	-Aandello									

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene / Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Physician Month Lydia D. Gorman 23, July 1997 9:45 A.M. /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 7102 Pickering Ct. Glen Burnie Anne Arundel 5. Sociei Sacurity Number If Under 1 Year If Under 24 Hrs. 7. Aga (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** Deys 1 □ M 2 □ E 161-56-4806 Yrs. 38 Director March 3,1959 Pennsylvania Usual Residence of Decedent death with the Maryland 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner naut be notified at Maryland Anne Arundel Glen Burnie 1 ☐ Yes 2 ☒ No Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 5 or items 23a 7102 Pickering Ct. 21061 United States 12. Was Decedent Evar In U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indian, 11. Marital Stetus Bleck, White, etc. filled within 72 hours efter 1 Nevar Merried 2 Merried 1 ☐ Yes 2 No Specify: Specify: White ģ 3 Widowed 4 Divorced "natural", Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry permit. Peges 1 end 2 should be filed within 7. Department of Heelth and Mental Hygiene. Important: if Item 27 is marked other than "na any Injury or other traumatic event, the Medit once. (Giva kind of work done during most of working life. DO NOT use retired) College (1-4or 5+) Elementery/Secondery (0-12) Secretary Office 17. Fether's Nema (First, Middle Last) 18. Mother's Name (First, Middla, Meiden Sumema) Be Raymond Hughes Helen Gardner 19e. Informent's Neme/Raletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 7102 Pickering Ave., Glen Burnie, Maryland 21061 Ronald A. Gorman 20b. Piece of Disposition (Neme of cemetary, cremetory or other piece) 20a. Method of Disposition July 20c. Location - City or Town, Steta 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removel from State Royer Cemetery 4 □ Donetion 5 □ Other (Specify) 1997 Royer, Pennsylvania 21. Signatu of Funeral Styvice Licenses 22. Name end Address of Facility Kirkley-Ruddick Funeral Home, P.A. 421 Crain Hwy., S.E., Glen Burnie, MD 21061 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Onset end Death **Physician** /Medical Immediate Ceuse (Final diseesa or condition resulting in deeth) e. Adenocarcinoma of the Breast, metastatic
Due to (or es a consequence of): 1/2 year **Examiner** Examiner ettending physician end for use es the burial-transit Hospital or Attending Physician: The law requires that the deeth certificate be axacuted Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events rasulting in death) Lest Due to (or es e consequence of): Physician/Medical Due to (or es a consequance of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 ☐ Unknown δ been sig Completed 24b. Were eutopsy findings eveilable prior to 24e. Wes an autopsy periormed? completion of ceusa of death? page 2 s 1 ☐ Yes 2 No this certificate 1 ☐ Yes 2 ☐ No director, Be 25. Wes cese referred to medical examiner? 28. Place of Deeth (Check only one) 10 Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 ☑ Residence 8 Other (Specify) 1 Yes 2 No funeral 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury at Work? After 5 Pending Investigation 1 Neturel To the Hospital or Attendin within 24 hours after deeth.

To the Funeral Director: Af completely filled in by the fu deeth. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

| Medical Examiner: On the best of axaminetion end/or invastigation, in my opinion, death occurred at the time, date and piece, end due to the ceuse(s) end menner steted. 29a, Certifian Medical (Check only one) 29b. Signatura and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) July 23, 1997 30. Name end eddrass of person who completed cause of death (Item 23e) (Type, Print)

State Registrar 4 1997 Julia Lavidson Kander

Michael A. Carducci, M.D., 600 N. Wolfe St., Baltimore, Maryland

Baltimore, Maryland 21215-0020

P.O. Box 68760,

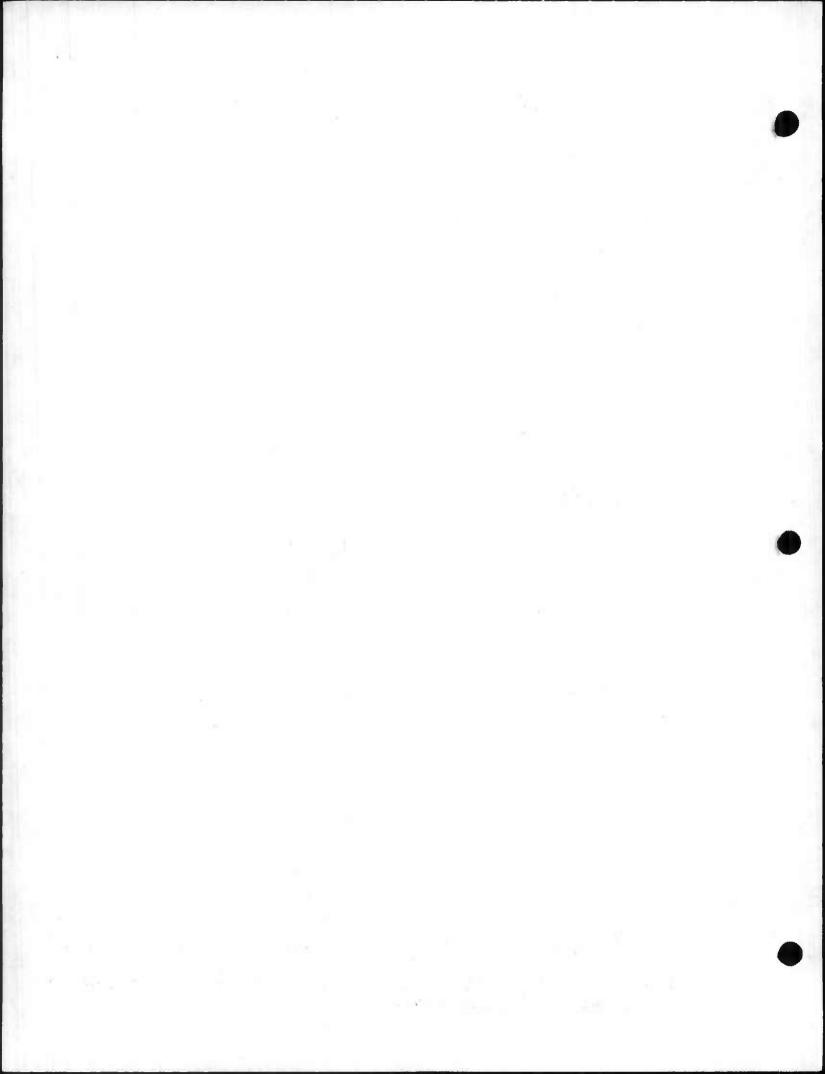
Records,

Division of Vital

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 2 9 |

1. Decoration from Print Another Land Printed Tomas  1. Decoration from Print Another Land Printed Tomas  1. Decoration from Print Another Land Printed Tomas  1. Decoration from Print Another Land Printed Tomas  1. Decoration from Print Another Land Printed Tomas  1. Decoration from Print Another Land Printed Tomas  1. Decoration from Print Another Land Printed Tomas  1. Decoration from Print Another Land Printed Tomas  1. Decoration from Printed Pri					C	ertificate of	f Death		Reg	. No.		
## Purificial Processing Processi			1. Decedent's Neme (First, Middle, La	ast)						D	V	3. Time of Deet
Example to Service your price of place and cumber of the service of cumber of the service of the			ELIZABETH	HILL				٦	ULY			23:19
Singly Hospital Country    March   Mar				ve street end number)			4b. City, To	own, or Location	n of Deeth	4c. County	of Deeth	
Social Security Number 2			Sinai Hoca	trel			Bal	4,mon	2	NI	9	
The state of the production of	Funeral			Sex 7. Age	(In yrs. lest birthda		r if Under				9. Birthp	lace (State or Fore
The State   100. County   100. Extens and Number   100. Zo Code   100. State   100.			012-22-1652	1□ M 200 F	89 Yrs	Months Day	s Hours	Min. 3	-/ G -	1908	Couin	"S.C
Elementery/Becondary (0.12)   College (1.4cr 5+)   Min DO NOT use a review   Home   Ho	land				10c. City, Town or	Location					10	Od. Inside City Llm
Elementery/Becondary (0.12)   College (1.4cr 5+)   Min DO NOT use a review   Home   Ho	Mary	ō	ud ni	A	Bally	h 1-0						
Elementery/Becondary (0.12)   College (1.4cr 5+)   Min DO NOT use a review   Home   Ho	the 28a	Jec.			MITTI	T			100	Citizen of V	What Coun	tov?
Elementery/Becondary (0.12)   College (1.4cr 5+)   Min DO NOT use a review   Home   Ho	23a or			eland	Avenu.	e 2	1215	-	101	U	157	9
Elementery/Becondary (0.12)   College (1.4cr 5+)   Min DO NOT use a review   Home   Ho	r da	J.	11. Maritel Status	12. Was Decedent E	ver in U,S. 1	<ol><li>Was Decedent of If Yes, specify Cu</li></ol>	Hispenic Or ban, Mexica	igin? (Specify )	res or No-			
Elementery/Becondary (0.12)   College (1.4cr 5+)   Min DO NOT use a review   Home   Ho	ours afta al', or h Exercin	þ		If Yes, Give		_ \					0	ach
Elementery/Becondary (0.12)   College (1.4cr 5+)   Min DO NOT use a review   Home   Ho	2 ho	B			16e. De	cedent's Usual Occ	upation		16	6b. Kind of B	usiness/Ind	lustry
19. Apple of Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer (Piets,	⊆ 2	ple			life	ive kind of work don a. DO NOT use retii	e during mos red)	st of working		11.		
19. Apple of Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer)   19. Mayber's Name (Piets, Mode), Maxion Summer (Piets,	E than K	E	11 11		-,	Homem	akes			Home	_	
The content of the						1,70		er's Neme (Firs	st, Middle, Ma	aiden Surnen	ne)	
150. Maling Address Greet and Number in Fuzz Rouse Number, City or Town, Stein, 2p Code) 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	o d to to	OB	Honry A. K	2 rant			Ma	1000	6	0	mnt	
Case Method of Disposition   Section   Case	d Meri	F	19a Informent's Neme/Relationship	Type Print	19h Ma	ailing Address (Street	at and Numb	or or Pural Pou	do Numbor	City or Tourn	State Zin	Code 2 2 0
1   Security of the control of the course	d 2 s th er 7 ls trau		Malu 1(:1)	0	100.1	2 0 0 11	- 11/		λ	City of Pown,	1/ -	11. 11
1   Security of the control of the course	1 an Heal		20a Method of Disposition	3071	20h Place of Dis	DUU WOO	gker		Wive	Gre		
22. Separate of particles and service Licenses    Separate   Part	ges F lte			Removel from State			lece)			C. Location -	//- /	wn, Stete
Physician / Medical Examiner  20a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest.  Approximate infined Examiner  Immediate Cause (final insection) and insection of the conditions of the condition featuring in death)  Pert II. Other alignificant conditions of early and the co	Pa men ant:				Z100 1	+111 Chu	ref Cles	M 7-28	97 (	1055	14111	5,0
Physician / Medical Examiner  20a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest.  Approximate infined Examiner  Immediate Cause (final insection) and insection of the conditions of the condition featuring in death)  Pert II. Other alignificant conditions of early and the co	ppert poort y in		21. Signeture of Funeral Service Lice	nsee	7	22. Neme end Add	ress of Facili	yriant				2/2/
Physician Medical Examiner  The property of th	80 = 98		Gabriolo	2) ( Prot	2) 1	1220	1704	hash	leven	10.12	Bal	Gud
Physician Madical Examiner    Page   Physician   Physi	_		23e. Pert1. Enter the diseese, or com	plications that ceused t	he death. Do not	enter the mode of d	/Ing, such es	cerdiac or res	plratory erres	it,	no i	Approximete
Modical Examiner	Physician	1	shock, or heart failure. List only	one ceuse on each line	Đ.						i	Onset end Deeth
Due to (or es e consequence of):    HYPERTENSION			Immediete Ceuse (Final	Λ	1							2
Due to (or es e consequence of):    Sequentially list conditions, ferry, leading to immediate cause. Enter Underlying Ceuse (Disease of Plancy of Ceuse). Enter Underlying Ceuse (Disease of Plancy of Ceuse). Enter Underlying Ceuse (Disease of Plancy of Ceuse). Enter Underlying Ceuse (Disease of Plancy of Ceuse). Enter Underlying Ceuse (Disease of Plancy of Ceuse). Enter Underlying Ceuse (Disease of Plancy of Ceuse). Enter Underlying Ceuse (Disease of Plancy of Ceuse). Enter Underlying Ceuse (Disease of Plancy of Ceuse). Enter Underlying Ceuse (Disease of Plancy of Ceuse). Enter Underlying Ceuse (Disease of Plancy of Ceuse). Enter Underlying Ceuse of Death (Disease of Plancy of Ceuse). Enter Underlying Ceuse of Death (Disease of Plancy of Ceuse). Enter Underlying Ceuse of Death (Disease of Plancy of Ceuse). Enter Underlying Ceuse of Death (Check only one). Enter Underlying Ceuse of Dea	Examiner		diseese or condition resulting in deeth)	0.			1021					INE DAI
Due to (or es e consequence of):    Due to (or es e consequence of):   Due to (or es e		ē		4400	ue to (or es e con:	sequence of):						/
The part of the pa	nsit	듄		b	RTENS	102						EARS
The part of the pa	and and -tra	xai	Sequentially list conditions, if env. leading to immediate	D	ue to (or es e cons	sequence of):						
Description of Cause of Light Control of Country of Light	cian burie		Ceuse (Diseese or Injury	C								
Dept of the part o	sate the	dic		D	ue to (or es e cons	equence of):						
1   Yes 2   No 3   Probably 4   Werking   24e. Wes en autopsy performed?  24b. Were autopsy finding eveileble prior to completion of cause of deeth?  1   Yes 2   No 1   Yes 2   Yes 2   Yes 2   Yes 2   Yes 2   Yes 2   Yes 2   Yes 2	ding p	//We		d								
1   Yes 2   No 3   Probably 4   Werking   24e. Wes an autopsy performed?  24b. Were autopsy finding eveileble prior to completion of cause of deeth?  1   Yes 2   No 1   Yes 2   Yes 2   Yes 2   Yes 2   Yes 2   Yes 2   Yes 2   Yes 2   Yes 2   Yes 2   Yes 2   Yes	d for u	iciar	Part II Other elanificant conditions of	contributing to death but	not requiting in the	Lindadian acces	han In Dark		02h Didah		1	Abo navan ad dana
24e. Wes en autopsy performed?  24e. Wes en autopsy performed?  24e. Wes en autopsy performed?  25. Was case referred to medical examiner?  1   Yes   2   No    25. Was case referred to medical examiner?  1   Yes   2   No    26. Piece of Deeth (Check only one)  27. Manner of Deeth   1   Mosture   28. Describe how injury occurred   1   Westure   28. Describe how injury occurred   1   Westure   28. Describe how injury occurred   1   Yes   2   No    28. Describe how injury occurred   1   Yes   2   No    28. Describe how injury occurred   1   Yes   2   No    28. Describe how injury occurred   1   Yes   2   No    28. Describe how injury occurred   1   Yes   2   No    28. Describe how injury occurred   1   Yes   2   No    28. Describe how injury occurred   1   Yes   2   No    28. Describe how injury occurred   1   Yes   2   No    28. Describe how injury occurred   1   Yes   2   No    28. Describe how injury occurred   1   Yes   2   No    28. Describe how injury occurred   1   Yes   2   No    28. Describe how injury occurred   1   Yes   2   No    28. Describe how injury occurred   1   Yes   2   No    28. Describe how injury occurred   1   Yes   1	5 > 2	hys	Territ. Other significant conditions of	onthouting to death out	not resulting in the	underlying ceuse g	jiven in Pert					
24e. Wes en eutopsy performed?  24e. Wes en eutopsy performed?  24b. Were eutopsy finding evelleble prior to completion of cause of deeth?  1   Yes   2   No    25. Was case referred to medical examiner?  1   Yes   2   No    25. Was case referred to medical examiner?  1   Yes   2   No    26. Piece of Deeth (Check only one)  27. Manner of Deeth   Specify    28b. Dete of Injury of Month, Dey Year    28b. Time of Injury of Work?  1   Yes   2   No    28c. Injury of Work?  1   Yes   2   No    28c. Cartifler (Check only one)  28c. Cartifler    28c. Certifler    28c. Cert	thet det								1 L Yes	2 U NO	3 Proc	abiy 4 Denkin
25. Was case referred to medical examiner?    1	sign sign								24a Was an	autoney	24h We	re eutopsy finding
25. Was case referred to medical examiner?    1	Pee Pee Pee Pee Pee Pee Pee Pee Pee Pee	ete							performe	ed?	eve	ileble prior to
25. Was case referred to medical examiner?    1	ca ca	npi									of c	leeth?
25. Was case referred to medical examiner?    1	The ate h	o							1 ☐ Yes	2 19 No	1 🗆	Yes 2 No
27. Manner of Deeth 1 Draturel 2 Accident 3 Suicide 4 Homicide 28e. Plece of Injury 4 Home, farm, street, fectory, office 29e. Certifler (Check only one) 29e. Certifler (Check only one) 29e. Certifler (Check only one) 29e. Certifler (Check only one) 29e. Signeture and fittle of certifier 29e. Signeture and fittle of certifier 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. Date signed (Month, Dey, Year) 30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) 30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) 30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) 30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)							26. Plece	e of Deeth (Chi	eck only one)			
27. Manner of Deeth 1	ysic s ce direc			Hospital: 1 Impatien	t 2 ER/Outpat	ient 3□ DOA O	ther: 4 Nu	ursing Home	5 🗆 Residen	ce 8 □Oth	er (Soecify	·)
29e. Certifier (Check only one)  29e. Certifier (Check only one)  29e. Signeture and fittle of certifier (Check only one)  29e. Signeture and fittle of certifier (Check only one)  29e. Signeture and fittle of certifier (Check only one)  29e. Signeture and fittle of certifier (Check only one)  29e. Signeture and fittle of certifier (Check only one)  29e. Signeture and fittle of certifier (Check only one)  29e. Signeture and fittle of certifier (Check only one)  29e. License number 29e. License number 29e. License number 29e. Date signed (Month, Dey, Year)  30, Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)  ARC  SSMAN MO 600 N. WOLFEST BALTIMORE MARYLAN.	F # la					of 28c. Inj	ury et	28d. [	Describe how	injury occur	red	,
29e. Certifler (Check only one)  29e. Certifler (Check only one)  29e. Certifler (Check only one)  29e. Certifler (Check only one)  29e. License number  29e. License number  29e. License number  29d. Date signed (Month, Dey, Year)  30, Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)  ARC SUSMAN MO 600 N. WOLFEST BALTIMORE, MARYLAN.	th. After	ti e			rear) Injur			No				
29e. Certifler (Check only one)  29e. Certifler (Check only one)  29e. Certifler (Check only one)  29e. Certifler (Check only one)  29e. License number  29e. License number  29e. License number  29d. Date signed (Month, Dey, Year)  30, Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)  ARC SUSMAN MO 600 N. WOLFEST BALTIMORE, MARYLAN.	dea ctor	fice	3 Suicide 6 Could not b	e one Diese of leive	v - At home, farm.	street, fectory, office	9	28f. L	ocation (Stre	et end Numb	er or Rura	Route Number.
29e. Certifler (Check only one)  29e. Certifler (Check only one)  29e. Certifler (Check only one)  29e. Certifler (Check only one)  29e. License number  29e. License number  29e. License number  29d. Date signed (Month, Dey, Year)  30, Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)  ARC SUSMAN MO 600 N. WOLFEST BALTIMORE, MARYLAN.	or lefter Dire	ert	4 ☐ Homicide	building, etc.	(Specify)	, ,, ,		0	City or Town,	Stete)		
30, Name and address of person who completed cause of death (Item 23e) (Type, Print)  MARC SUSSMAN MD 600 N. WOLFEST, BALTIMORE, MARYLAN.	spital	-	29e. Certifier 1 Certifying Ph	ysician: To the best of	my knowledge, de	eth occurred et the	time, dete en	d place, end d	ue to the ceu	se(s) end me	nner es st	eted.
30, Name and address of person who completed cause of death (Item 23e) (Type, Print)  MARC SUSSMAN MD 600 N. WOLFEST, BALTIMORE, MARYLAN.	24 h	용	Check only 2 Medical Exam	niner: On the besis of e	xaminetion end/or	Investigetion, in my	opinion, dee	th occurred et	the time, det	e end piece,	end due to	the ceuse(s)
30, Name and address of person who completed cause of death (Item 23e) (Type, Print)  MARC SUSSMAN MD 600 N. WOLFEST, BALTIMORE, MARYLAN.	o thi	M	29b. Signeture and fitter of certifier			29c. Licer	se number		290	f. Date signe	d (Month, L	Dey, Year)
30, Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)  MARC SUSSMAN MD 600 N. WOLFEST, BALTIMORE, MARYLAN  State  31. Dete filled (Month, Day Year)	H S F G		1/1/2	W	10	1		11				
30, Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)  MARC SUSSMAN MD 600 N. WOLFEST, BALTIMORE, MARYLAN  State  31. Date filled (Month, Day Year)	N		The Me	issues,	Trans.	109	700	7 /		ULY .	12,	1997
State 31. Dete filed (Mooth, Day Year) 30 Miles 300 N. WOLFEST, SALTIMORE, WARYLAN	1/0		.///	11	oth (Item 23e) (Typ	e, Print)			0		1	1
State 31. Dete filed (Month, Day Year)	/ X/			MAN INI	1,60	00 N.	WOLF	EST.	ISAL	TIMOR	E, N	TARYLAN
	Sta	te	31. Dete filed (Month, Day, Year)	College Diving	Sign Name of			,				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible,

State of Maryland / Department of Health and Mental Hygiene / Certificate of Death 2. Date of Death

**Physician** /Medical **Examiner** 

**Funeral** 

must be notified at Pages 1 and 2 should be filed within 72 hours after death nent of Health and Mental Hygiena.
wit: If Hear Z7 is marked other than "natural", or Items 23.
ury or other traumatic event, the Medial Experiments.

Physician /Medical Examiner

Baltimore, Maryland

Box 68760.

P.O.

Vital Records,

Division of

equires that the death certificate be executed

al or Attending Physical after death. tha 24 hours aft Funeral Di within 2

State

Registrar

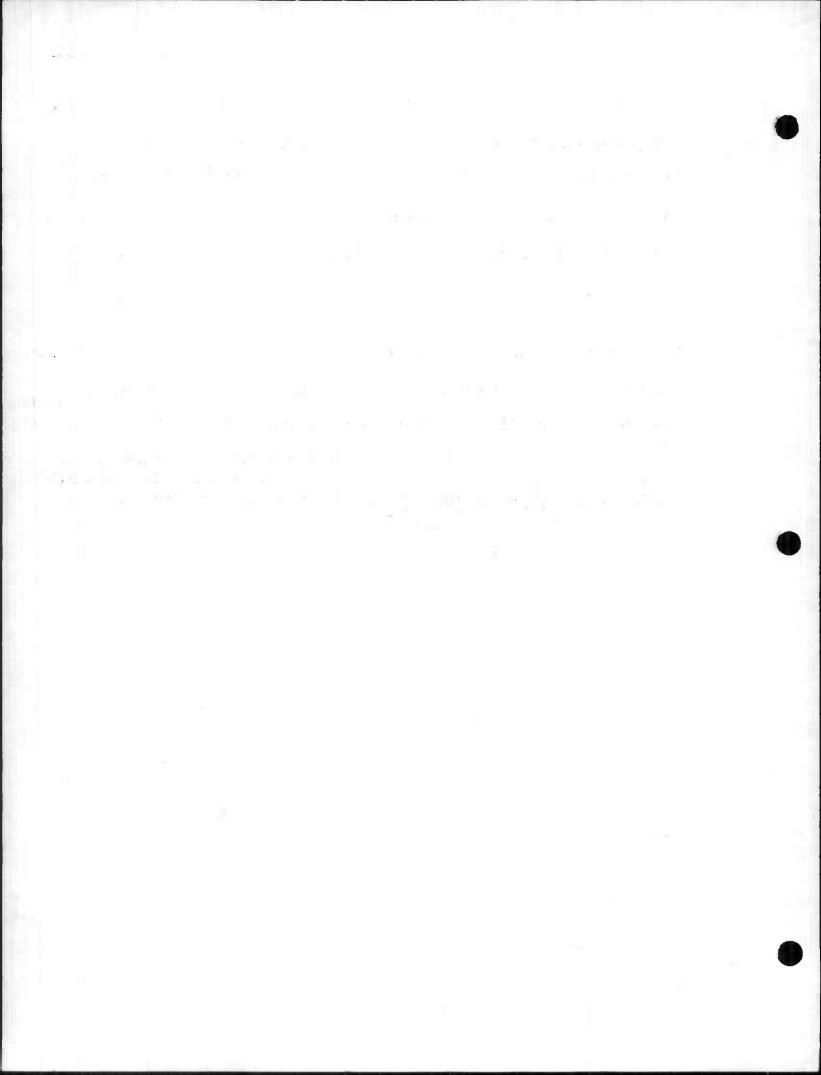
31. Date filed (Month, Day, Year)

strar's Signature

his Davidson-Randalle

1. Decedent's Name (First, Middle, Last) 3. Time of Death Silas Hopkins July 1:20am 4a. Facility Name (If not institution, giva straat and number) 4b. City, Town, or Locetlon of Death 4c. County of Death 2229 Homewood Avenue Baltimore
If Under 24 Hrs. 8. Da
Hours Min. If Under 1 Year 8. Date of Birth (Month, Day, Year) 03-05-21 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stata or Foreign Country) 1 M 2 □ F Months Deys Vrs Director 246-14-6991 76 NC Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Md NΑ Baltimore 1€ Yes 2 No Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2229 Homewood Avenue 21218 USA Funeral 12. Was Decedent Ever In U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 1 ☐ Never Married 2 ☑ Merried ☐ Yes 2√ No Yes, Give þ Specify: Black 3 ☐ Widowed 4 ☐ Divorced Year or Dates: Completed 15. Decedent's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12th Grade Welder in & Out of Home 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surnema) Hopkins Jesse Langley 19b. Malling Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 21218 19a. Informant's Neme/Relationship (Type, Print) 2229 Homewood Avenue Baltimore, Maryland Beulah Hopkins 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State XO Burial 2 Cremation 3 Removal from State Department of Important: If any Injury or once. Woodlawn Cemetery 07-26-97 4 ☐ Donation 5 ☐ Other (Specify) Woodlawn, Md. 22. Name and Address of Facility Baltimore, Maryland 21202 21. Signature of Funeral Service Licenseu. WM.C.MArch FH 1101 E. North Avenue 23a. Part1. Enter the disease, or complications shock, or heart feilure. List only one ceuse ations that caused the death. not after the mode of dylng, such es cardiac or respiretory errest, Immediate Cause (Final disease or condition resulting in death) ~ Lecide Due to (or as a consequence of Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence of): Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributa to the causa of death? 12 Yes 2 No 3 Probably 4 Unknown Chronic Obstrockie Primoney þ 24b. Were eutopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy Diabets Mellitis 1 ☐ Yes 2 🗫 No 1 ☐ Yes 📜 No 25. Was cese referred to medicel examiner?
1 ☐ Yes 2 ☐ Yo Be 26. Place of Death (Chack only ona) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home Certification: To 5 Residence 6 □Other (Specify) 27. Manger of Deeth 28d. Describe how Injury occurred 28a. Date of Injury (Month, Day Year) 28b. Time of 28c, Injury et Work? 5 Pending Investigation Natural 2 Accident 1 TYes 2 TNo 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Routa Numbar, City or Town, Stata) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and menner as steted.

Madical Examiner: On the basis of examination and/or investigation, in:my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature, and title of 29c. License number 29d. Date signed (Month, Day, Yaar) D40609 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Vanice Ryden, MB. No. Point Medical Ctr., 1005 No. Point Blvd-Svite 700, Bulto, MD 21224



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97

Items:4a,b per physician G-749 7/24/97 reb Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Day 1997 ear **Physician** Month 21, July 12:20 PM Clara Harmon /Medical 4b\_City\_Town\_or\_Location of Death REISTERSTOWN Baltimore 4a. Facility Name (If not institution give street and number) 4c. County of Deeth Examiner 1111 Daniels Avenue Baltimore 5. Social Security Number 7. Age (In yrs. last birthday) **Funerai** 1 □ M 2 X F 88 215-10-3563 Yrs. Director Usuel Residence of Decedent 10a. State 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumetic event, the Medical Examiner must be notified at Director 1 ☐ Yes 212 No Maryland Baltimore Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ò items 23a 1111 Daniels Avenue 21207 United States death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ ∑No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. Peges 1 and 2 should be filed within 72 hours efter nent of Health and Mentel Hygiene. In It Item 27 is marked other than "natural", or item yo other traumatic event, The Med call Earn any or other traumatic event, The Med call Earn any or other traumatic event, The Med call Earn any or other traumatic event, The Med call Earn any event. 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify. þ 3 Widowed 4 □ Divorced Specify. White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) Salesperson Dept. Store 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Dorothy Siewerts Alfred Theis 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Sister Edna Wenck 1111 Daniels Avenue Baltimore, MD 21207 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition July23 20c. Location - City or Town, State 1 N Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Pege Department of important: If any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) Loudon Park Cemetery | 1997 Baltimore, Maryland 22. Name and Address of Facility 21. Signature of Funeral Service Licenses Ambrose Funeral Home of 2719 Hammonds Ferry Road Lansdowne, Maryland 212

23a. Part. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Lansdowne Interval Between Onset and Deeth **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) emention Examiner Due to (or as a consequenca of). Examiner physician end the buriel-transit The lew requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of): Box 68760. Physician/Medical Due to (or as a consequence of) 88 ettending p P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? signed by t Dehydation 1 Yes 2 NHO 3 Probably 4 Unknown Records, þ cate hes been sig 24b. Were autopsy findings evailable prior to completion of cause of death? Completed 24a. Was an autopsy performed? 1 Yes 2 ₩No 1 ☐ Yes 2 ☐ No After this certificate Division of Vital To the Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Director: After this certifical completely filled in by the funeral director, I Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 1. Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 ☐ Accident 3 Suicide 6 Could not be 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) end manner es steled.
2 Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. Medical 29a. Certifier 29b. Signatu 29c. License number 29d. Date signed (Month, Dey, Year) cause of death (Item 23e) (Type, Print)
310 Old Court Road Name and address of person who complete Randallstow MD 3100120 31. Date filed (Month, Day, Yeer) State lia Davidson JUL 241997 Registrar

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

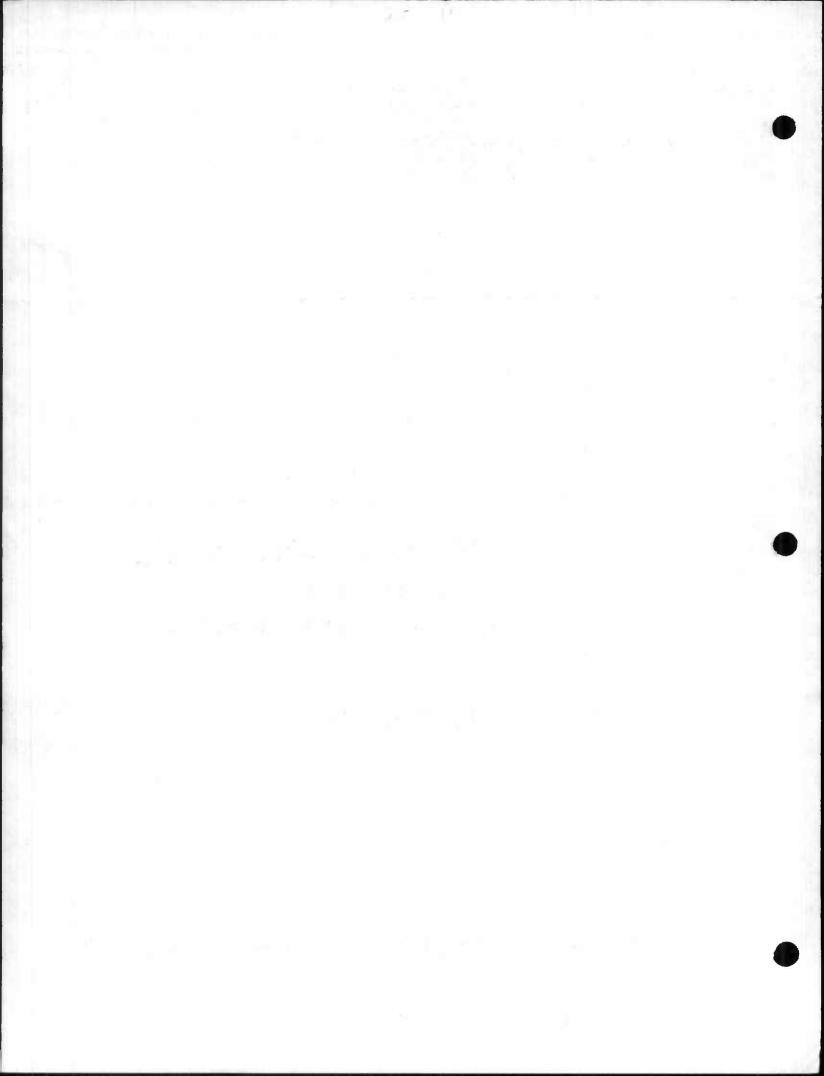
State of Maryland / Department of Health and Mental Hygiene 7 2 2 2 9 4

					•	Certi	ificate of	Death		Reg. No	0,	Los has b		
			1. Decedent's Name (First, Middle, Las	')					2. Dete of D	eeth			. Time of D	Deeth
	Physici /Medi		Della Faye K	rysiak					July	21,	1997	Year 1	0:18	PM
4	Exami		4a. Facility Neme (If not institution, give					4b. City, Town, or	Location of Dee	th 4c	. County of	f Death		
			Genesis Eldercar	e Heritage	e Cente	r		Dundalk		B	altin	nore		
ij	Funeral Director	ř	212-46-54/1	× 7. Age	e (In yrs. last i		If Undar 1 Yaar Months Days		8. Data of B (Month, D July 4	irth ey, Year, 19	46 F	9. Birthpieca Country) Pennsy	(Stata or I	Foreign LA
	DC .		Usuel Residence of Decedant  10e. Stete 10b. County		10c. City, To	arlasa	tion					Land	111 00	11 1
	the Marylan 28a-f show	Director	Maryland N/A			imore	tion						Inside City 1 LYYas 2	
4	2 2 3	ire.	10e. Street and Number				10f. Zip Code			10g. Ci	tizen of Wh	net Country?		
1	23e	a C	6409 Eastbourne A	venue			21224			Unit	ted Si	tates		
020	s 1 and 2 should be filed within 72 hours after death with the Maryland of Health and Mental Hyglene. If Health and Mental Hyglene. Other traumatic svent, the Modical Examiner must be notified at	by Funeral	11. Maritel Status  1 □ Never Married 2 □ Married  3 □ Widowed 4 ☑ Divorced	12. Was Decedent I Armed Forces?  1 Yes 2 Yes if Yes, Give Yeer or Detas:			s Dacedant of es, specify Cut	Hispanic Origin? (Spen, Maxican, Puer Specify:	pecify Yes or N to Rican, etc.)	0-	Bieck,	- American I , Whita, atc. White		
	afur Cell	8	15. Decedent's Edu	cetion	16	ie. Deceder	nt's Usuei Occu	petion		16b. K	(ind of Bus	iness/Indust	ry	
Maryland 21215-0020	should be fried within 7 and Mental Hyglene. merked other than "n imatic svent, it a Mou	Completed by	(Specify only highest grad	le completed) College (1-4or 5	i+)	life. DC	NOT use retire	during most of wo	rking	Han	/			
3	Hygir ther int,		10 Years 17. Father's Name (First, Middle, Last)			Seam	stress	18. Mother's Na	ne (First Middle			turing		
	od o	Be C						100						
	d Me	2	George Lower  19a. Informent's Neme/Reletionship (T)	J	1 44	Oh Mailine	Address (Street		ouise E			tota Zin Co.	of a b	
200	han han list							Do int Do						201
ນ໌ .	l and lealth m 27 ther tr		Diane L. Lewis/Da	ugnier				Point Ro		T		-		24
Dalumore,	permit. Pages I and Department of Health Important: If Item 27 any Injury or other tr once.		20a. Method of Disposition 1 ☐ Buriel 2 ☐ Cramation 3 ☐ F				ion (Neme of tory or othar ple		Date			ity or Town,		
	tant		4 ☐ Donation 5 ☐ Other (Specify)		Hill	top So	ervice	Corp. 7/2	5/1997	Tou	son,	Maryl	and	
9	Depar Impor		21. Signature of Funerel Service Licens	00		22. N	lama and Addr	ass of Facility Funeral	Hama al	Dun	dall	Two		
3	80 E 8 8		Johns & Sible			70	22 Wise	Augus F	nome of	van	lance,	and 21	222	
			23a. Perul. Enter th. Viseese, or comp	ications thet ceused	the deeth. De	o not anter	tha mode of dy	ing, such as cardia	c or raspiratory	arrest,	wyx	Ap	proximete prvel Betwe	
P	hysician		shock, or heert failure. List only o	ne ceuse on eech IIr	10.							Inte	ervel Betwe set and De	eeth
	/Medical		Immediate Ceuse (Final	Myoca	ardial	Infar	ction					i		
E	Examiner		disease or condition resulting in deeth)	θ								_		
l.,		ē			Due to (or es									
3	unsit	声		V			Disease	9				-	2 yea	rs
6	cate be executed physician and sthe burial-transit	Examiner	Sequentially list conditions, if eny, leading to immediate		Due to (or es									
00100	Duri Duri		cause. Enter Underlying Ceuse (Diseese or injury thet initiated avents	V		-	alopath	ny					9 mon	iths
0	phys the	Medical	resulting in death) Lest		Dua to (or as a	conseque	nce of):							
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ding pl	Me		Demer	ntía								9 mon	iths
Y 200	eath cer ettendin for use	ian										i		
. 6	by the exteched f	Physician/	Pert II. Other significant conditione co	ntributing to death bu	ut not resulting	in the unde	erlying ceuse g	iven in Pert I.	23b. Dic	tobacco	uee cont	ributa to the	causa of	death?
ב ב	d by efect	Phy	Severe Periphe	eral Vascu	ılar Dí	sease	2		1 🗆	Yes 2	2□ No 3	3 Probabl	y 4 🖵 Ui	nknow
n f	igned t	by												
necords, r.O. DOX 08/00,	s been si	Completed								s en euto formed?	ppsy	24b. Were e evailed comple of deet	ole prior to	
E 3	0 - 0	E							1	Yes 2	No (28)	1 🗆 Va	s 2 N	No.
	certificate	0	25. Wes cese referred to medical					26 Plans of Da						
Di Vital	rnysician: this certific ral director,	0 B	exeminer?	lospitel:	nt 2 ER/0	Tutnationt	3□ DOA OI	26. Plece of De	tome 5□Res		6 DO46-	(Concita)		
5 8	rthis	<del> -  </del>	27. Mapner of Death			. Time of			28d. Describe					
5 5	Affe Affe	tlor	1 ☐Neturel 5 ☐ Pending investigation	28e. Dete of Injur (Month, De)	Year)	Injury	28c. Inju Wo	ork? ]Yes 2∐No						
DISION OF THE PROPERTY OF THE	use nospinal of attending Fritz within 24 hours effer death.  To the Funeral Director: After this completely filled in by the funeral di	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injubuilding, etc	iry - At home, :. (Specify)	farm, street			28f. Location City or To			r or Rural Ro	ute Numbe	er,
Hoenie	24 hours Funeral etely filler	edical C	29e. Certifier (Check only one) 1 CertifyIng Phy 2 Medical Exami	alcian: To the best oner: On the basis of and menner sta	exeminetion e	ge, deeth o	ccurred et the ti stigetion, in my	ime, dete end place oplnion, deeth occu	e, end dua to the erred at the time	e ceuse(s	end mani d place, en	ner as steted and due to the	i. ceuse(s)	
4	ithin of the	Me	29b. Signature and Rie of pertition	1 11	)		29c. Licen	se number		29d. Da	ste signed	(Month, Day,	Year)	
م ا	8 4 8		· Hagi	Theh	- M	di.	D1	14160			07/22			
	T)		30. Name and address of person who co					D-11.		04-	0.5			
7			Harjit Singh, M.			nie H	lighway	Baltimo	re, Md.	212	25			
	Sta	ite	31. Dete filed (Month, Dey, Year)	Hegistra	r's Signeture	and pa								

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 22295

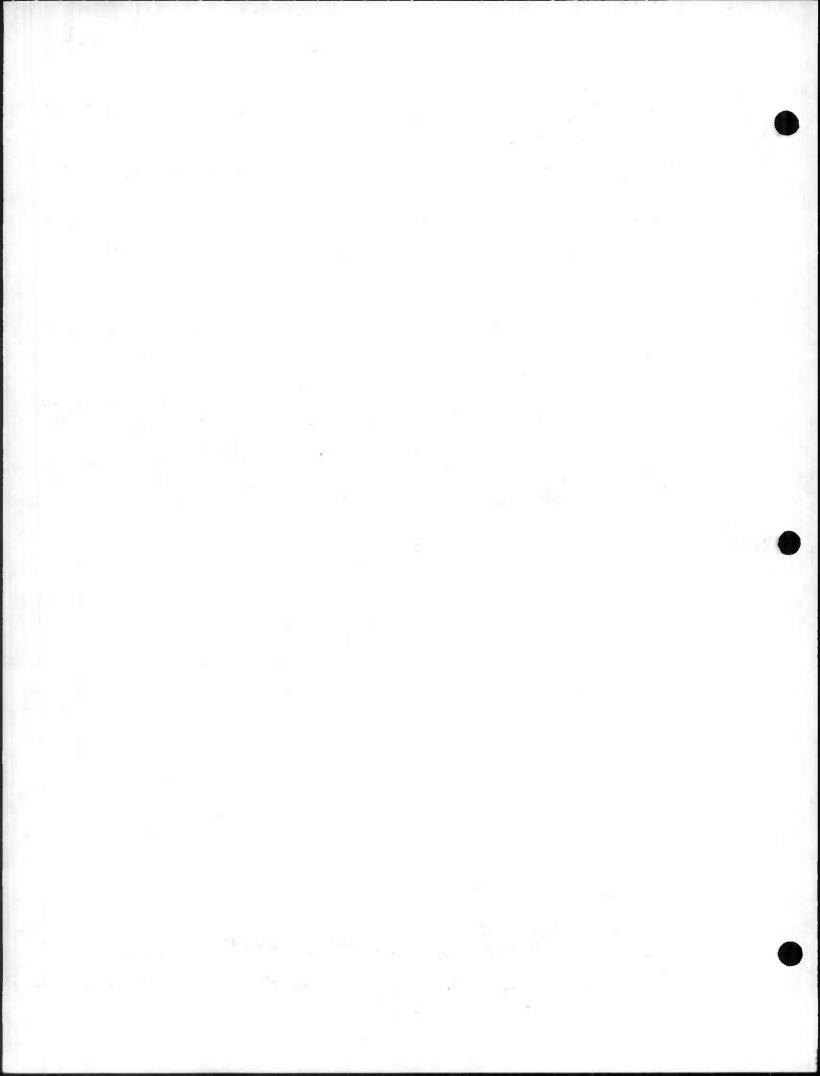
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** /Medical City, Town, or Location of Death 4a. Facility Name (If not institution, give street end number) 4c. County of Death **Examiner** If Under 24 Hrs. # Under 1 Year 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, 9 Birthplaca (Stete or Foreign **Funeral** Sex 1 □ M 2DX Days Hours Year) 220-20-4166 Yrs Director Md Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Director more 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 646 Sentalou 2/2/6 5 Funeral 14. Race - American Indien, Bleck, White, etc. 11. Marital Status 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Yes 2 No If Yes, Give Year or Detes: 1 ☐ Never Married 2 ☐ Married 1□ Yes 2 No Black þ Specify: 3 ☐ Widowed 4 ☑ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Şecondary (Q-12) College (1-4or 5+) Assistance 12 marade 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be Lahnson 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19a Informent's Name/Relationship (Type, Print) 10 aughter 118 20b. Plece of Disposition (Name of cametery, crematory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from State ank 4 ☐ Donetlon 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 22. Neme end Address of Facility C. MARCH FH.-4300 WABASH VENUE A 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediate Ceuse (Final disease or condition resulting in death) **Examiner** Examiner physician end s the burial-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Division of Vital Records. P.O. Box 68760. Physician/Medical 0 signed by the ald Pert tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 3 Probably 4 Unknown 1 TYes 2 No. à Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? has this certificate 1 Yes 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours after death. Funerel Director: After this certifice funaral director, 25. Wes case referred to medical examiner?
1 ☐ Yes 2 No 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residenca 6 Other (Specify) Certification: To 3 DOA 1 ☐ Inpatient 2 ☐ ER/Outpetient 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28h Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Accident 5 Pending 1 Tyes 2 No Investigation completely filled in by the 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital of within 24 hours a To the Funerel D 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(s) end manner as stated.
2 Medical Examtner: On the best of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) end manner stated. edicai 29a. Certifier 29b. Signature and title of certifier 29c. License numbe 30. Name and eddress of person who completed carrier of deeth (Item 23a) (Type, Print) 21207 31. Date filed (Month, Day, Year) 32. Registrer's Signeture State whe Davidson 2 4 1997 Registrar

DHMH 16 Rev 6/95



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.2296 State of Maryland / Department of Health and Mental Hygiene

						Certif	ficate of	Death		Reg. No.						
	DI .		1. Decedent's Neme (First, Middle, La						2. Dete of De		V	3. Time of Deeth				
	Physic /Medi		GEORGE	LIN	K				JULY	18,	1997	7:00AM				
	Exami		4e. Fecility Neme (If not institution, gir					4b. City, Town, or I	ocation of Deeth		nty of Deeth					
I.		Ш	1217 Francis					Arbutu			timor					
	Funeral Director		220-05-7420	Sex 7. Age	(In yrs. lest bii 81		Under 1 Year onths Deys		8. Date of Bin (Month, Da Nov 1	th by, Yeer) 5, 1915	9. Birthp Coun Mary	elece (Stete or Foreign try) Land				
	and w		Usual Residence of Decedent  10a. Stete 10b. County		10c. City, Tow	n or Locati	on				11	0d. Inside City Limits				
	Mary	lo	Maryland Balt:	imore	Arl	outus	3					1 ☐ Yes 3/☐ No				
	h the Maryland r 28a-f show	Directo	10e. Street and Number			-	10f. Zip Code			10g. Citizen o	f Whet Coun	itry?				
	23a or	al D	1217 Francis A	Ave.			21	.227		Unite	d Sta	tes				
	r dea	Funeral	11. Marital Status	12. Wes Decadent E Armed Forces?		13. Was	Decedent of los, specify Cub	Hispenic Orlgin? (Sp an, Mexican, Puert	pecify Yes or No Rican, etc.)	- 14. R	ece - America leck, White,					
21215-0020	hours efter death with the Maryland ural; or items 23s or 28s-f show at Example must be notified at	by	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1XXes 2 □ N If Yes, Give Year or Detes:	° 1941- 1944		Yes 21 No			Spec	aifv:	ite				
5-6	72 h natu	Completed	15. Decedent's E (Specify only highest gr	ducation ede completed)	169	(Give kind	's Usuel Occu d of work done	during most of work	king		Business/Ind					
121	within	Id III	Elementery/Secondary (0-12)	College (1-4or 5-		life. DO	NOT use retire	ed)		Refri	_	ioning				
2	Hygie Ther t		1 2 17. Father's Name (First, Middle, Lest	1		Owner	<u> </u>	10 Mathada Nam				Toning				
Maryland	ould be filed Mental Hyg arkad other	Be c		nk				18. Mother's Nen			-					
<u></u>	d 2 should be th end Menta 7 is merked traumetic ev	2	19e. Informent's Neme/Relationship		196	Meiling A	ddraes (Strae	Floren tend Number or Ru				Codolo a o a o				
				on				rook Ro		licot						
re,	S 1 and of Health item 27 other t		20e. Method of Disposition		20b. Pleca o	t Dispositio	n (Neme of		Date	20c. Location		-				
Baltimore,	8 = 5		1  Burial 2  Cremation 3  C 4  Donetion 5  Other (Special				ge Park	Total Total	July21 1997	Dorse	v Ma	aryland				
alt	mit. Pa partmen portant: y injury £8		21. Signatoro of Funerer Service Lice	1600	Memor	22. Na	ame end Addre	ess of Fecility Am								
	Ped med		22. Name end Address of Fecility Ambrose Funeral Home, Inc. 1328 Sulphur Spring Road Arbutus, Maryland 21227													
			23e. Pert1. Enter the disease, or com- shock, or heart feiture. List only	plicetions that caused to	the death. Do	not enter th	ne mode of dyi	ing, such es cardiac	or respiretory er	rrest,		Approximete				
	Physician		Olisal et d'Dealin													
- 11	/Medical Examiner		Immediete Ceuse (Finel disease or condition resulting In deeth)	. CAR	DIAC	D'	15RH	AMMY			17	eal ministers				
Ш		_	resulting in deeth)		ue to (or as e							-ta-hildrant				
	led nsit	nine		b. ATRI	AL F	1BR1	LLAT	101			F	WE YEARS				
_6	and al-trai	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events are the initiated events are the initiated events.													
68760,	icete be axecuted physician and s the burial-transit	cai	Ceuse (Disease or Injury that initiated events	· Illyoch	KNIA			nenty-tire year								
	- O 0	Medicai	resulting in deeth) Last	Callan	Due to (or es e consequence of):						Care	1-1-100				
Box	thet the daath certifics ed by the attending pl detached for usa es t	No.		a COKUN	THICA	HISI	T/Z/	TOE:	HOE			with hetes				
	e daal	Physician/	Pert II. Other significant conditions of	ontributing to death but	not resulting le	n the under	tying cause gi	ven in Pert I.	23b. Dld 1	tobacco uee d	ontributs to	the cause of death?				
P.0	d by t	Ph.	DOOVINIZALE	DISEA	SE				10	Yes 2 No	3 Prob	bably 4 d Unknown				
S,	ras th	þ	1 Weetin 2011	PIOEH	VI.											
Records,		Completed								en eutopsy rmed?	eve	ere eutopsy tindings ellable prior to expletion of cause				
3ec	has t	dr.									oto	deeth?				
	cate ha								101	res 2 No	1 🗆	Yes 2□ No				
Vit	iclan: The lav certificate has rector, pege 2	Be	25. Wes case referred to medical exeminer?	Hospital:			Out	28. Place of Dee	th (Check only o	ne)						
of Vital	this al di	5.	1 ☐ Yes 2 ☑ No 27. Menner of Deeth	1 LI Inpatien			DON		ome 5 Resid			)				
on	Afte fune	ion in	VSNeturel 5 ☐ Pending	28e. Dete of Injury (Month, Day	Year) 280.	Time of njury	28c. Inju Wo M 1 □	rk? IYes 2 □ No	28d. Describe h	now injury occ	urrea					
Division	Attending or death. ector: After by the fune	fica	3 ☐ Suicide 6 ☐ Could not b		v - At home, ta			1163 2 110	28t Location /5	Street and Nun	nher or Rural	I Route Number,				
Ö	after Direction by	Certification:	4 Homicide	building, etc.	(Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	tootory, omco		City or Tow	vn, State)	ibor or rigrar	riodio ridinber,				
	To the Hospital or Attend within 24 hours after death To the Funeral Director: completaly filled in by the		29a. Certifier 12 Cartifying Ph	ysicien: To the best of	my knowledge	, deeth occ	curred et the ti	me, date end plece.	end due to the	ceuse(s) end r	nenner es ste	eted.				
	n 24 h	edical	(Check only 2 Medical Examone)	niner: On the basis of e end menner state	xaminetion en	d/or Investi	gation, In my o	opinion, deeth occur	red et the time,	date end place	e, end due to	the cause(s)				
	With To the	Σ	29b. Signature and title of certifier	mo mo			29c. Licens	se number	1	29d. Dete sign	ned (Month, L	Day, Year)				
	Who I		Johnney So	STAFF (	CARDIO	DGIST	- LIMICAT	HIND DA	1 (1)	JIMN	18.	1997				
	Brit		30. Neme end eddress of person who	completed cause of dee	111 40 100	(Type, Print		^		- 0.77						
	9-/		JONATHAN S	SHIREN	MO	344	4 MITH	rens Ave	NVR SW	e 300	BALTIMO	IRE, MARCY AND				
	Sta		31. Dete filed (Month, Day, Year)	32.000	5 right o	2.000										
1	Registra	ar	JUL 6 4 199/	7		market										



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month Dey Year + (anc)> plevern 20 JULY 1997 11:30 PM 4e. Fecility Neme (If not institution, give street and number, 4b. City, Town, or Location of Death 4c. County of Deeth 3508 MARIGOLD DRIVE MONROVIA

If Under 24 Hrs.

Hours Min. FREDERICK If Under 1 Yaar 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Birthpleca (State or Foreign Country) 1**X**M 2□ F Months Deys Yrs 213 56 4491 46 MARYLAND 15,1950 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits FREDERICK 1 ☐ Yes 2 No MONROVIA 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 3508 MARIGOLD DRIVE 21770 UNITED STATES 12. Wes Decedant Evar in U.S. Armed Forces? 1 274es 2 No If Yes, Give Yaar or 1949-74 Was Dacedent of Hispenic Origin? (Specify Yes or No. If Yes, specify Cuban, Maxican, Puarto Rican, etc.) Race - American Indien, Bleck, White, etc. 11. Maritel Status 1 Never Married 2 Married 1 ☐ Yas 2 No Specify 3 ☐ Widowed 4 ☐ Divorced WHITE 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) PLUMBING 12 PLUMBER 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) HARRY MARROW LOUISE HARDING 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARGARET V. MARROW, WIFE 3508 MARIGOLD DRIVE, MONROVIA, MD. 21770 20e. Mathod of Disposition 20b. Plece of Disposition (Neme of cemetery, cramatory or other place) 20c. Location - City or Town, State 1 Burlal 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) LAYTONSVILLE CEMETERY 7/24/97 LAYTONSVILLE, MD. 21. Signeture of Funeral Service Licenses 22. Name and Addrass of Fecility
MURIEL H. BARBER FUNERAL HOME BOX 5038, P.O. LAYTONSVILLE, MD. 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cerdiac or respiretory errest, shock, or haert feilure. List only one ceuse on each line. Approximete Intervel Between Onset and Death Immediate Ceuse (Final Two Years disease or condition resulting in deeth) Due to (or es e consequence of) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events rasulting in deeth) Lest Due to (or es e consequence of): Due to (or es a consequance of) Pert fl. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobecco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 1 Yes 24b. Were eutopsy findings eveilable prior to complation of causa of death? 24e. Wes en eutopsy performed? 1 Yes 25. Wes case referred to medical 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Aesidence 8 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28c. Injury et Work? 27. Menner of Deett 28a. Date of Injury (Month, Dey Yeer) 28d. Describe how Injury occurred 28b. Time of 5 Pending Investigation Naturel Injury 1 ☐ Yes 2 ☐ No 2 Accident

**Physician** /Medicai Examiner

**Physician** 

/Medical

Examiner

Director

Funeral

à

Completed

B

2

10a Stete

MD.

**Funeral** 

**Director** 

the Maryland

permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: if item 27 is merked other than "natural", or item 23 a or 28e-1 show any Injury or other traumatic event, the Medical Exterimet man to notified any Injury or other traumatic event, the Medical Exterimet man to notified any

Baltimore, Maryland 21215-0020

Physician/Medical by Completed Be 2 Certification:

signed by the attending physician and deed detached for use as the burial-transit that the death certificate be executed page 2 should be detached for peen certificate has in by the funeral director,

Records, P.O. Box 68760,

Division of Vital

FRANCIS GREGORY MARROW

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifies

State Registrar

Medical

31. Dete filed (Month, Dey, Year) 2 4 1997

30. Name end eddress of person who

3 ☐ Suicide

29a, Certifie

4 Homicide

29b. Signeture end title of serui

ens

6 Could not be determined

ed cause of death (Item 23e) (Type, Print)

29c. Licansa number

1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete and place, and due to the cause(s) end menner es steted.

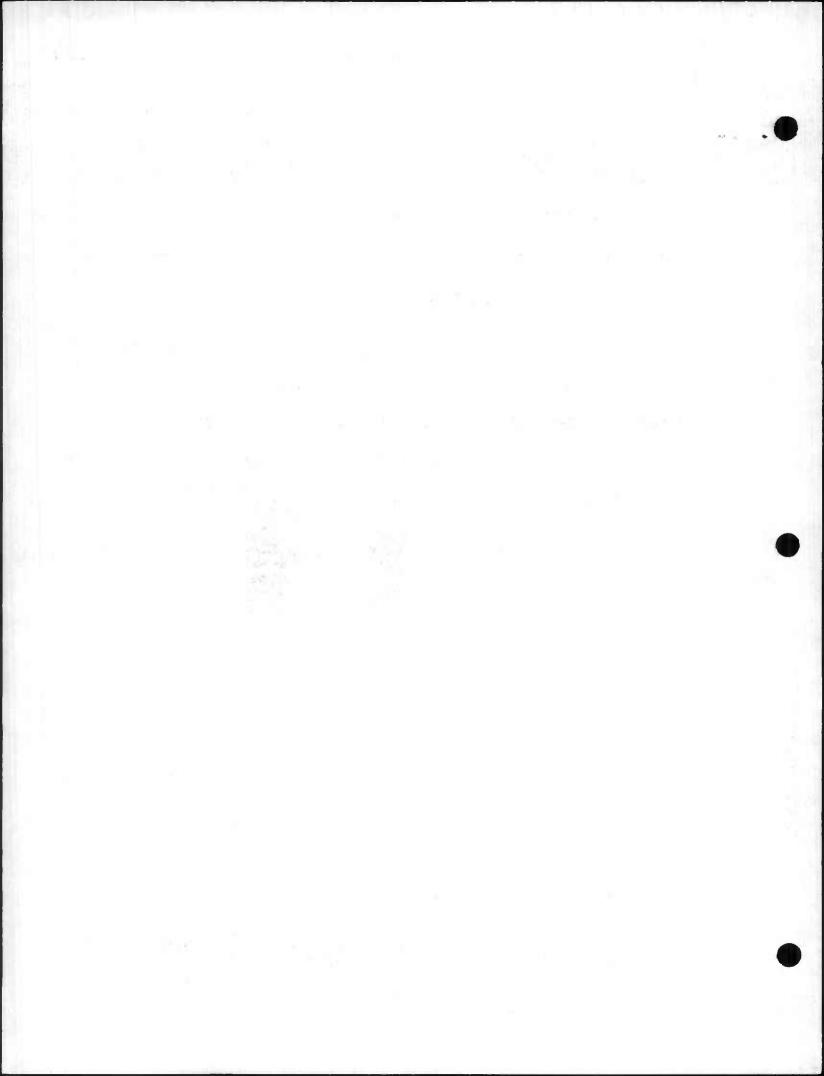
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end place, end due to the ceuse(s) end menner stated. 29d. Data signad (Month, Day, Year)

JULY 21,

281. Location (Street and Number or Rural Route Number, City or Town, Stete)

32. Registrer's Signatura

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible, State of Maryland / Department of Health and Mental Hygiene 7 22298

					Cei	rtificate	e of	Death		Red	a. No.				
		1. Decedent's Neme (First, Middle, L	ast)							ate of Deeth			3. Time	e of Death	
Physic		Marion	M	lazan						onth uly 17	Dey 7,1997	Yeer	5:50	mq C	
/Medi Exami		4a. Fecility Name (If not institution, gi	ive street and numbe	er)				4b. City, Town		-	4c. County	of Deeth	73.30	) pili	
EAGIII		Johns Hopkins Ba	avview Med	dical (	Center			Baltin	nore		N	17			
Funeral		5. Sociel Security Number 6.	Sex 7.7	Age (In yrs. la		If Under		If Under 24	Hrs. 8. D	ate of Birth		9. Birthp	place (Stet	te or Foreign	
Director		214-14-3233 Usuel Residence of Decedent	<b>Ж</b> ДМ 2□ F	76	Yrs.	Months	Deys	Hours		7/20		Coun Mary	ntry)		
show		10a. State 10b. County		10c. City,	Town or Lo	cation						1	0d. Inside	City Limits	
the Mary r 28e-f sh	ţ	Maryland Balt	imore	Du	indal	k							1 □ Y	es 2 No	
or 284	je	10e. Street end Number				10f. Zip	Code			109	g. Citizen of	Whet Cour	ntry?		
th wit	<u>σ</u>	3417 Cornwall	Road			2	122	2			USA				
ter deat	Funeral Director	11. Maritei Status	12. Wes Deceder	nt Ever in U,S	i. 13. V	-		Hispenic Origin pen, Mexican, P	? (Specify )	es or No-	14. Rad	ce - Americ			
	by	1 ☐ Never Married 2 ☐ Merried 3 ☐ Widowed 4 ☑ Divorced	Armed Force 12 Yes 2 [ If Yes, Give Year or Dates	No		r Yes, spec			derto Hicen	, etc.)	Specif		White etc.		
72 hours	P P	15. Decedent's E	Education		16e. Deced	ient's Usue	el Occu	pation	. 201.0	16	6b. Kind of B				
within 7 within 7 han "n	Be Completed	(Specify only highest gr Elementery/Secondery (0-12)	rede completed) College (1-4o	r 5.4)	(Give life. L	kind of wor DO NOT us	rk done se retire	during most of	f working						
d withle	PO				Asse	mblv	Li	ne			Auto	moti	770		
Maryland 2 nd 2 should be filed v lith and Mentel Hygie 27 is marked other t r traumatic event, III	Se C	17. Fether's Name (First, Middle, Las	t)			-			Neme (Firs	t, Middle, Ma			V-C		
Ald by Alente Al	ToE	Karol		M	lazan			Fran	nces			Kut	7		
should should marke umatic		19e. Informent's Name/Relationship	(Type, Pnint)		19b. Meilln	ng Address	(Stree	t end Number o		ite Number,	City or Town				
1 and 2 Health 2 Health 2 em 27 is		Skip Mazan/Son			1025	0-1	7 4		<i>a</i> ,						
of the state of th		20e. Method of Disposition		CO	ace of Dispo	sition (Nerr	ne of	s Ave.	· Syk	esvi	oc. Location	City or To	wn, State	i	
Page ent cent c				(€					7/2	1 /07	27.0	П	J =	72.7	
Baltimore, pemit. Pages 1 ar Depertment of Hee Important: if item's any injury or other once.		4 Donetion 5 Other (Specify)  St. John the Baptist 7/21/97 New Freedon, PA  21. Signeture of Funeral Service Licensee													
Baltimore, M permit. Pages 1 and 2 Depertment of Health i Important: If Item 27 II any Injury or other tra		100	Duda-Buck Funoral Home of Dundalk Inc												
		On Double Enter the disease of the	Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, MD 21222												
		23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line.  Approximate Intervel Between Onset and Deeth													
Physician /Medical		7 (1990)										1	Oliseral	id Deelli	
Examiner	п	Immediate Cause (Final disease or condition	. Respir	atory	Failu	re						1	2 hou	ırs	
	L.	disease or condition resulting in death)  Respiratory Failure  Due to (or es e consequence of):													
pg is	를	Brain Anoxia											4 day	/S	
8760, sete be executed hystoien end the buriel-trensit	Examiner	Sequentially list conditions,		Due to (or	es e c <i>on</i> seq	uence of):									
68760, flicete be expression as the buriel		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last  Due to (or es e consequence of):  Cardiac Arrest  Due to (or es e consequence of):											4 day	ys .	
58760, icete be ex physicien s the burie	edicai														
X Cent	2	L	Liver	Hemorr	hage								4 day	/S	
thet the death ce led by the ettendi	Completed by Physician/	Pert II. Other eignificant conditions		but and annual	da e le de e co		11.11			20h Distant	221112511				
D a tag	nys	Per II. Other eignineant conditions	contributing to deeth	Dut not resul	ang in the ur	idenying ce	euse gi	ven in Pert I.		23b. Did tob			111-		
S, P	y P	-Hypertension, at	rial fibr	illati	on,					1   Yet	2 08 No	3 Pro	Dably 4	Unknow	
ulres ulres ad bl	D D	71							2	24e. Wes en	eutopsv	24b. W	ere eutops	sy findings	
() _ 0 0	ete	ischemic colitis	5							performe	ed?	CO	eileble prid	or to	
Hec e lew hes b	dE												death?		
The I										1 ☐ Yes	2000	1 [	☐Yes 2	⊠ No	
VITAL I	Be	25. Was cese referred to medicel exeminer?	Hamital.				100		Deeth (Che	eck only one	)				
DIVISION Of VITAI  of or Attending Physician: The effor death.  Director: Affer this certificate tin by the funeral director, pe	2	1 ☐ Yes 2 No	Hospitel: 1 Inpa		R/Outpetien		JA			5 🗆 Residen			y)		
ding P. After funer	OU:	27. Menner of Deeth 1 ☑ Netural 5 ☐ Pending	28e. Date of In (Month, E	jury Day Year)	28b. Time of Injury		8c. Inju Wo			Describe how	r injury occur	red			
Attending r death. sctor: After by the fune	cati	2 Accident investigetion 3 Suicide 6 Could not t				М		Yes 2 □ No							
or Att	Certification:	3 ☐ Suicide 6 ☐ Could not to determined	28e. Place of I building,	njury - At honetc. (Specify)	ne, farm, str	eet, fectory	, office			ocation (Stre		per or Rura	I Route N	umber,	
To the Hospital or Attend within 24 hours efter death To the Funeral Director:	edicai	29a. Certifier 1 Certifying Pt (Check only one) 2 Medical Exe	hysicien: To the bes miner: On the besis end manner:	of exeminetic	ledge, deeth on end/or inv	occurred e restigetion,	et the ti , in my	me, dete end p opinion, death	olace, end di occurred at	ue to the ceu the time, det	ise(s) end m e end piece,	enner as si end due to	teted. the ceus	e(s)	
To the To the Somple	Æ	29b. Signature and title of certifier	A 1			29c	. Licen	se number		290	d. Dete signe	d (Month,	Day, Year	7)	
		( hasting	() Church	1011	ans	- 1	RES	5-00	0	1	July 1	8,199	7		
T		20 Name and addition	James	xey	200						-				
1		30. Name end eddress of person who	completed cause of	011		, 0		s Hopki						0.4	
		31. Date filed (Month, Day, Year)	20 Ba-ta	strer's Signetu	イワ	4	1940	Easter	n Ave	, Balt	imore	, MD	2122	24	
Sta Regista		JUL 2 4 1997			n-Rand	. 102									

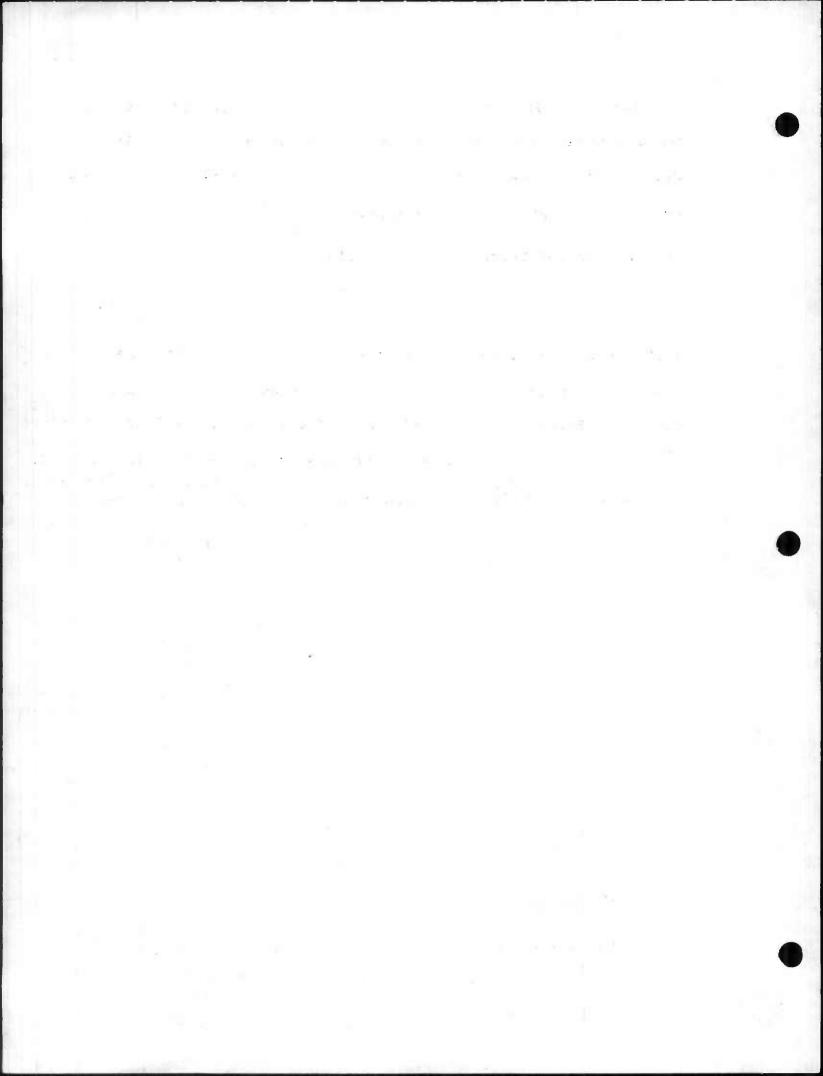
\*4

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 / 22299

						Cer	tificat	e of	Death		F	leg. No.			
		Ш	1. Decedent's Neme (First, Middle	. Last)							2. Date of Dee	th		3. Ti	ma of Deeth
	Physic /Medi		Claracy J	uanita Mul	drow						July	20 1997		10	20
	Exami		4e. Fecility Name (If not institution,	give street end number	r)				4b. City, To	wn, or Lo	ocation of Deeth	-	ty of Death		
			Deaton Universi	ty of Maryl	and Med	icin	e		Balt	imor	e		NA		
	Funeral			6. Sex 7. A	iga (In yrs. last b		If Under		If Under	24 Hrs.	_	1	9. Birthp	laca (S	tete or Foreign
	Director		215-28-5462 Usuel Residence of Decedent	1□ M 2□ F X X	74	Yrs.	Months	Deys	Hours	Min.	8. Date of Birth (Month, Dey 02-06	, Year) -23	Coun	S S	-
	how		10a. Stata 10b. County		10c. City, To								1	0d. Insi	ide City Limits
	Ma-f.s	to	Md.	NÄ	Ba	1t1r	nore							1 🔼	Yes 2□No
	1 th	Director	10e. Street end Number				10f. Zip	Code							
	23a c		2904 E. Fede	ral Stree	t		21	213	3		USA				
	dea ms	Funeral	11. Maritel Status	12. Was Deceden Armed Forcas	t Evar in U,S.	13. V	Vas Dece	dent of	Hispenic Orl	gin? (Sp	eclfy Yes or No- Ricen, atc.)	14. Ra	ce - Americ		en,
21213-0020	n 72 hours efter death with the Maryland "netural", or items 23a or 28a-f show poical Examiner must be notified at	by	1 Never Married 2 Marrie 3 ☑ Widowed 4 Divorced		] No				Specify:		Hicen, atc.)	Speci	eck, White, if by: Bl	<sub>etc.</sub> ack	
ה ה	thin 72 ho e. an "netul Medical	Completed	15. Decedent' (Specify only highest		166	Deced	ent's Usu	el Occu	pation	t of words		16b. Kind of E	Business/Inc	dustry	
7	C * 6	l du	Elementary/Secondary (0-12)	College (1-4or	5+)	life. E	OO NOT u	se retire	during mos	E OF WORK	ing				
	D D b	9	12th Grade	B.S. De	gree :	Home	emak	er				in h	ome		
man y range	0 - 0	Be	17. Father's Nema (First, Middle, L	ast)					18. Motha	ar's Nem	a (First, Middle,	Meiden Sume	me)		
3		2	Sam Co	usar					Qu	een		C	oker		
3	d 2 should th and Mer 7 is marke traumatic		19a. Informant's Neme/Ralationsh	ip (Type, Print)	19	b. Mailin	g Address	(Strae	t and Numbe	er or Run	e/Route Numbe	r, City or Town	n, Stete, Zip	Code)	21213
	C = 0 L		Joyce Br	own		290	4 E.	Fe	edera	l St	reet E	Baltim	ore,	Ma	ryland
2	40 m 40 0		20a. Method of Disposition	_	20b. Plece c	of Dispos	sition (Ner	ne of	ace)		Date	20c. Location	- City or To	wn, Ste	ite
	Pages nent of I int: If ite iny or or		1X Burial 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other (Sp		9				,	rvi	7-25-9	7 Ba	ltim	ore	, Md.
	교원은 중		21. Signature of Funeral Service L	icensee / A		_			ess of Fecilit		Baltimo				
	Depa Impo any i		1	1/4	0				,				_		
	_		23a Pert1. Enter the disease or o	omplications that cause	od the death						LIOI E.		n Av		
		,	23a. Pert1. Enter the disease, or o shock, or heart teilure. List of	nly one ceusa on eech	line.	1	The mod	o or ayı	ing, such es	varulac	or raspiratory em	est,	-		el Between end Death
ř	hysician /Medical	Н	Immedieta Causa (Finel	0.1		_							1	011301	ond Death
1	Examiner		disaesa or condition resulting in death)	a. Sep	513									10	week,
		<u>-</u>													
	nsit	듵	o. Injected wound											20	weeks
1	end ai-tre	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying												
	icien Dunis	alE	cause. Enter Undertying Cause (Disease or Indigry that initiated avants resulting in deeth) Lest  C. primary hyper far athyroisolism  7 429  Due to (or as a consequence of):  d. Conjecture  1 47.											423.	
	eruncate be executed ling physicien end se es the bunat-trensit	edical												3	
	0 2 4	3	a Congestive heart failure 142.											42.	
	the atter	Physician	Part II. Other significent condition	s contributing to death i	but not rasulting	in tha un	derlying c	euse gi	ven in Pert I		23b. Did to	bacco use co	ontribute to	the ca	use of death?
-	100	P.	Multi info	uct d	'eure		450		4		1 □ Y	es 2 No	3 Prob	ably	4 Unknown
ť	2	þ	7 000/1				, 4								
- Sanda	P P	Completed									24e. Wes e	n eutopsy ned?	ava	ilable p	psy findings prior to
-	8 0	ple											of c	npletion daath?	n of cause
1	2 8 8 N	E									1□ Y	s 20 No	1	Yes	22 No
	certificate rector, pa	Be C	25. Wes case referred to medical						26 Plece	of Deet!	(Check only or				
Philosophical and a second	dine.	0	exeminer? 1 ☐ Yes 2 ☑ No	Hospital:	ent 2 ER/O	utnatiant	3□ DC	Ott	har		me 5 Reside		har /Snacifi	,1	
-		E	27. Menner of Deeth	28e. Dete of Inj	ury 28b.	Time of		8c. Inju Wo			28d. Describe he			')	
	r death. ector: After by the fune	tlo	1 ☑Neturel 5 ☐ Pending 2 ☐ Accident investiga	(Month, De	y Year)	Injury	м		rk? ]Yes 2∐l	No					
	9000	fica	3 ☐ Sulcide 6 ☐ Could no	t be	jury - At homa, fa	arm, stre	et fectory	office			28f. Location (Si	reet end Num	ber or Rure	Route	Number
	Dire	Certification:	4 ☐ Homicide	bullding, e	tc. (Specify)	211111 0110	01, 100101	, 011100			City or Town			710010	riambor,
-	S I S I S I S I S I S I S I S I S I S I		29a. Certifier 1 Certifying	Physician: To the best	of my knowledge	a death	occurred.	at the ti	mo doto on	d place	and due to the e			-td	
1	within 24 hours after deal To the Funeral Director: completely Illied in by the	edical		Physician: To the best caminar: On the besis of and menner st	of examinetion er	nd/or inve	estigetion,	In my	opinion, deel	h occurr	ed et the time, d	ate end plece,	end due to	the ceu	use(s)
-	ul di ul	₹ E	29b. Signetura and title of certifier	2			290	. Licans	sa number		2	9d. Date signe	ed (Month I	Dav. Yo	ar)
*	3 1 2			ta mi						10					/
	Λ														
	,/=		30. Name end eddress of person w CHARU MEHTA,	no completed cause of the	deeth (Item 23e)	(Type, P	rint)	16	1. # 1	21	Colum	bia.	MO	210	45
			21 Data filed West Division	MD 5865	Kobez	- 0	, , , , , ,	1				,			
	Sta		31. Dete filed (Month, Dey, Year)  JUL 2 4 1997	32. Regist	rer's Signeture Udsen-Ran	1.00									
	Registr	ar	AAF 8 6 1221	O who	nacon-Nan	PARE -									

DHMH 16 Rev 6/95



WRC 97-3987-005 CY

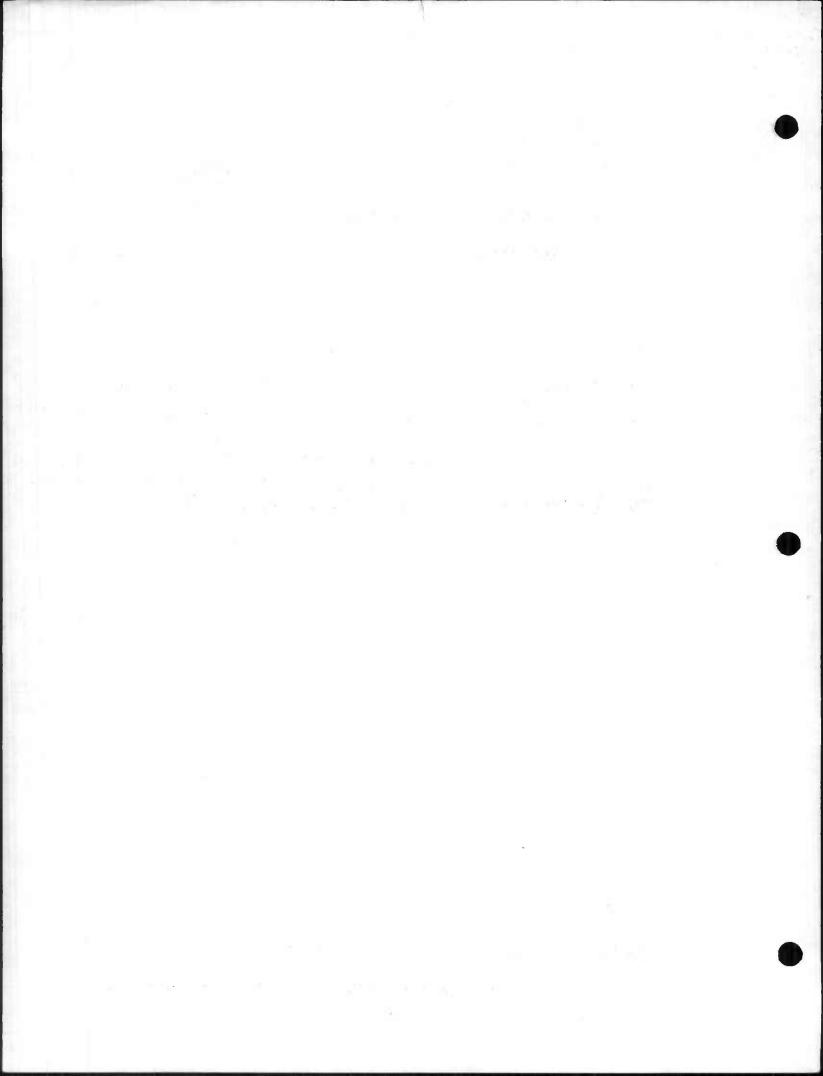
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

	HIA J. EHAN			State of M	aryland / D	epartme		Health and N	Mental Hy	- 1	22	300		
1	Physic		Ba part I,27,28a-f per 1. Decedent's Name (First, Middle, La  Cynthia J	31)		Oertinica	ate Oi	Death	2. Dete of Do	Day	Yeer	Time of Death		
	/Medi		4e. Fecility Neme (If not institution, giv					4b. City, Town, or L	JULY	17, 19 h 4c. County		1:05 PM		
	Exami	ner	2200 WHITCOM					PARKVI			Ltimor	е		
	Funeral Director		Social Security Number 6. S	Sex 7. Ag	ge (In yrs. lest birth	hday) If Und Month	der 1 Year is Deys			ov. Year) 0,1959	9. Birthplece Country)	(Stete or Foreign		
			Usual Residenca of Decadent						ban z	0/1333	Maryl	anu		
	ehow	_	10a. State 10b. County	wun do 1	10c. City, Town	or Location	w]r					nside City Limits		
	Be-f	Sto	Maryland Anne A	Tunder	pever	na ra	IK					LI Tes ZALINO		
	\$ 0 E	Directo	10e. Street end Number			10f. Z	Zip Code			10g. Citizen of What Country?				
	23a	<u>a</u>	304 White Plai	ns Court	,		211	46		United	Stat	es		
20	permit. Pagas 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or Nems 23a or 28a-f show any injury or other traumatic event, the Medical Examinat must be notified at Ance.	by Funeral	11. Marital Status  1 □ Never Married 2 ☑ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 ☐ Yes 2 X I If Yes, Give	,		cedent of I becify Cub 20 No	dispenic Orlgin? (Sp an, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)	Specify				
Ş	ural	0		Year or Dates:	1.00					WILL				
21215-0020	within 72 ena. than "nat	Completed	15. Decedent's Ed (Specify only highest gre Elementery/Secondary (0-12)	Cottege (1-4or 5	0+)			petion during most of work d)	ing		usiness/industr	1		
7	A Series	S	12		Con	nputer	An	alyst		Drug 1	Mfg.			
P	d off	Be	17. Fether's Neme (First, Middle, Last)					18. Mother's Nam						
yla	Men Men arke	ပို	Richard T. Mc	Geehan				Joan E.						
, Maryland	1 and 2 should be filed withi Haath and Mental Hygiena. em 27 ie marked other than other traumetic event, the M		19a. Informant's Name/Relationship ( Joan E. McGeeh		19b. 19b.	Melling Addre	ess (Street	end Number or Au lains Co	ourt S	everna	State, Zip Cod Park,	21146 Md.		
Baltimore,	Pagas 1. nant of He nt: If item iry or oth		20a. Method of Disposition 1   Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specified)	Removal from State		, cremetory of	r other pie	metery	uly22	20c. Location				
Balti	permit. Pagas Department of Finportant: If the any injury or of page.		4 Donation 5 Other (Specify)  Loudon Park Cemetery 1997 Baltimore, MD.  21. Separature of Funeral Service Licensee  22. Name and Address of Facility Ambrose Funeral Home, Inc. 1328 Sulphur Spring Road Baltimore, Maryland 21227											
			Taul Dilla	gau	data da da Da a	Balti	mor	e, Marvl	and	21227				
•	Physician /Medicai	1	23a. Part1. Enter the disease, or com shock, or heert failure. List only Immediate Cause (Final disease or condition		TURATE AND				or respiretory e	rrest,	Inte	roximate rval Between et and Death		
	Examiner	ıer	resulting In death)	α.	Due to (or es e co									
,092	be axecuted sician and burial-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	b	Due to (or es e co	onsequence of	f):							
6876	0 20	dical	thet initiated events resulting in death) Lest	C	Due to (or es e co	onsequence of	f):							
Box (	daath certificata b attanding physic d for usa as the b	Physician/Med	C	d							1			
	d for	icie	Part II. Other significant conditions of	ontributing to death h	ut not resulting in	the underlying	Cause on	ven in Pert I	23h Did	tobacco use co	ntribute to the	cause of death?		
0.0	tha da by tha e	hys		or a decir of	at not rooming in	the andenying	y outdoo gi	VOIT WIT 0.( ).		Yes 2□ No		4 Unknown		
	that a dat	by P								105 2010	J T TO DELIN	4 DIIKIOWII		
Division of Vital Records,	The law requires that the death certifical at has been signed by the attending phypage 2 should be detached for use as the	Completed b							24e. Wes	an eutopsy ormed?	aveileb	utopsy findings e prior to tion of cause		
Re	The law cata has	Ĕ							. 360		,			
0			OF Mos ones referred to medical						10	Yes 2□No	19Yes	2 □ No		
=	iclan: cartific ractor,	Be C	25. Was case referred to medical examiner?	Hospital:			Ott	26. Place of Deel		-				
Jou	Phys ral di	on: To	1 Yes 2 No  27. Menner of Deeth 1 Neturel 5 Pending	1 ☐ Inpatie	ent 2 ER/Outp		28c. Inju	4 U Nursing Ho		dence 6 Oth				
.0	Attending ir death. ector: After by the fune	atic	2 Accident investigation		17/97 found			Yes 2(X) No	subject	used drugs	and alc	oho1		
Divis		Certification:	3XX Suicide 6 Could not be determined		ury - At home, farr c. (Specify)		ory, office		28f. Location City or To	(Street end Numb wn, Stete) 2200 e. Marylan	per or Rural Rou Whitcom			
	To the Hospital or within 24 hours after To the Funeral Differmontal Differmontal Complataly filled in	edical C	29a. Certifier 1□ Certifying Ph (Check only one) 1□ Medical Example 10 Certifying Ph (Check only one)	yelclan: To the best of hiner: On the basis of and manner ste	of my knowledge, f examinetion end	death occurre /or investigation	ed et the tir	me, date end place,	end due to the	ceuse(s) and me	enner as stated	cause(s)		
	To the within 2 To the compla	Me	29b. Signet ire end title of cartifier	A	V. 44.	2	9c. Licens	se number		29d. Date signe	d (Month Day	Yeer)		
	Veiti Sor		· Wounto A	16.10	11120			.C.M.E.		JULY 1		_		

State Registrar

11. Date filed Month, Dey, Year) 33 Regist MSU 111 Penn Street, Baltimore, Maryland 21201
33 Registrar's Signature
Julia Davidson Aunder

person who completed cause of death (Item 23e) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 /

RITA MADERA Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death Month 3. Tima of Deeth **Physician** JULY 1997 9:40 AM Rita Madera /Medical 4a. Facility Name (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner SHOCK TRAUMA CENTER BALTIMORE Baltimore City If Undar 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Days 1 □ M 2 🛛 F Director Yrs. 217-16-6725 Feb. 23, 1926 Maryland Usual Residence of Decedent tha Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show the Medical Examiner must be notified at Maryland Baltimore City Director Baltimore 1K Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ò Items 23a 2611 Washington Blvd. 21230 United States Funeral 12. Was Dacedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, atc. 72 hours aftar 1 ☐ Yes 2 ☑ No If Yes, Give Yaar or Dates: 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 ò 1 Yes 2₺ No Specify: Specify: White þ 3 Widowed 4 □ Divorced "natural". Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Spacify only highest grade completed) 16b. Kind of Business/Industry should be filed within 7. Ind Mantal Hygiana. Elementary/Secondary (0-12) College (1-4or 5+) 8 Assebmly Worker Glass Company permit. Pagas 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 Is marked othe any Injury or other traumatic event, once. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Howard Hartman Emma Romm 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Helen Clark / Sister 2611 Washington Blvd. Baltimore, Md 21230 20a. Method of Disposition

1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 20b. Placa of Disposition (Nema of cemetery, cremetory or other place) 20c. Location - City or Town, State Date Loudon Park Cemetery July 22, 1997 Baltimore, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility
Kirkley-Ruddick Funeral Home 421 Crain Hwy. S.E. Glen Burnie, MD 21061 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heert failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Final disaasa or condition resulting In deeth) Examiner Due to (or as e consequence of) Physician/Medical Examiner physician and tha burial-transit that the death cartificate be axecuted Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Ceuse (Disease or Injury that initiated events rasulting in death) Last Due to (or es a consequance of): Box 68760. Dua to (or as a consequence of): Ses for use as esn P.O. Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dld tobacco use contribute to the cause of death? signed by t 1 Yes 25 No 3 Probably 4 Unknown Division of Vital Records. ģ 24b. Were eutopsy findings evailable prior to completion of cause of death? 24e. Was en eutopsy performed? Completed peeu paga 2 s VENES Yes 2 No cartificate 2 No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 🔀 ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1X Yes 2 No this funaral 28b. Time of Injury 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred Certification: 28c. Injury et Work? or Attanding 1 Natural 5 Pending 843A M 7/18/97 1 Yes 2 No self inflicted stob wound aftar daath 2 Accident Director: Cocation (Street end Number or Rural Route Number City or Town, Stete) ZL Wkish on for Suicide Homicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 26 4 Washington Block To the Hospital or A within 24 hours after To the Funeral Direc complately filled in by home Paltmore, 424 1 Certifying Physicien: To the best of my knowledge, death occurred et the time, dete end place, end due to the ceuse(s) end manner es steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end placa, end due to the cause(s) end manner stated. 29a. Certifier (Check only one) 29c. License number 29d. Date signed (Month, Dey, Yeer) 29b. Signeture end title of cartifie JULY 19,1997 O.C.M.E. bute, w 30. Name end address of post who completed cause of deeth (Item 23e) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 Vennis J 31. Date filed (Month, Dey, Yeer)
JUL 2 4 1997 82 Registrar's Signature who Davidson—Randall State

Registrar

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97

22302

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Deeth Day **Physician** Yaar MORRIS 40 NORRIS July /Medical Hergul 4b. City, Town, or Location of Death 4e. Fecility Nama (If not institution, giva straat and number) 260 a Liberty 4c. County of Death Examiner Medical Center BALTIMORE. MD 21215 BALTIMORE If Under 1 Year | If Under 24 Hrs. 5. Social Sacurity Number Sax 1X M 2□ F 7. Age (In yrs. last birthdey) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) Days Hours 220 18 6291A 91 Yrs Director MAY 16,1906 MARYLAND Usual Rasidance of Decedent with the Marylend 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be not led at MD. N/A BALTIMORE 1 Yes 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 4502 FAIRVIEW ROAD 21216 U.S. OF A. death v 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 M No If Yes, Give Yaer or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. permit. Peges 1 and 2 should be filed within 72 hours efter of Depertment of Heelih and Mentel Hygiene. Important: If item 27 is marked other than "natural", or Item any Injury or other thaumatic event, the Medical Enamine 1 Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No P Specify: BIACK 3 Widowed 4 □ Divorced 15. Decedant's Education (Specify only highest grada complated) 16a. Decedant's Usual Occupation 16b. Kind of Businass/Industry (Give kind of work dona during most of working life. DO NOT usa ratired) Elementary/Secondary (0-12) 12TH College (1-4or 5+) UNKNOWN THEATRE THEATRE MANAGER 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) SUSAN WASHINGTON NORRIS MORRIS WAYMAN NORRIS 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) DORIS V. SMITH (DAUGHTER) 4502 FAIRVIEW ROAD BALTIMORE, MD. 21216 20b. Plece of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata BALTO. 20a. Mathod of Disposition Burial 2 Cramation 3 Ramovel from Stata Donation 5 Other (Specify) ST. THOMAS CEMETERY 7/26/97 RANDALLSTOWN, MD. GWYNN LEWIS T. GWYNN FUNERAL HOME EWIS T. wynn 4517 PARK HEIGHTS AVE. Part1. Entar the disease, or complications that caused the death. Do not antar the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one caused in each line. Approximate intervel Between Onset end Death **Physician** /Medical Immedieta Causa (Final EDEMA disaasa or condition resulting in death) Examiner Neumonia lcien end buriel-transit Saquantially list conditions, if any, laading to immadiata ceuse. Enter Undarlying Causa (Diseasa or Injury that initiated evants resulting in daath) Last physicien es the buriel P.O. Box 68760. Physiclan/Medical Due to (or as e consequance of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contributa to the cause of death? pertension, HypothyRoidism. been signed by should be detect 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown Records, by post pace maker insertion 24b. Were eutopsy findings available prior to complation of ceusa of deeth? 24a. Was an autopsy performed? atheroscleratie VAScular disease 1 Yes 2 No 1 Yas 2 No Division of Vital 25. Was cesa referred to medical axaminar? Be 26. Place of Death (Check only one) Hospital: 1 🖫 Inpatiant 2 🗆 ER/Outpatient 3 🗆 DOA Other: 4 Nursing Home 5 Rasidance 6 Othar (Specify) 2 1 Yes 2 No this 28c. Injury at Work? 27. Mannar of Daath 28a. Data of Injury (Month, Day Yaar) 28b. Tima of 28d. Dascribe how Injury occurred After Attanding 1 Natural 5 Panding death. 1 ☐ Yas 2 ☐ No Hospital or Attandil
 24 hours efter death.
 Funeral Director: A 2 Accidant Investigation 3 Suicida 6 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 Homicide To the Hospital within 24 hours e 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date end place, and due to the causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceusa(s) end manner stated. 29a. Cartifier Medical (Check only one) 29b. Signatura end titla of certifiar 29d. Data signed (Month, Day, Year) 29c. Licansa number Kein mis Nama and eddress of person who completed cause of deeth (Item 23e) (Typa, Print)
WANG N. Kiw. M.D. 2000 Liberty Height. BALTIMORE, MD. 21215 31. Data filed (Month, Day, Year) 32. Ragistrar's Signatura State JUL 241997 Registrar

**DHMH 16 Rev 6/95** 

Add to the graphes would call, par and a spiritual of the parties of 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

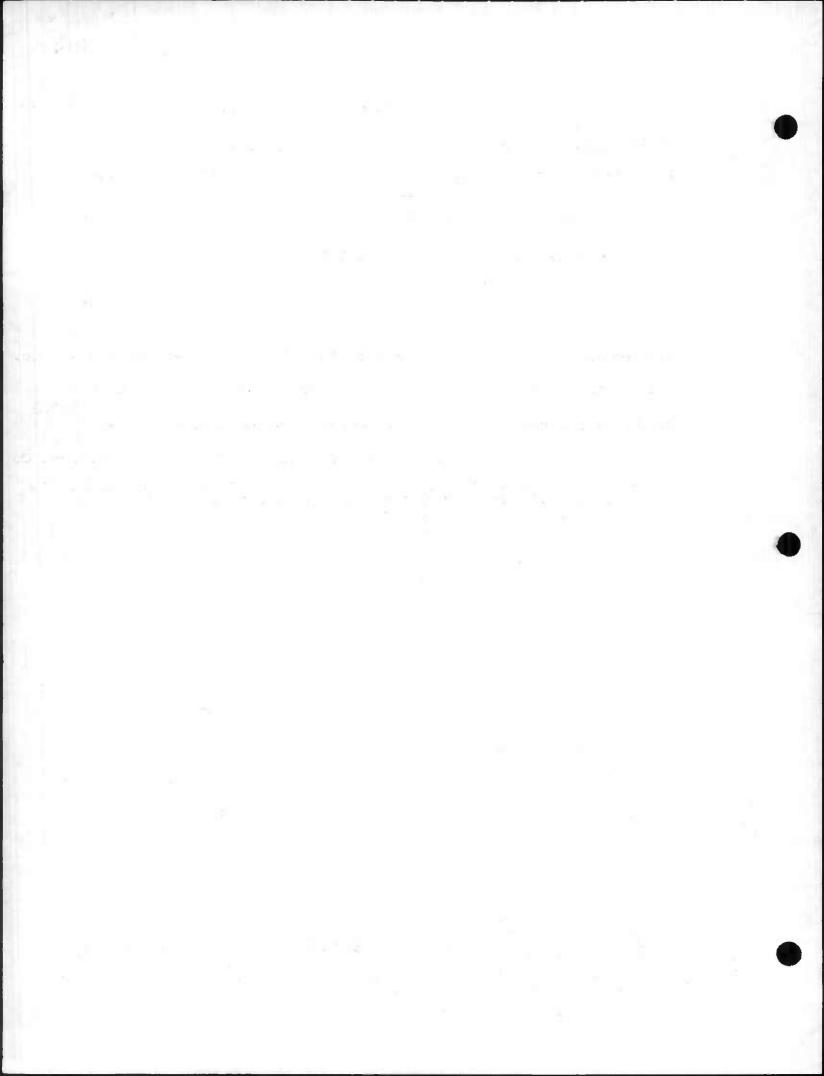
State of Maryland / Department of Health and Mental Hygiene 9 / 22303

					C	ertifica	te of	Death	F	Reg. No.			, ,
	anti-Gran	200	1. Decedent's Name (First, Middle, Last)	0					2. Dete of Dea	ith	V		of Deeth
	Physici		Pauline	Parr					Month	Dey 18	Year 97	11.	30 hm
	/Medic		4e. Fecility Neme (If not Institution, give	street and number)				4b. City, Town, or	Location of Death		of Death		
400	CHECK!		IRvington Knolls	CARE CE	nter			BALTIM	are	nes	ne		
	Funeral		5. Social Security Number 6. Sex	7. Age (In yr.		ay) If Unda	r 1 Year		8. Dete of Birtl			leca (Star	te or Foreign
ш	Director		212-14-2851A 1C	M 200 F 93	Yrs	Months	Deys	Hours Min.	February	, Year)	Coun	APCI	le or Foreign
	_		Usual Residence of Decedent										
ylen	show		10a. Stete 10b. County		ity, Town or						1	Od. Inside	City Limits
Mer	푈	tor	MARyland none	131	Altin	TORE						JE Y	es 2 No
the	286	e l	10e. Street and Number	1 1		10f. Zij	p Code			10g. Citizan of	What Cour	itry?	
W.E	s 23a or 28a-f sh	0	1701 (1). Eutaw	Street		2/	121	7		USI	7		
5-0020 72 hours after deeth with the Menyland	1 2	Funeral Director		12. Wes Decedent Evar In	U,S. 1	0-7		lispanic Origin? (S an, Mexican, Puer	specify Yas or No-	14. Rac	e - Americ	en Indian	
fter	ritems	Ē	12 Naver Married 2 Merried	Armed Forces? 1 ☐ Yas 2 20 No If Yes, Give					to Ricen, etc.)	Bla	ck, White,	etc.	
21215-0020 d within 72 hours af	PI. 04	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yaar or Detas:		1 Tes	2 <b>X</b> No	Specify:		Specif	3 An	rekk	· AN
2 Po	naturel', dical Ex	Pe	15. Decedent's Educ			cedent's Usu			2015.3	16b. Kind of B			
215 7 nir		Completed	(Specify only highast grade		(G lif	ive kind of wo g. DO NOT u	ork dona Isa retired	during most of wo	rking		_		/ .
2121 3 within		Eo	Elamentery/Secondary (0-12)	Collega (1-4or 5+)	1/2	eaut	éir	2N		- Se	4 8	noi	ared
	other vent, t	Be C	17. Father's Nema (First, Middle, Last)	7					ma (First, Middle,	Maiden Sumar	ne)	-	1
a d p	Mentel arked o	To B	Joseph P. F.	ARR				Hone	5 MAI	zu E	3015	COE	2
Maryland	th and Mentel Hyg 7 Is marked othe treumatic event,	-	19e. Informant's Name/Reletionship (Ty	pe. Print)	19b. M	eilina Addres	s (Street	and Number or Ri		1	State. Zin	Code)	
Ma	ith a		my Libe	do	28		2	Ave.	BAIL				716
<b>a</b> _ g	Item 27 other tr		20a. Method of Disposition	20b.	Plece of Di	sposition (Na	ne of		Deta,	20c. Location			
Baltimore,			1 Burlal Cramation 3 R	emovei from Stete		Rej	othar plac	ce)	1/19/97	Paton	9		
It in	Depertment of Important: If any Injury or once.		4 ☐ Donation 5 ☐ Other (Specify)  21 Signature of Funerel Service License		1110		. 4 4 4 4	ss of Facility (	11/		-		<i>/</i> C
Ba	Depe impo any l		21 Setudo of Funerel Service License			24.05 A	Addra	canklin-	st RAI	la me	3676	), 00	
			Maury M.	Welaw							2/22	9	
D.			23a. Pert1. Enter the disease, or compli shock, or heert flure. List only on	cetions thet ceused the data a ceusa on each line.	ath. Do not	enter the mo	de of dyir	ng, such es cardie	c or raspiretory ar	rest,		Approximatel Intervel I	nete Between
	nysician										1	Onset ar	nd Deeth
	Medical		Immediete Cause (Finel diseesa or condition	Cerel	טינו	Vasc	nlc	ar A	ccicle	nu-	i		
-	xaminer		resulting In death)	Due to	(or es e con	sequance of)	:				Ì		
D	芸	Examine		1+m	eros	clen	2515				i		
acute	physician end is the buriel-transit	Cam	Sequentially list conditions,	Dua to	(or es e con	sequence of)	:						
0, 8	lan e		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury								- 1		
Box 68760, death certificate be execut	hysic the b	edical	thet initiated events resulting in deeth) Lest	Dua to	or es e con	sequence of):							
of the second	attending pl	Mec									1		
Box	lend r us	an	a								i		
Gea	ed fo	Sici	Part II. Other significant conditions con	tributing to death but not re	sulting In th	a underlying	ceuse giv	en in Pert I.	23b. Dld t	obacco use co	ntribute to	the caus	se of death?
P.O.	signed by the attend d be deteched for use	Physician/	/	and main					101	res 2 No	3 Proi	bably 4	Unknown
	peng pe de	by		1116194	_								
Records,	been sig should b	8	1	memia Jementia					24a. Was :	an autopsy med?	24b. W	ere eutops ellable pri	sy findings
e co	s been s shoule	Completed		CON E FILL	7				parior	med /	co	mpletion deeth?	
I Re	age 2	E							100	es 2 No	-	Yes 2	U//F
Ta :	ificat or, p		25. Wes case referred to medical					00 Di( D-			1	1169 2	ILI NO
of Vital	irect	o Be	examinar?	ospital:	7500	itient 3 D	OA Oth	er:	ath (Check only or		A (O		
Phy Of	r this	- To	27. Mannar of Deeth	28e. Data of Injury	28b. Tlm				tome 5 ☐ Resid		, , ,	V)	
Ong	Afte fund	다	1 Defature 5 Pending invastigation	(Month, Day Year)	Inju	y M	28c. Injur Wor 1 □	k? No No		11/1			
Division or Attending	deet ctor: y the	Certification:	3 ☐ Sulcide 8 ☐ Could not be	28e. Place of Injury - At	home term	1/5			28t. Location (S	treet and Numi	ber or Rura	l Route N	umber.
S S	ofter Dire	Ta	4 Homicida detarmined	28e. Plece of Injury - At building, etc. (Spec	ify)	. 1 / 1	y, 011100		City or Tow	m, State)			
To the Hospital	within 24 hours efter deeth.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page	0	29a. Cartifier 1 Certifying Phys	clan: To the best of my kn	owledge 4	~ / / !	at the ti-	ne date and alses	and due to the	aucale) and —	anner oo -	eted	
5	Fun etely	edical		er: On the best of my kn er: On the bests of axamin end menner steted.	ation end/or	r Investigetion	i, In my o	pinion, death occu	rred at the time, o	dete and plece,	end due to	the ceus	e(s)
#	the mple	Med	29b. Signature and the of certifier	end menner steted.		20	c. Licene	e number		29d. Data signe	d (Month	Day Year	r)
7	¥ ¥ 8		)ain-				_				110	100	
			1				114	-3725	•	1	117	19	/
10	Δ	ĺ	30. Neme end aderess of person who con	mplated ceuse of deeth (Ita	m 23a) (Ty	pe, Print)							
10	1												
	Sta	te	31. Dete filed (Month, Day, Year)	32. Pogistrar's Sign	and el								

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 2 3 0 4

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month 12:40pm Carl Ridley July 19 97 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 3150 Elmora Avenue Baltimore
| Hours | Min. | 8. Dal If Under 1 Year Birthplece (State or Foreign Country)
 Md 5. Social Security Number 6. Sex 7. Age (In yrs. iest birthday) 8. Date of Birth (Month, Dey, **Funeral** Deys 1∏M 2□ F Months 217-26-4605 Yrs. Director Usual Residence of Decedent the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Hygiene. Hygiene. John Than "natural", or Hems 23s or 28s-f show ent, the Medical Examinar must be notified at Md. Baltimore 1X Yes 2 No Director 10e. Street end Number 10f. Zlp Code 10g. Citizen of Whet Country? filed within 72 hours efter deeth with 3150 Elmora Avenue 21213 USA Completed by Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1₺ Never Married 2□ Married 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: Black 3 ☐ Widowed 4 ☐ Divorcad 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 11th Grade Pipefitter Bethlehem Steel Co 7 la marked other traumatic event, Baltimore, Maryland Pages 1 and 2 should be filt ment of Health end Mental Hant: If Item 27 ia marked oth jury or other traumatic even 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Surneme) Be Carl Ridley Lee Catherine 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 21206 19a. Informent's Name/Reletionship (Type, Print) 5722 Denwood Avenue Baltimore, Maryland Randy Nicholson 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State Md . MDBuriel 2 ☐ Cremetion 3 ☐ Removel from State Department of Important: If any injury or Mt. Calvary Cemetery 07-25-97 Anne Arundel Co 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility Baltimore, Maryland 21202 1101 E. North Avenue MM.C.March FH 23a. Pert1. Enter the disease, or complications thet caused the death shock, or heer failure. List only one cause on each line. Approximete Interval Between Onset end Death **Physician** /Medical Immediate Ceuse (Finel CARDIOMYOPATHY diseese or condition resulting in death) **Examiner** DRONARY ARTERY the buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequenca of) Box 68760. Physician/Medical Due to (or es e consequenca of): P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1. Yes 2 No 3 Probably 4 Unknown HYPERTENSIVE AND ARTERIOSCUEROTIC Records. 24b. Were eutopsy findings eveilable prior to Completed CARDIOVASCULAR DISEASES, CHRONIC 24e. Wes en eutopsy completion of cause of deeth? The law page 2 s RENAL FAILURE 1 Yes 2 No 1 ☐ Yes 2 No Vital 25. Wes case referred to medical 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 💆 Residenca 6 Other (Specify) 1 Yes 2 No Certification: To 28c. Injury et Work? 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 1 Naturel 5 Pending investigation 1 Yes 2 No 2 Accident efter de Directo 3 ☐ Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 4 ☐ Homlcide within 24 hours e To the Funeral C completely filled 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end pleca, end due to the ceuse(s) and menner steted. Medicai (Check only one) the 29d. Date signed (Month, Dey, Year) 29b. Signature and title of cartifier 29c. License number 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 720 RUTIAND AVE, BALTIMORE, MD 21205 William A. BRIGGS, ROSS 958 MD 32. Pagistrar's Signature 31. Dete filed (Month, Day, Year) JUL 2 4 1997 chie Davidson-Randelle Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible, State of Maryland / Department of Health and Mental Hygiene / Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month 1997 Ju<sub>1</sub>v 12:30 AM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prederick ederes If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign **Funeral** Months Days 1□M 2⋤F Penn 81 187-01-0123 Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits rai', or items 23a or 28a-f show 1 √ Yes 2 No Directo Maryland Frederick 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1001 Carroll Pkwy #304 21701 USA Funeral 12. Was Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 ☑ No
If Yes, Give
Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married WHITE 1 ☐ Yes 2 No þ 3 Widowed 4 Divorced Hygiene. other than "nature Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker At Home other 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Peges 1 end 2 should be f nent of Heelth end Mentel I int: If Item 27 is marked of Hugh O'Donnell Margaret Mary Carrigan 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1708 Maple Hill Place Alex. VA 22302 Kevin E Rusnak other t 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 DBurial 2 □ Cremation 3 □ Removal from State = 5 important: If any injury o **Department** 7/21/97 Mt Comfort Cemetery Alex. VA 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name end Address of Facility Everly-Wheatley Funeral Home Donald n. mc Donald 1500 W Braddock Rd. Alex. VA 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory erres shock, or heert failure. List only one cause on each line. **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Examiner Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Completed by Physician/Medical Due to (or es e consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? the 1 Yes 2 No 3 Probably 4 Unknown 24a. Wes an autopsy performed? 24b. Were autopsy findings aveilable prior to completion of cause of deeth? 1 Yes 2 No 1 □ Yes 2 □ No 25. Was cese referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospitel: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 1 Inpatient 2 ER/Outpatient 3 DOA this 28e. Dete of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Natural

ding Physician: The law requires that the deeth certificate be executed o ۵. on of Vital Records, After

the Marylend

Baltimore, Maryland 21215-0020

Certification: To

To the

Medical

31. Date filed (Month, Dey, Year) State

2 Accident

3 Sulcide

29a. Certifier

4 Homleide

(Check only one)

29b. Signeture end title of cartifier

md. 21701

1 ☐ Yes 2 ☐ No

1 Dertifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

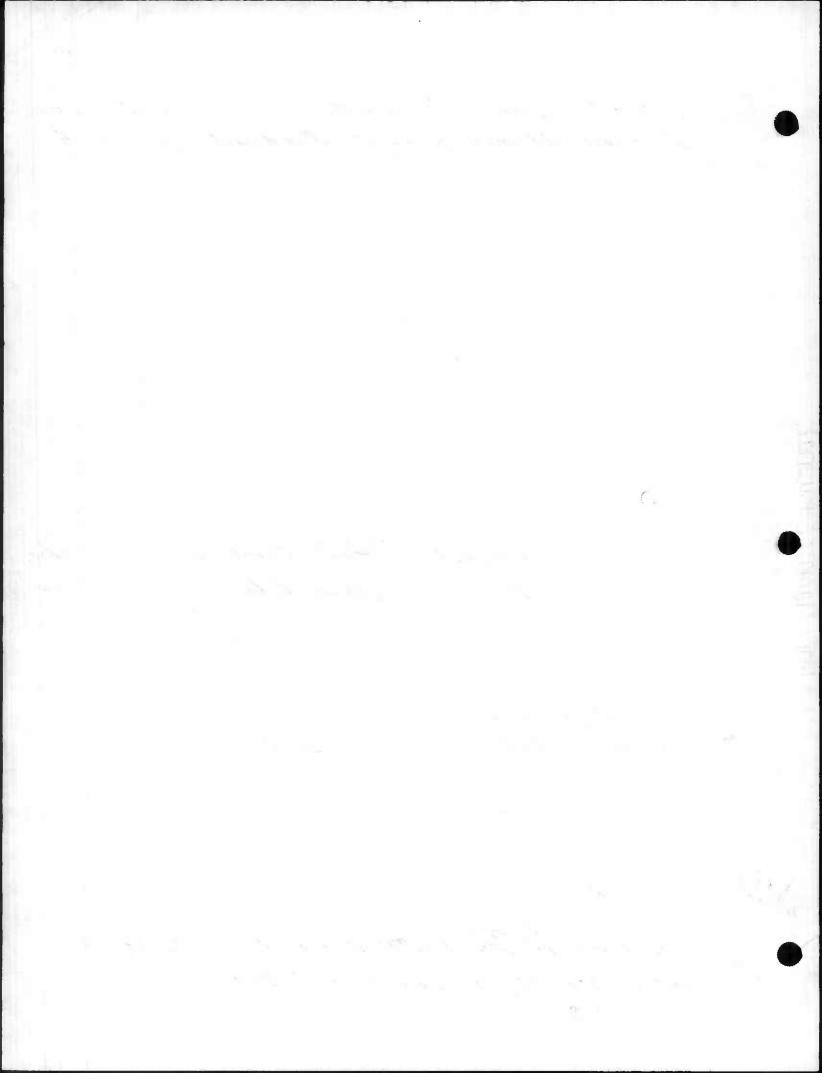
30. Name and address of person who completed ceuse of death (Item 23e) (Type, Print)

6 Could not be determined

Registrar's Signature Davidson

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

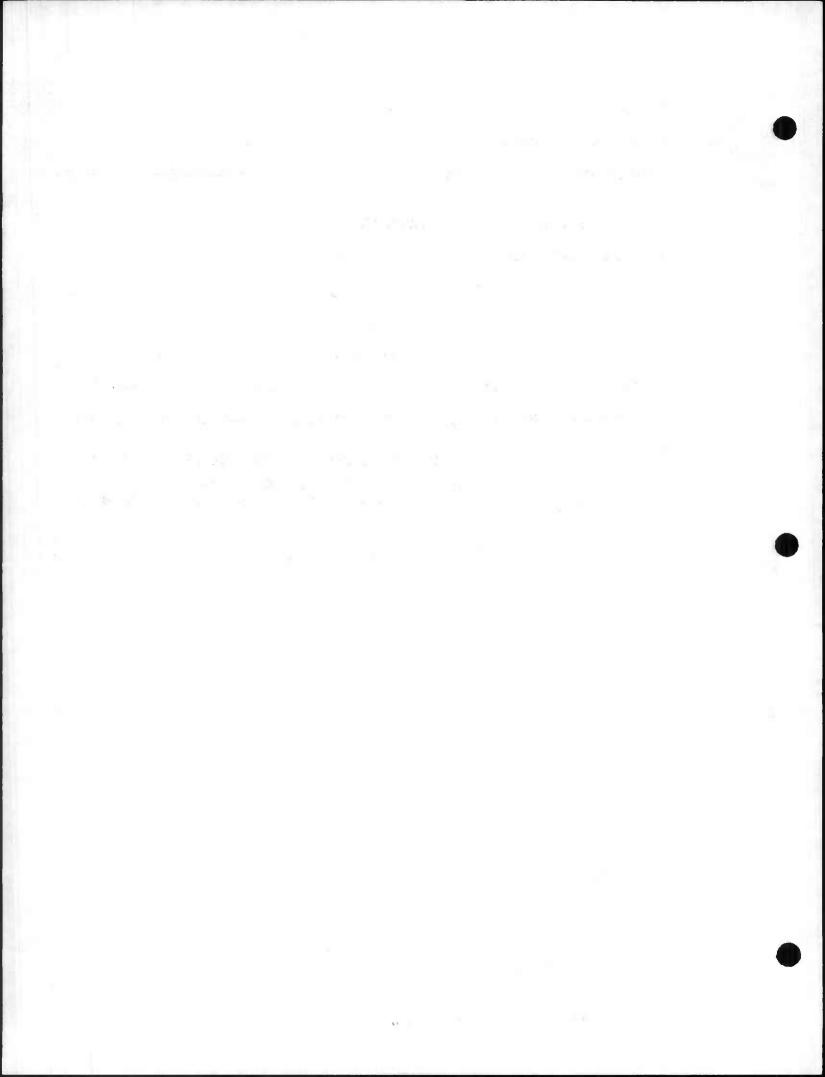
Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 3 0 6

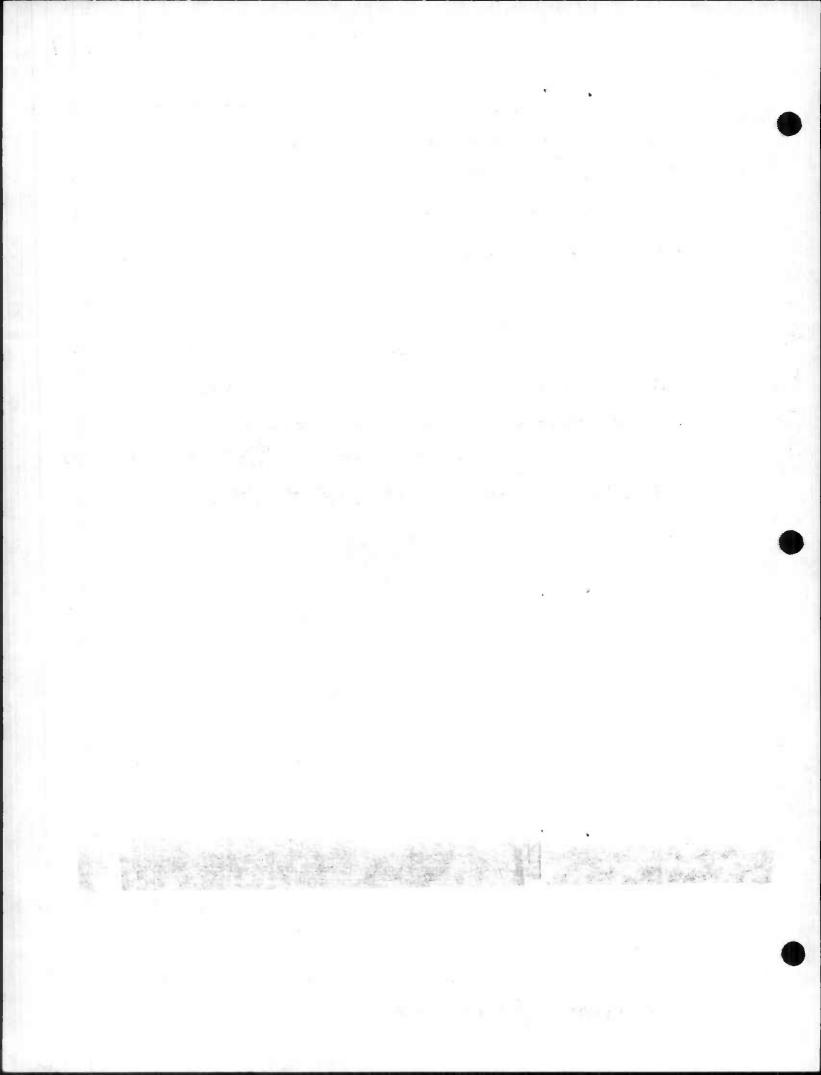
			ITEM#8 PER F.H. FLM#G	749 7/23/97 J.A.	Certificate of Death Reg. No.									
	4		1. Decedent's Neme (First, Middle, Las	1)				2. Dete of Deet	3. Time of Death					
	Physic /Medi		NETTIE		REI	TER		JULY	18	1997	2 AM			
	Exami		4a. Fecility Neme (If not institution, give	street end number)			4b. City, Town, or L	ocation of Deeth	4c. County	of Deeth				
			MILFORD MANOR N	URSING HOME			BALT			CALTIM				
I	Funeral Director		0.1 -0 0.00	7. Aga (In yrs	. last birthdey) Yrs.	If Under 1 Yee Months Days	r If Under 24 Hrs. s Hours Min.	8. Dete of Birth (Month, Dey,	1906	Db Birthpled Country NE	ca (State or Foreign ) W YORK			
	anyland show	_	Usual Residence of Decedent  10e. State 10b. County	10c. C	ity, Town or Lo	cation				10d	I. Inside City Limits			
	the Mi	ecto	MD BALTIM	ORE	BALTI	1								
	23a or 2	Funeral Director	10e. Street and Number 4204 OLD MILFOR			-	208		0g. Citizen of \		?			
5-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland Haalth and Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Evanther must be notified at	by	11. Merital Status  1 □ Never Married 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. Was Dacedant Evar in t Armed Forces? 1 ☐ Yes 2 ☒No If Yes, Give Yeer or Detas:	l li	Ves Decedent of Yes, specify Cu □ Yes 2□ Xo	Hispenic Orlgin? (Sp ban, Mexicen, Puerto Specify:	pecify Yas or No- Picen, etc.)	Bled	14. Race - Amaricen Indian, Bleck, White, etc.  Specify: WHITE				
5-0	72 hours "natural", edical Exp	eted	15. Decedent's Edu (Specify only highest great		16a. Deced	ent's Usuel Occu	upation e during most of work	kina	16b. Kind of B	usiness/Indus	stry			
2121	y within jene. r than "	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)		OO NOT use retir MEMAKER	e during most of work ed)		OWN	HOME				
	othe	Be C	17. Fether's Name (First, Middla, Last)				18. Mother's Nem	ne (First, Middle, I						
lar	should be filed vand Mental Hygic s marked other i	To B	LOUIS	GOLDHIRS	CH	H TILLIE SANDBERG								
Maryland	1 and 2 short Haalth and N em 27 is man		19e. Informent's Name/Relationship (T) MRS - ANITA SCHU	4		-	MILL DR.	rel Route Number OWINGS	-		ode) 21117			
Baltimore,			20e. Method of Disposition  1	Removal from State	cemetery, crem	sition (Neme of netory or other pl			20c. Location -					
Balti	permit. Page Department of Important: if eny injury or once.		4 Donetion 5 Other (Specify)  BETH DAVID (SONS OF JUDAH) 7/20/97 ELMONT, LI  21. Signeture of Fyneral Sarvice Licensee  Sol LEVINSON & BROS., INC.  8900 REISTERSTOWN RD., PIKESVILLE, MD											
			23a Pert 1 Enter the disease or comp	Ilretions that caused the dea	ACC.						21208 pproximete itarval Between			
	Physician /Medical Examiner		23a. Pert1. Enter the disease, or complications that caused tha death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line.  Immediate Cause (Finel disease or condition resulting in death)  a											
		-	resulting in dealtr)	Due to (	or es e conseq	uence of):								
60,	certificate be axecuted rding physician and use as the burial-transit	al Examiner	Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury	Due to (	or es e consequ	uence of):					144			
ox 68760,	certificate iding physise as the	//Medical	resulting in death) Lest	Due to (	or es e consequ	uence of):								
ď,	sath cer attendin d,for use	cial	Dort If Other classificant conditions			THE STREET		Och Dida	ber a series	-4-7544				
M	gred by the be detached	Physician/	Pert If. Other significent conditions con	ntributing to death but not re	sulting in the un	iderlying cause g	jiven in Pert I.	23b. Did to		ntribute to th 3 ☐ Probat	he causa of death? bly 454Unknown			
Scords	pinous	Completed by						24e. Wes a perform	n autopsy ned?	eveile	e eutopsy findings abla prior to plation of cause ath?			
of Vital Rec	0 - 0	E						1 □ Y	as ZONO	101	res 2□ No			
ita	delan: The certificate	Be C	25. Was cese referred to medical				26. Plece of Dee	th (Check only on	e)					
<b>=</b>	5 00	To	exeminer? 1 Yes 2 No	dospitel: 1 Inpatient 2	ER/Outpatient	3□ DOA O	ther: ** Nursing H	ome 5 Reside	nce 6 Oth	er (Specify)				
0			27. Manner of Deeth  ↑ Naturel 5 □ Pending	28a. Date of Injury (Month, Dey Year)	28b. Time of Injury	28c. Inji	ury et ork?	28d. Describe ho	w Injury occur	red				
Division	eat or:	Certification:	2 Accident investigation 3 Sulcide 6 Could not be determined	28e. Plece of Injury - At h	ome, farm, stre	M 1[	Yes 2□No	28f. Location (St City or Town		er or Rurel F	Poute Number,			
Ö	To the Hospital or Att within 24 hours after d To the Funeral Direct completely filled in by							· ·						
	To the Hospital within 24 hours To the Funeral completely filled	edicai	29a. Certifier (Check only one)  1 Certifying Physical Certification Physical	sfcfan: To the best of my kno ner: On the basis of examina and menner stated.	owledge, death ation end/or Inv	estigation, in my	time, date end plece, opinion, death occur	end due to the co red et the time, d	ete end place,	enner as stete end due to th	ad. ne cause(s)			
	Vithin Fo th	Me	29b. Signatura and title of certifier			29c. Licar	nsa number	2	9d. Date signe	d (Month, Da	y, Yeer)			
	1/2		8	1 2	$\supset$	t	737573	Tel 18,1997			97			
	70		30. Neme end eddress of person who	empleted cause of deeth (Ite	m 23e) (Type, F			_			~ /			
			Sef Zibell	MD 722	o Pa	le Hen	this Au	e Bo.H	more	MD	20515			
	Sta Registr		31. Date filed (Month, Dey, Year) 2. 3 1007	32. Registrer's Sign	ature	`	*							



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 3 0 7

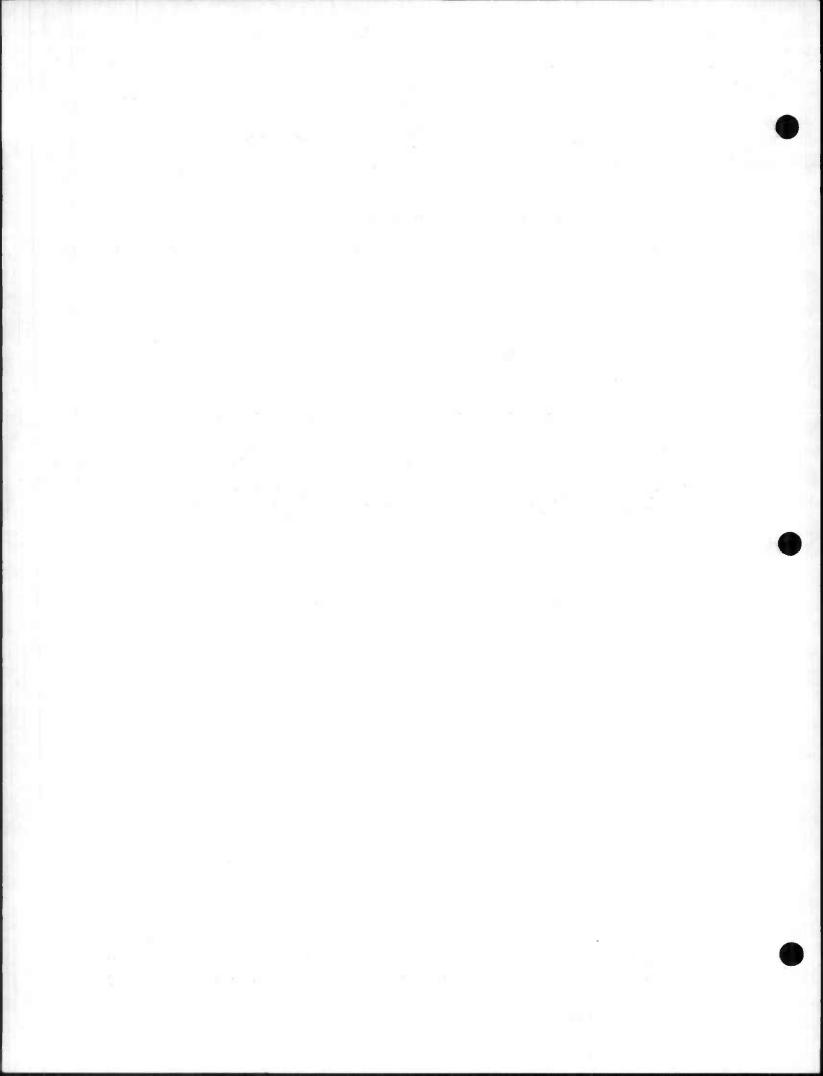
					Cei	tificate	of L	Death		F	Reg. No.	4.1		
110 72		1. Decedent's Neme (First, Middle,	Last)						2	. Dete of Dea			3. Time of Deeth	
Physic /Medi									Month JULY			97	10:50 ar	
Exami		An English Alama Managara Managara Andrews And							n, or Local	tion of Deeth		y of Deeth	10000 4.	
	GREATER BALTOMORE MEDICAL CENTER TOWSON									BALTIMORE				
Funerai Director		5. Sociel Security Number 213-14-2185  Usuel Residence of Decedent	.Sex 7 1MM 2□F	. Age <i>(In yrs. las</i> 92	t birthday) Yrs.	If Under 1 Months	Year Deys	If Under 24 Hours	Min.	Date of Birtl (Month, De) an. 13	, Year) , 1905		lece (Stete or Foreign try) yland	
Mo m		10a. State 10b. County		10c. City, 7	Town or Lo	cetion						11	0d. Inside City Limits	
the Mary	ector	MD Balti  10e. Street end Number	more	Par	ktor					1 ☐ Yes 2 ☒ No				
eth with	<b>Funeral Director</b>	· 2834 Tracey					120			10g. Citizen of Whet Country? U.S.A.				
Maryland '21215-0020 Id 2 should be filed within 72 hours after deeth with the Maryland the and Mental Hyglene. It is merked other than "natural", or items 23a or 288-f show traumatic event, the Medical Examinat must be notified at	b	11. Meritel Status 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorced	12. Wes Deceded Armed Force 1 Yes 2 If Yes, Give Yeer or Dete	IX No		Ves Deceder I Yes, specify I ☐ Yes 2]			n? (Specif Puerto Ric	pecify Yes or No- o Rican, etc.)  14. Race - American Bleck, White, etc				
5-C	Be Completed	15. Decedent's (Specify only highest)	Education placed)		16e. Deced	lent's Usuel (	Occupation du	ion ina most oi	f workina	16b. Kind of Business/Industry				
Maryland '2121 12 should be filed within h end Mental Hyglene. 7 is merked other than "	1du	Elementary/Secondary (0-12)	College (1-4	or 5+)		kind of work OO NOT use				City Gove			rnmant	
and 212 be filed withintal Hygiene. d other than	ပိ	6			Carj	pente								
and the first of ordinary	Be	17. Fether's Neme (First, Middle, La William J. S									Meiden Sumer	me)		
Marylad 2 should the ond Mer 7 is market traumatic	To		•					-		mpson				
Mail 2 st is m end is municipal in a		19e. Informent's Name/Reletionship									r, City or Town			
die in		Robert C. Spic  20e. Method of Disposition  1 Burial 2 Cremation 3  4 Donetion 5 Other (Spe	☐Removel from Sta	20b. Plac	e of Dispo- etery, cren	'I'race sition (Neme netory or othe Ceme	of er place		e Ro July 199		rkton, 20c. Location White	- City or To	wn, Stete	
Baltimol permit. Pages Department of Important: if it any injury or o		21. Signature of Funeral Service Lic 23a. Pert1. Enter the disease, or co shock, or heart feiture. List on	ensee \	>	,T	J. Ha	rto	of Fecility	in M	Oxtur	cu Tn			
Physician /Medical Examiner	er	Immediate Cause (Finel disease or condition resulting in deeth)	0	Due to (or ex	ector (	/ Fa	ilu	re)	160.0				Onset end Death	
ords, P.O. Box 68760, requires the the deeth certificate be executed een signed by the ettending physician end hould be deteched for use as the buriel-trensit	Immediate Cause (Finel disease or condition resulting in death)  Due to (or es e consequence of):  Congestive Heart Faillere  Due to for es e consequence of):  Congestive Heart Faillere  Due to for es e consequence of):  Reval Failure  Due to for es e consequence of):  Reval Failure  Due to for es e consequence of):										years			
Box 687 eeth certificate ettending physi for use as the	2	resulting in deeth) Lest	d	Anemia									years	
P.O. BO) that the death ce od by the ettend deteched for us	ysicia	Pert II. Other eignificant conditions	contributing to deat	h but not resultir	ng in the un	derlying ceu	se giver	ı in Pert I.		23b. Did to	obacco uee co	entribute to	the cause of death?	
ds, P.O.	y Ph									1□ Y	00 2☑No	3 ☐ Prob	ebly 4 Unknown	
2 8 8	Completed by Physician/			DE						24e. Wes e		eve	re eutopsy findings vilable prior to npletion of cause deeth?	
The Late he pege	Con									1 🗆 Y	es 200 No	1	Yes 2□ No	
Vital	Be (	25. Wes case referred to medical exeminer?		,				26. Place of	Deeth (C	check only or	ne)			
of Vita Physician: this certific ral director,	To	1 ☐ Yes 2 ☑ No	Hospitel: 1 12 Inp	atient 2 ER	/Outpatient	3□ DOA	Other	4 ☐ Nursir	ng Home	5 🗆 Reside	ence 6 Oth	ner (Specify	)	
Division of with the Hospital or Attending Physipin 24 hours after death.  To the Funeral Director: After the completely filled in by the funeral	Certification:	27. Menner of Deeth  1	he		b. Time of Injury	М			280	l. Describe h	ow injury occur	rred		
Divi	Certif	3 ☐ Sulcide 4 ☐ Homicide  6 ☐ Could not be determined  28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify)							28f.	Location (Si City or Town	reet end Numl n, Stete)	oer or Rural	Route Number,	
Ne Hospital n 24 hours Ne Funeral pletely filled	edicai	29a. Certifier (Check only one) 1 ☑ Certifying F 2 ☐ Medical Exe	hyeiclan: To the be miner: On the basis end menner	s of examinetion	dge, deeth end/or inv	occurred et 1 estigetion, in	the time my opii	, dete end p	lece, end occurred e	due to the cast the time, d	ause(s) end me ete end piece,	enner es sta end due to	ated. the ceuse(s)	
To the   within 2 To the   complet	×	29b. Signeture end title of certifier	4			29c. L	icense i	number		2	9d. Dete signe	d (Month, E	Jey, Year)	
		Patricia		D			0 3	789	8		7/19	197		
1			m ms	220	5 /	rk K	Poa.	d 7	Timo	miun	y, ne	0 2/	093	
Sta Registr		31. Dete filed (Month, Dey, Year)  JUL 2 4 1997	gul Regi	strar's Signeture	andale									



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 7 22308

	It	ems	: 23 part I,27 perMEO	G-749 7/24/97 reb	Cer	tificate of	Death		Reg. No.	Bagg	2000		
			1. Decedent's Name (First, Middle, La	st)				2. Date of Dec	ath	Vees	3. Time of Death		
	Physici /Medi		BRIANNA	STALLINGS				APRIL	21, 1	997	1445PM		
	Examir		4a. Facility Name (If not institution, giv					or Location of Deeth		of Deeth			
L			ST.AGNES HOS: 5. Social Security Number 6.5		In a & to back advantage of the	If Under 1 Year	BALT I		NT / Z				
	Funeral Director			Fex 7. Age (In yrs. I	Yrs.	Months Days		Jan • 1	8,1997	9. Birthp Coun Mar	lace (State or Foreign http) Yland		
	puel wo		10a. State 10b. County 10c. City, Town or Location 1										
	Sa-f sh	Director	Maryland Baltin	more L	ansdo	wne					1 ☐ Yes 21 No		
yland 21215-0020  Juid be filed within 72 hours efter deeth with the Manylend Manelel Hyglene.  Refed other than "netures", or items 23e or 28e-f show	23e or 2		3163 Kessler I	Road		10f. Zip Code 21227	7		10g. Citizen of What Country? United States				
	is 1 and 2 should be filed within 72 hours efter deeth with the Manylen of Health and Mentel Hyglene. Item 27 is marked other than "nature!, or items 23e or 28e-f show other traumatic event, the Medical Examinar must be notified as	by Funeral	11. Marital Status  1 Never Married 2 Merried  3 Widowed 4 Divorcad	Armed Forces?  Never Married 2 Merried 1 Yes 2 No If Yes Give			Hispanic Origin? an, Mexican, Pu Specify:	(Specify Yes or No- erto Rican, etc.)	14. Raca - American Indian, Black, White, etc.  Specify: white				
2-	72 h	Completed	15. Decedent's Ed (Specify only highest gre		(Give k	ent's Usual Occup	during most of	working	16b. Kind of B	usiness/Ind	Justry		
12	within ane. than	mp	Elementary/Secondery (0-12)	College (1-4or 5+)	life. DO NOT use retired)				Ak	is als			
0	Hygid Hygid Ther ent,		17. Fether's Neme (First, Middle, Last,	0		+ntan1	18. Mother's i	Name (First, Middle,	Meiden Suman	10)			
an	lid be lentel ked c	o Be	John Wesley	Stallings			Amy Mi	chele G	reen				
Maryland 21215-0020	2 sh and is m	-	19a. Informant's Name/Relationship ( Amy Michelle Gi				Rural Route Numbe						
ltimore,	of Health of Health I Itam 27 I		20a. Method of Disposition		lace of Dispos	ition (Name of etopy or other pla	cel	April 23	20c. Location -	City or To	wn, State		
Pege	Peges nent of I ant: If ite ury or or		Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif	memoval from State	Sen Haven lemetery					WIF.	Maryland		
Balt	permit. Pages 1 end Department of Health Important: if Item 27 any Injury or other ti 2005.		21. Signature of Funeral Service/Licer	nsee	22. A	Name and Addre	oss of Facility	Home	BAA	LTIMOX	CE MARYLAND		
	_		23a. Part 1. Enter the disease, or com shock, or heart failure. List only	plications that caused the death	. Do not ente	r the mode of dyi	mmoNds ng, such as card	S FERRY States	rrest,		Approximete		
	Physician		snock, or neart failure. List only	one cause on each line.							Interval Between Onset and Death		
/Medical Examiner			Immediate Ceuse (Final disease or condition		SUDD	EN INFANT	DEATH SY	NDROME					
	Lxammer	7	resulting in deeth)	Due to (or as a consequence of):									
	uted 1 Insit	Examiner		b. —		1 0							
o	an end		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury	Due to (or	es a consequ	ienca or):				1			
68760	ificete be executed g physician end es the buriel-transit	edicai	that Initieted events resulting in death) Lest	C. Due to (or	as a consequ	s a consequence of):							
Box	laeth certifice ettending ph i for use es t	ian/M											
o.	he de	Physician/	Pert II. Other eignificant conditions of	ven in Part I.		23b. Did tobacco use contribute to the cause of dea							
ص ّ	thet the by dete				1 □ Yes 2 ☑ No 3 □ F			bably 4 Unknown					
Vital Records,	law requires thet the deeth centificate be executed es been signed by the ettending physician and a 2 should be deteched for use as the buriel-transit	Completed by							an autopsy med?	eva	ere autopsy findings ailable prior to mpletion of cause death?		
Re	0 - 5	Omp						100	res 2□No	~	Yes 2□ No		
Ita		Be C	25. Was case referred to medical				26. Plece of I	Deeth (Check only o			20140		
>	ysici	ToE	examiner? 1XXes 2□ No	Hospital: 1 ☐ Inpatient 又反	ER/Outpatient	3□ DOA Oth	n or:	g Home 5 Resid		er (Specify	y)		
Division of	Attanding Physician: or deeth. ector: After this certific by the funeral director,		27. Manner of Deeth  X⊠ Natural 5 ☑ Pending 2 ☐ Accident investigation	28a. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Inju Wo	_		now Injury occur				
DIVIS	7 4 5 6	Certification:	3 Suicide 6 Could not be determined	28e. Placa of Injury - At hor building, etc. (Specify,		et, factory, offica			on (Street end Number or Rural Route Number, Town, Stete)				
	To the Hospital of within 24 hours of To the Funerel Discompletely filled in	edicai C	29a. Certifier 1 ☐ Certifying Ph (Check only one) 2 ☑ Medical Exam	yelclan: To the best of my know niner: On the basis of examinati and manner stated.	vledge, death ion and/or Inve	occurred at the tilestigetion, in my o	me, date end pla opinion, death o	ace, end due to the courred at the time,	ceuse(s) end ma date and place,	anner as st end due to	ated. the cause(s)		
	Within To the	Me	29b. Signature and title of cartifier	Α.		29c. Licens	se number		29d. Date signe	d (Month, i	Dey, Year)		
			laurite h	Maynite helfull O.C.M.E APRIL 22,									
	- 11		30. Name and address of person who	completed cause of death (Item	23a) (Type, P 11 Per	Print)		ltimore					
	Sta	te	31. Date filed (Month, Dey, Year)	32 Registrar's Signat									
ŀ	Registr		JUL 2 4 1997	Julia Davidson	-Rande	2							

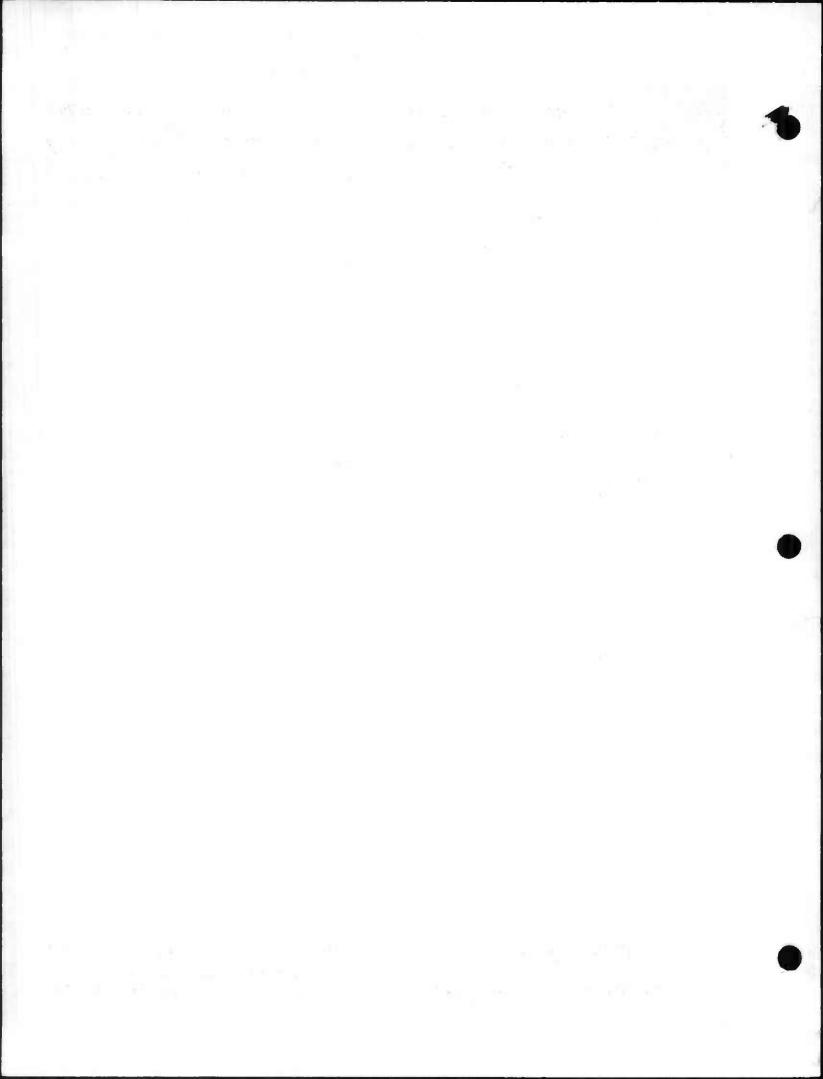


# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 3 0 9 State of Maryland / Department of Health and Mental Hygiene

ITEM#15,16a,b 24A PER PHYNS FLMG749 7/24/97 Certificate of Death 1. Decedent's Nama (First, Middle, Last) Nieple 2. Dete of Death 3. Time of Death **Physician** Schoonover 0745 1997 June 19 /Medical 4a. Fecility Name (if not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Rockville, MD Shady Grove Adventist Hospital Montgomery 7. Age (In yrs. last birthday) if Under 1 Yeer Months Days If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) 5. Sociel Security Number 6. Sex **Funeral** 217-49-6267 April 25, 1997 **Director** Maryland Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Heelth and Mantel Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f ahow any injury or other traumatic event, in a Wedical Experient must be notified at once. 10c. City, Town or Location 10a. Stete 10b. County 10d. Inside City Limits Director Frederick Frederick 1 □XYes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 578 Boysenberry Lane 21702 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Bleck, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Merital Status 1 ☐ Yes 2 ②No If Yes, Give Year or Detes: 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Completed by White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collega (1-4or 5+) 0 INFANT NONE 17. Fether's Name (First, Middle, Last) 18. Mother'a Name (First, Middle, Meiden Sumeme) Be Carey R. Schoonover Theresa Addington 19a. Informant's Name/Reletionship (Type, Print) 19b. Malling Addrass (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) Carey R. Schoonover (Father) 578 Boysenberry Lane, Frederick, Md.21702 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 X Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Smithsburg Crematory 6/20 | Smithsburg, Md. 22. Neme end Address of Fecility
Donald B. Thompson Funeral Home 31 E. Main St., Middletown, Md. 21769 23a. Part1. Entar the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear failure. List only one cause on each line. Approximeta Interval Batween Onset end Death Physician Septic Shock Immediate Ceuse (Final disease or condition resulting in death) /Medical Examiner Necrotizing Enterocolitis Physician/Medical Examiner Hospital or Attending Physician: The law requires that the death certificate be executed 24 hours efter death.

Funeral Director: After this certificate hes been signed by the ettending physician and Sequentielly list conditions, if any, leeding to Immediate ceuse. Enter Underlying Ceusa (Disaase or injury that Initiated avants resulting In daath) Last 72 hours Acute Renal Division of Vital Records, P.O. Box 68760, Due to (or as e consequence of). Perforation 72 hours Colonic esn Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Extreme Prematurity Completed by 24b. Were eutopsy findings eveileble prior to completion of ceuse of death? 24a. Was en eutopsy performed? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No filled in by the funeral director, Be 25. Was case referred to medical examinar? 26. Placa of Death (Check only one) Hospital: 1 (19 Inpatient 2 ER/Outpatient 3 DOA Medical Certification: To 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Othar (Specify) 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Watural 5 Panding 1 Tyes 2 No investigation 2 Accident 6 Could not be detarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 3 Suicida 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 4 Homicide To the Hospital within 24 hours e 1 Certifying Physician: To the bast of my knowledge, daath occurred at tha tima, dete end plece, and dua to the causa(s) and manner es steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) end manner stated. 29a. Certifier 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Thankson 50 453 June
30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print) Shady Grove Adventist Hospital June 19, 1997 0. Name and address of person who will prove the state of 9901 Medical Ctr. Dr., ROCKVILLE, MD State Registrar



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

ITEM: 3,4a perDR. 16-750 8 State, of Maryland / Department of Health and Mental Hygiene Item 3 Per Phy Item 7,8,9, Per FH Film G749 7-25-97 Gertificate of Death Reg. No. 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Day Yaar Unknown **Physician** RAYMOND FRANCIS SWITZER JULY 1997 /Medical 4a. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 319 SOUTH DEAN STREET 319 SOUTH DREW STREET BALTIMORE CITY | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) | 12/29/19 5. Social Security Number 7. Aga (in yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** XXM 2 F 77 Iowa 483-07-7138 Yrs Director Usual Rasidanca of Decedent 2 should be filed within 72 hours after deeth with the Maryland ond Mental Hygiena. Is marked other than "natural", or items 23a or 28a-f show 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or frems 23a or 28a-f show traumatic event, the Medical Examiner must be notified at CITY BALTIMORE CITY 1A Yas 2 □ No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? U.S.A. 21224 319 SOUTH DREW STREET Funeral Was Dacedant Evar In U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black White atc. 1 ☑ Yas 2 ☐ No If Ŷes, Giva Yaar or Datas: WWII 1 ☐ Nevar Married 2 ☑ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: WHITE by Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Buainass/Industry Elemantery/Secondery (0-12) Collega (1-4or 5+) CIVIL ENGINEER CROWN CORK & SEAL 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be CARL SWITZER MARY UNKNOWN 2 19a. Informent's Name/Ralationship (Type, Pnint) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) permit. Pages 1 end 2 sh Department of Health end Important: If Item 27 Is m any Injury or other traum once. 319 SOUTH DREW STREET BALTIMORE, MD 21224 DOROTHY M. FOEHRKOLB 20b. Piece of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burlal 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) OAK LAWN CEMETERY JULY 12, 1997 BALTIMORE, MD 22. Nama and Addrass of Facility
CHARLES S. ZEILER & SON, INC. aara 6224 EASTERN AVENUE BALTIMORE, MD 21224 23a. Part1. Entar tha disaase of complications that caused the shock, or haart failura. List only ona causa on each lina. complications that caused the deal. Do not antar the mode of dying, such as cardiac or respiratory errest, Approximate Interval Batw Onsat and Death Physician Immediata Causa (Final disaasa or condition resulting in daeth) /Medical CONGESTIVE HEART FAILURE Examiner 3 YRS Dua to (or as a consequenca of): Examiner VENTRICULAR SEPTAL DEFECT 10 YRS The law requires that the death certificete be axecuted buriel-transit Dua to (or as a consequence of): Bnd Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaasa or Injury MYOCARDIAL INFARCTION Box 68760, ettending physician for use as the burie 10 YRS Physician/Medical that initiated evants rasulting in daath) Last Dua to (or as a consequanca of): signed by the e o Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No X Probably 4 Unknown Division of Vital Records, P. AORTIC STENOSIS þ should b 24b. Wera autopsy findings available prior to complation of cause of death? 24a. Wes an autopsy performed? Completed has 1 Yas 2 No this certificate 1 ☐ Yas 2 ☐ No or Attending Physician: funeral director, 25. Was casa rafarred to madical Be 26. Pleca of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Spesidence 6 Other (Specify) 1 ☐ Yas ŽXNo Certification: To 27. Mennar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? After XXNaturel 5 Pending 1 ☐ Yas 2 ☐ No death. 2 Accidant Invastigation the 24 hours after deat Funeral Director: 6 Could not be datermined 3 Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicida 1 Cartifying Physician: To tha bast of my knowledge, death occurred at tha tima, data and piece, end due to the cause(s) end mannar as stated. 29a. Cartifier Medical To the Hosp within 24 ho To the Fune completely f (Check only one) 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner stated. 29b. Signatura and titla of certifian 29c. Licansa number 29d. Data signad (Month, Day, Year) D24740 JULY 10, 1997 30. Nama and addrass of person who completed causa of daath (Item 23a) (Type, Print) JOHNS HOPKINS HOSPITAL, BALTIMORE, MARYLAND 21287 THOMAS A. TRAILL, M.D. 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State JUL 2 4 1997 Like Devidson-Randelle Registrar

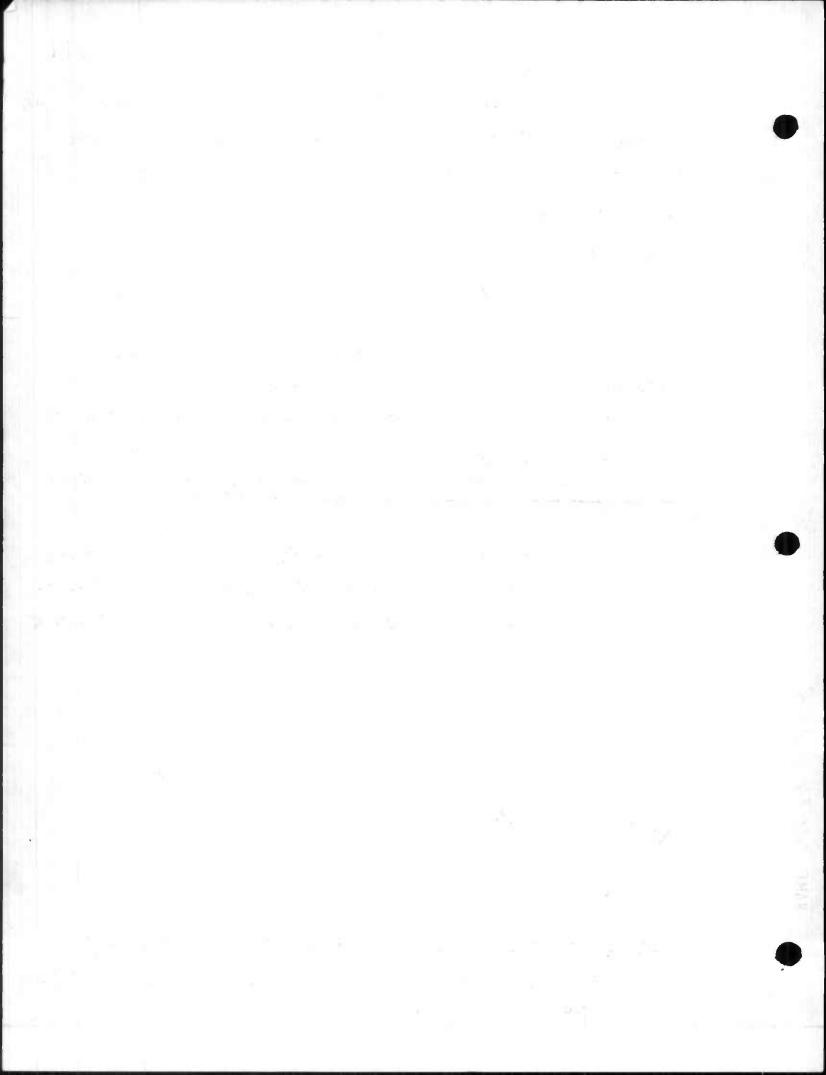
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Items: 21, 22 per FH G-750 8/22/97 dh
Item 16ab, 17, 18, 20bc Per FH Film G750 8-21-97 rj@ertificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Date of Death 3. Tima of Death Jul V **Physician** 7:10 AM Smith /Medical 4b. City, Town, or Location of Deeth 4a. Fecility Nema (If not institution, giva street and number) 4c. County of Death Examiner Baltimore Baltimore St. Agnes Hosp, 900 Caton Ave If Undar 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day Ye June 13, 9. Birthplaca (Stata or Foreign 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** Months Deys Hours Year) 1930 Pennsylvania 1⊠M 2□F Director 205-22-0473 Usual Basidance of Decedant the Maryland 10a. State 10c. City, Town or Location 10d. Inside City Limits Baltimore City Baltimore Maryland 1 Yes 2 No Directo 10e. Street and Numbar 10f. Zip Coda 10g. Citizen of What Country? an "natural", or Items 23a or Medical Examiner must be 21229 22 S. Athol Avenue U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2★ No If Yas, Giva Yaar or Datas: 13. Was Decedant of Hispenic Origin? (Specify Yes or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indien, 11. Mantel Status Black, Whita, atc. filed within 72 hours after 100 1 ☐ Naver Marriad 2 ☑ Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Black à 3 Widowed 4 Divorced Completed 15. Dacadant's Education (Spacify only highast grada complated) 16a. Decadant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry A.D. Anderson Elementary/Secondery (0-12) College (1-4or 5+) 8 Car Dealer -unknown unknown 17. Fether's Neme (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumama) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If them 27 is marked oth any injury or other traumatic even RUFF SMITH ANNA CARR unknown unknown 2 19e. Informant's Neme/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Christine Smith/wife 834 N. Carey Street, Baltimore, Maryland 21229 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 8/1/97 Garrison Forest Owings Mills, MD 4 □ Donation 5 ☑ Other (Spacify) in state 21. Signature of Funeral Service Licensee, JOSEPh J. Rong Ld Hoseph Li Russe Street 22 Name and Address of Facility Board, 655 Baltimore, Maryland 21201 2222 W. North Ave. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medicai Immediata Causa (Final disaasa or condition rasulting in death) . Adenocarcinoma of the lung Examiner Gastrointestinal bleeding
Dua to (or as a consaquanca of): Examiner lew requires that the death certificate be axecuted attending physician and for use es the buriel-transit Sequantially list conditions, if any, laading to immediata causa. Entar Undarlying Ceusa (Disaasa or Injury that Initiated avants resulting In daath) Last pneumonia Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 Unknown ģ 24b. Wera autopsy findings available prior to complation of cause of daeth? page 2 should 24a. Was an autopsy performed? cartificate has 1 ☐ Yas 2 ☐ No 25. Was casa referred to madical exeminer? Be 26. Place of Deeth (Check only one) Hospital: Othar: 4 ☐ Nursing Homa 5 ☐ Rasidence 6 ☐ Othar (Specify) 1 Yas 2 No 1 Inpatiant 2 □ ER/Outpatient 3 □ DOA Certification: To 27. Manner of Death 28b. Tima of Injury 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Naturel 2 Accidant 5 Panding invastigation 1 Yas 2 No efter deeth Director: 6 Could not be determined 3 ☐ Suicida 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 Homicida 24 hours edicai Certifying Phyelofan: To the best of my knowladga, daath occurred at tha tima, data and placa, and dua to tha causa(s) and mannar as stated.

Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and due to tha cause(s) end mannar stated. 29a. Cartifian (Check only one) within 2. To the F 29c. Licansa numbar 29d. Data signed (Month, Day, Yaar) 29b. Signeture and title of certifian

St Agnes Hosp 900 Catou Ave Balto MD 21229

State Registrar 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

Tancovici



**Funeral** 

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examiner must be notified at

natural, or

filed within 7 Hygiene.

permit. Peges 1 and 2 should be filed w Depertment of Heelth end Mental Hygien Important: If Item 27 is marked other thu any Injury or other traumetic avant

**Physician** /Medical

Examiner

physician and the buriel-transit

signed by the atte

mificate has

atter Direc

filled

To the Hospital or within 24 hours all To the Funeral DI

Box 68760

Records, P.O.

Vital

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible,

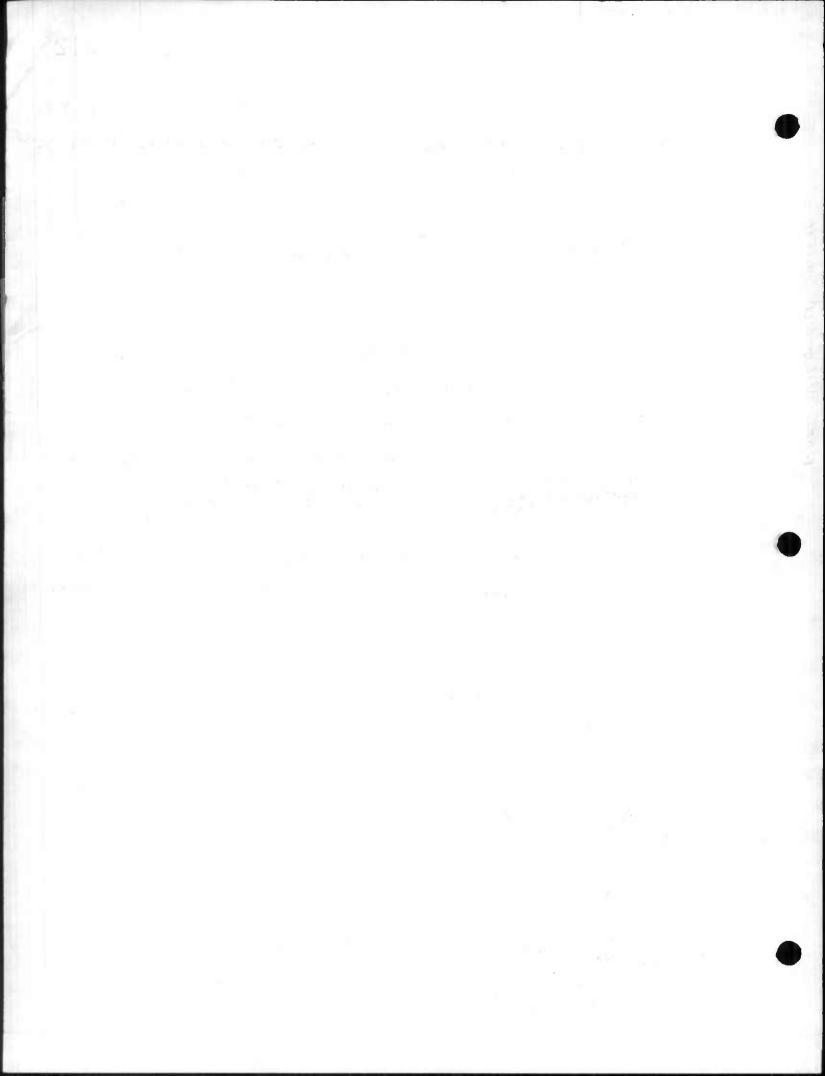
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Tima of Death Month **Physician** 1997 VIRGINIA MARYLAND SMITH JUL 22 /Medical 4a. Facility Name (If not institution, give streat end number) 4b. City, Town, or Location of Daath 4c. County of Daath Examiner r It Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) ARUNDEL HOSPITAL ARUNDUL 7. Age (In yrs. lest birthdey) If Under 1 Year 5. Social Security Number 9. Birthplaca (State or Foreign 1 M 2 X F Days MARYLAND Yrs. 217-26-5223 JAN 29 1922 Usuat Residence of Decedent 10a. Stata 10b. County 10c. City. Town or Location 10d. Inside City Ltmits 1 Yes 2 No Director MARYLAND ANNE ARUNDEL **PASADENA** 10g. Citizen of What Country? 10f. Zip Code 101 HOPELAND AVE. 21122 Funeral 12. Was Decedent Evar In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: Was Dacedent of Hispanic Orlgin? (Specify Yes or No-if Yes, specify Cuban, Maxicen, Puarto Rican, atc.) Race - American Indian, Black, Whita, atc. 1 Naver Married 2 Married 1 ☐ Yes 2 ☑ No Specify: Specify: WHITE by 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Dacedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) HOMEMAKER HOUSEHOLD 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) DEVEREAUX VENABLE BELL MARIA ELIZABETH PAGE 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) DOLORES BELL sister 101 HOPELAND AVE. PASADENA, MARYLAND 21122 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 20a, Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) GLEN HAVEN CEMETERY JUL. 25,97 GLEN BURNIE MARYLAND 21. Signature of Funeral Service Licen, 22 Name and Address of Facility
STALLINGS FUNERAL HOME P.A. Hi Nary La Startings Jr.

3111 MOUNTAIN ROAD PASADENA

23a. Part1. Enter the disease, or complications that clusted the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. 3111 MOUNTAIN ROAD PASADENA, MARYLAND 21122 Approximate intervat Batween Onsat and Death Immediate Cause (Final disaasa or condition resulting in death) Acute Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings avaitable prior to 24a. Was an autopsy performed? Completed completion of causa of death? 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical examiner? Be 28. Place of Death (Check only one) Hospitat: 2 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 28a. Date of Injury (Month, Dey Year) 27. Menner of Death Certification: 28h Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 1 X Natural 2 ☐ Accident 1 ☐ Yes 2 ☐ No 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 6 Could not be determined 4 - Homicide 12 Certifying Physiclen: To the best of my knowledge, deeth occurred at the time, date end place, end due to the ceuse(s) and manner es stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at tha tima, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signardre and title of certifier 29c. Ltcense number 29d. Date signad (Month, Dey, Yaer) 40525 address of person who completed ceuse of death (ttem 23a) (Type, Print) ( Can Mrch mr. V. Figural's Sign Alle de 12

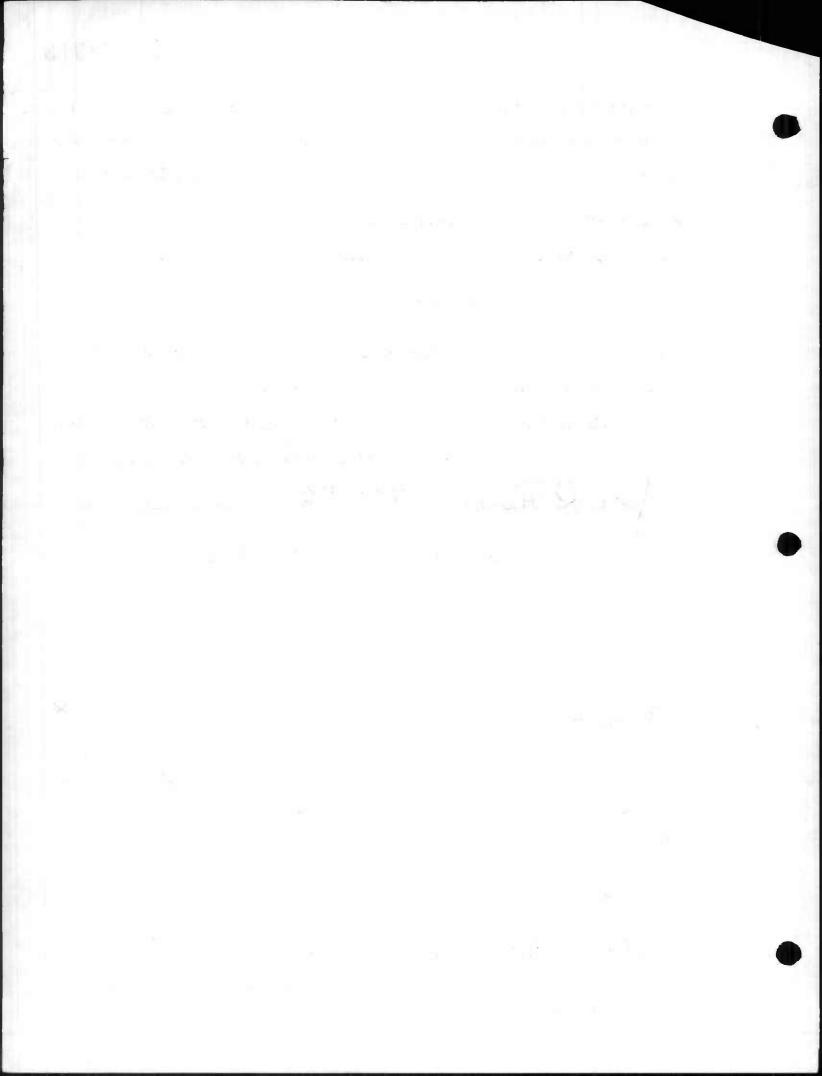
State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 223 | 3

					•	Certificate	e of	Death		Reg. No.			. •
			1. Decedent's Name (First, Middle,	Last)					2. Date of D	eath		3. Time	of Death
	Physic. /Medi		Frances Cathe	rine Sauer					July 2	21, Day	7 Year	3:1	5 P.M.
	Exami		4a. Facility Name (If not institution,	give street and number	)			4b. City, Town, or L			unty of Death		
			Stella Maris Ho	spice				Towson		Balt	imore	Coun	ty
	Funeral		5. Social Security Number 6		ge (In yrs. lest bir	thday) if Under Months	1 Year Days	If Under 24 Hrs. Hours Min,	8. Date of Bi	rth	9. Birth	hplece (Stat	e or Foreign
	Director		217-16-4878 Usual Residence of Decedent	1□M 2ĂF	72	Yrs.	Days	Hours Mill.	March	13,192	25 Ma.	rylano	đ
	land		10a. State 10b. County		10c. City, Tow	n or Location					- T	10d. Inside	City Limits
	Mary	ō	Maryland N/A		Baltim	ore City							es 2□No
	the the	Director	10e. Street and Number 10f. Zip Code							10g. Citizen of What Country?			
	with Sa or		6605 Marietta Av				5.A.	artity i					
	leath rs 2	Funeral	11. Marital Status	12. Was Decedent	Ever in U.S.	212		dispanic Origin? (Sp	ecify Yes or N		Race - Amer	rican Indian	
	r Rer	교	1 □ Never Married 2 □ Married	Armed Forces	?	If Yes, speci	ify Cub	lispanic Origin? (Sp an, Mexican, Puerto	Rican, etc.)		Black, White		
21215-0020	urs a	þ	3	If Yes, Give Year or Dates:	No 6/14/45-	. 1 □ Yes 2	X No	Specify:		Sp	ecify: W	hite	
Ö	n 72 hours after death with the Maryland "natural", or liems 23a or 28a-f show edical Examiner must be notified at	Completed	15. Decedent's	Education	b/21/4/	a. Decedent's Usual Occupation		pation		16b. Kind	of Business/li		
218	S 2	pie	(Specify only highest ( Elementery/Secondery (0-12)	rade completed) College (1-4or	5.1)	(Give kind of work life. DO NOT use	k done e retire	during most of work d)	ring				
2		Ö	12th Grade	College (1 40)		kkeeper			Shipping Compar			У	
Maryland	0 - 0 >	Be	17. Father's Name (First, Middle, La	st)				18. Mother's Name (First, Midd		ddle, Malden Sumame)			
<u> </u>	should be nd Mental marked o	To	Charles John	Frank				Frances	м.	Nue	slein		
an	2 should and Men is marke		19a. Informant's Name/Relationship	(Type, Print)	19b	. Mailing Address	(Street	and Number or Rur	el Route Numb	per, City or To	wn, State, Z	ip Code)	
	1 and 2 Health a em 27 is		Teresa Ann Lotit	o/Daughter	66	05 Marie	tta	Avenue,	Baltim	ore, Ma	arylan	d 212	14
Baltimore,	ges 1 and 2 should it of Health and Mer if Item 27 is marke or other traumatic		20a. Method of Disposition	_	20b. Place of	f Disposition (Nam	e of	ce) 7/25/97	Date	20c. Locati	lon - City or T	Fown, State	
E	permit. Pages 1 Department of Inportant: If Ite any injury or ot		1 X Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe					Memorial		Laure:	L. Mar	vland	
<u>=</u>	Department mportant: Iny Injury		21. Signature of Funeral Service Lic	* *		22. Name and	d Addre	ss of Facility				-	
ä	Depariment of the population o		M. C	(1)		John C.	Mi	ller, Inc.					
	_	-	23a Part livotar the disease, or co	mplications that cause	d the deeth. Do	6415 Be.	Laiı	Road, Ba	altimor	e, Mar	yland	21206 Approxim	ĵ .
	Physician		23a Part intar the disease, or co	ly one cause on each I	ine.		, o. o,	19, 000, 20 02, 0,20	or reophatory t			Interval B	Between
	/Medicai		Immediate Cause (Final disease or condition a. Congestine Heart Failure										
	Examiner		disease or condition resulting in death)	a			Te	ent ta	lung				
		9			Due to (or es e	consequence of):							
	uted	Examiner		b	5	1 0	_						
-	al-tra	Exa	Sequentially list conditions, if any, leading to immediate		Due to (or as a	consequence of):							
68760,	certificate be executed nding physician and use as the burial-transit		cause. Enter Underlying Cause (Disease or injury that initiated events	c	Don't for any						-		
68	ertificati ing phy e as the	edical	resulting In death) Last		Due to (or as e o	consequence of):							
Box	nding use a	3	•	d									
m	v requires that the death ce been signed by the attendir should be detached for use	by Physician/	Dod II. Other standings to an distance				-		1				
P.O.	the c y the	Jys	Part II. Other algnificant conditions	en in Part I.	23b. Did tobacco use contribute to the cause								
	that ned b	y P	angina						1	Yas 2 1	lo 3∐Pre	obably 4	20 nknow
ds	requires that the been signed by the	P							24a Was	an eutopsy	24b. V	Vere autops	v findings
000	peer /	Completed					19			ormed?	a	vaileble pric	or to
Re	w 00	E G								/		of death?	
g	ysician: The law is certificate has t director, page 2 s								10	Yes 2 N	0 1	☐ Yes 2	No
Division of Vital Records,	Physiclan: r this certific ral director,	Be	25. Was case referred to medical examiner?	Hospital:			Oth	26. Place of Deat					
of		To	1 Yes 25 No	1 LI Inpati				4 20 Nursing Ho				cify)	
n c	Ing F	Certification:	27. Manner of Death Netural 5 Pending	28a. Date of Inju			Bc. Injur Wor		28d. Describe	how injury or	curred		
S	or Attending after death.  Director: After in by the fune	cat	Accident investigat 3 Suicide 6 Could not	be		M		Yes 2 □ No					
$\leq$	after of Direction by	E	4 ☐ Homicide determine	d 28e. Place of in	jury - At home, fa c. <i>(Specify)</i>	rm, street, factory,	office		28f. Location ( City or To	(Street and N wn, Stete)	umber or Rui	rai Route Nu	ımber,
	urs a urs a												
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai	(Uneck only 2 Medical Ex	Physician: To the best aminer: On the basis o	f examination and	, death occurred e d/or Investigetion,	t the tir	ne, date end plece, pinlon, death occur	end due to the	ceuse(s) and	menner es	steted.	ə(s)
	the hin 2	Med	UNE/	and manner st	ated.			-					
	5.₹ 5. 9		29b. Signature and title of certifier	1	A	29c.	Licens	se number			gned (Month		,
14	11		Much	Suan	1 ms		10:	3521:	2	//	45/5		
9 (	O.		30. Name and address of person wh							71			
	41			Thomps			05	LER D	4. To	Meson	- m	2	
	Sta		31. Date filed (Month, Day, Year)  JUL 2419	32. Regist	ar's Signature	Rando							
	Registr	ar	JUL & 4 13	01	California a.								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien Item 1 Per PHY FilmG749 7-25-97 drja Certificate of Death 1. Decedant's Nama (First, Middla, Last) TIMMERMANN 2. Data of Daath **Physician** JULY Day 1997 13, 4:30 PM HENRY TIMMERMMAN JR. CHARLES /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva street and numbar) 4c. County of Death Examiner Saint Joseph Medical Center Baltimore Towson 6. Sax 1 ⋈ M 2 ☐ F If Under 1 Year | If Undar 24 Hrs. 5 Social Security Number 7. Aga (In yrs. last birthday) Birthplace (Stata or Foraign Country) **Funeral** Days Yrs Director 212-01-2197 86 June 14, 1997 Baltimore, Md. Usual Rasidanca of Decedant the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "netural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yas 2 No Directo Maryland Baltimore Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 8704 Edgefield Road U.S.A. 21234 permit. Peges 1 and 2 should be filed within 72 hours effer death vale perment of Health and Mentel Hygiene. Important: if Item 27 Is marked other than "natural", or Items 23, any injury or other traumatic event, the Medical Examinations. Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Year or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Biack, Whita, atc. 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: à Specify: 3 ☐ Widowad 4 ☐ Divorced White 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Spacify only highast grada complatad) 16b. Kind of Businass/Industry Elemantery/Secondery (0-12) College (1-4or 5+) 12th. Draftsman Fenton & Lichtig 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumame) Charles Henry Timmermann, Sr. Anna May Colburn 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) Mrs.Agnes E.Timmermann (Wife) 8704 Edgefield Road Baltimore, Md. 21234 20b. Placa of Disposition (Name of cematary, crematory or other placa) 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from Stata 7/16/97 Baltimore, Maryland 4 ☐ Donation 5 ☐ Othar (Spacify) Parkwood Cemetery 21. Signature of Funaral Service Ligenses 22. Nama and Addrass of Facility F. Lassahn Funeral Home assaka 11750 Belair Road Kingsville, Md. 21087 23a. Pert1. Entar tha disaasa, or complications that caused the death. Do not antar tha mode of dying, such as cardiac or respiretory arrest, shock, or heert feilura. List only one ceuse on each lina. Approximate Interval Batween Onset and Death **Physician** DAYS /Medical Immediata Cause (Final ASPIRATION PNEUMONIA disaasa or condition rasulting in deeth) Examiner Dua to (or as e consequence of) Examiner YEARS ANEMIA be executed burial-transit Sequantially list conditions, if any, laading to Immadiata cause. Enter Undarlying Causa (Diseasa or injury that initiated avants rasulting In daath) Last and Dua to (or as a consaquanca of): physician sthe burial YEARS P.O. Box 68760 ZENKER'S DIVERTICULUM Physician/Medical Dua to (or as a consequence of) 88 YEARS DIVERTICULOSIS 10 been signed by the a should be detached t Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? ACUTE PAROTITIS 1 ☐ Yas 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records. þ 24b. Were eutopsy findings availabla prior to complation of causa of death? Completed 24e. Wes an autopsy performad? certificate hes 1 ☐ Yes 2 No 1 ☐ Yas 🏖 No Division of Vital Be 25. Was case refarred to medical 26. Piece of Death (Check only ona) 1 ☐ Yes 2 No Other: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 10 M Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Tima of 28d. Describe how injury occurred Certification: Attending 5 Panding invastigation To the Hospital or Attendit within 24 hours after death.

To the Funeral Director: A completely filled in by the fu death. 1 ☐ Yas 2 ☐ No 2 Accidant 3 ☐ Suicida 6 Could not be datarmined 28f. Location (Straat end Number or Rural Routa Number, City or Town, State) 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 ☐ Homicida 29a. Cartifier edicai 1 🔀 Cartifying Physician: To tha bast of my knowledge, death occurred et tha tima, data and placa, and dua to tha causa(s) and manner as stated. 2 Madical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar statad. 29b. Signatura and title of certifiar 29c. Licansa numbar 29d. Data signad (Month, Day, Year)

State Registrar LILIA CEBALLOS, M.D., 7620 YORK ROAD, 11. Date filed (Month, Day, Year)

July 32. Registrar's Signature

July 34. 1997

July Aurilann Andree

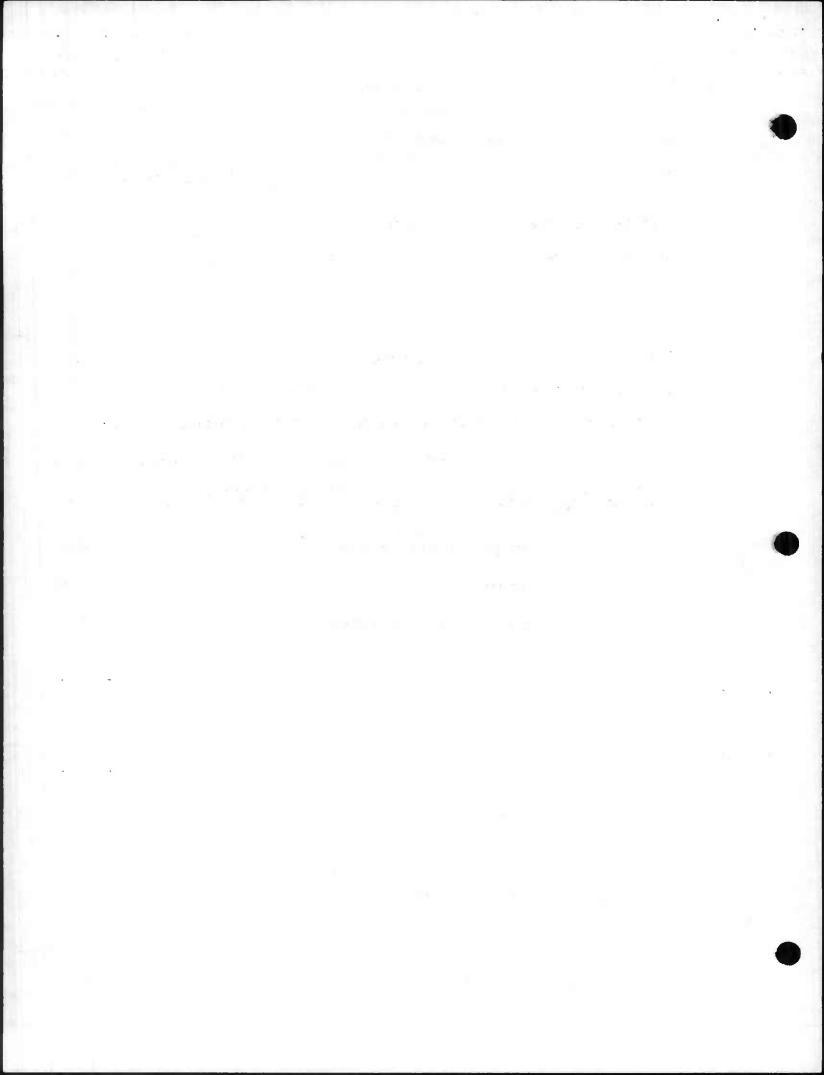
30. Nama and addrass of person who complated causa of death (Item 23e) (Typa, Print)

D 25886

TOWSON.

MARYLAND

21204

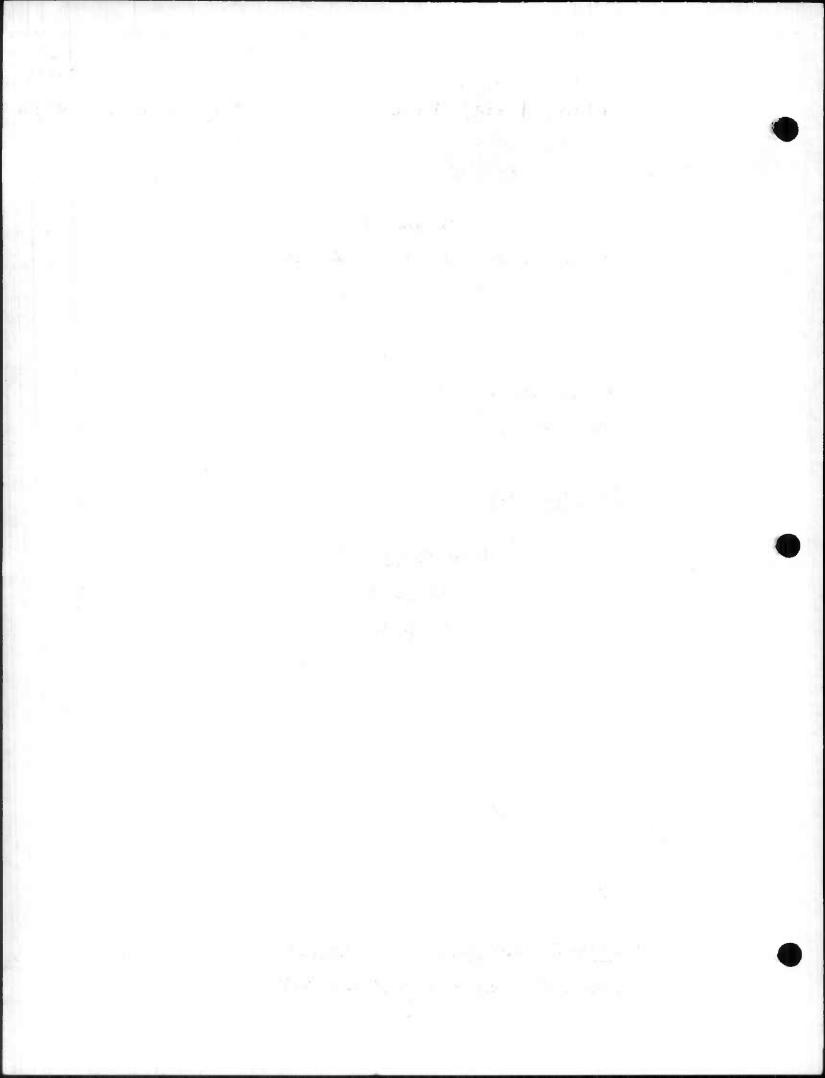


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 223

Certificate of Death 2. Data of Death 1. Decedant's Nama (First, Middla, Last) 3. Tima of Death Month **Physician** Kate July 9.45 PM lora 22nd 1997 /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a. Facility Nama (If not institution, giva street and number) Examiner Medical Baltmore If Undar 24 Hrs. 8, Da Center iberty If Undar 1 Yaar 5. Social Sacurity Number Birthplaca (Stata or Foreign Country) 7. Aga (In yrs. last birthday) Days 1□ M 20 F 2-18-26-3470 Usual Rasidanca of Decedent Yrs. Director death with the Marylend 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f shor traumatic event, the Madical Experimer must be notified at 1 Yas 2 No Director Ma NA 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? Tarkula U. S.A Gwynnstalls Funerai 12. Was Dacedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 D No If Yas, Give Yaar or Datas: Raca - American Indian, Black, Whita, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) pemit. Pagas 1 and 2 should be filed within 72 hours aftar of Department of Haalith and Martel Hyglena. Important: If Item 27 is marked other than "natural", or iter any linjury or other thaumalic event, the Martical Examinate any injury or other thaumalic event, the Martical Examina 1 Navar Marriad 2 Married 1 □ Yas 2 No Baltimore, Maryland 21215-0020 þ Black 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation
(Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12th grade Hease wite 17. Father's Name (First, Middle, Last) 18. Mothar's Neme (First, Middle, Maidan Sumama) Williams Daught 19b. Mailing Addrass (Straat and Number or Rural Routa Numbar, City, or Town, Stata, Zip Coda) 3329 Gwynnsfalls Md 21216 Da / Hmare, Ma : 20c. Location - City or Town, Stata 20b. Placa of Disposition (Name of cematary, cramatory or other placa) 20a. Mathod of Disposition Data Burial 2 Cramation 3 Ramoval from State ownsulle 4 □ Donation 5 □ Other (Specify) Veteran Cer 21. Signatura of Funaral Sarvice Licensaa 30 Wasast 0 144 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Death Physician /Medical Immediata Causa (Final diseasa or condition resulting in death) Renal Desease Examine as a consequence of): Examiner LYOSEPSIS TWK signed by the attending physician and do be datached for use es the burial-transit Sequantially list conditions, if any, laading to immediata cause. Enter Undarlying Cause (Diseasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of) Hypotension P.O. Box 68760, Physiclan/Medical Dua to (or as a consequence of) Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 ☑ Unknown Division of Vital Records, þ been sig 24b. Wara autopsy findings available prior to complation of cause of death? Completed 24a. Was an autopsy performed? 2 No 2 1 No 25. Was casa rafarrad to medical 26. Place of Death (Check only ona) axaminar? Hospital: Other: 4 ☐ Nursing Homa 5 ☐ Rasidanca 6 ☐ Othar (Specify) 1 Yes 2 No 1 Inpatient 3□ DOA 2 ER/Outpatiant 28e. Dete of Injury (Month, Day Yaar) 27. Manner of Deeth 28b. Tima of 28d. Describe how Injury occurred 28c. Injury at Work? After 1 Naturel 5 Panding Invastigation death. A Hospital or Attendir 24 hours after death. Funeral Director: A 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicida 6 Could not ba Placa of Injury - At home, farm, straat, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide To the Hospital within 24 hours a To the Funeral C 1 Certifying Physicien: To the best of my knowledge, deeth occurred at tha time, dete end place, end dua to the causa(s) and menner es stated.

| Medical Examiner: On the best of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. edical 29a. Certifian 29b. Signature and title of certifier 29c. Licansa number 29d. Data signad (Month, Day, Yaar) House officer ated causa of death (tam 23a) (Type, Print) July 22000 1997 Hights Baltimore MIT 31. Data filad (Month, Day, Year) 32. Registrar's Signatura State 2 4 1997

Registrar



## Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 22316

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Yaar **Physician** eroy 22 1997 JU1 ( /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** N/A Johns Hopkins Bayview Geriatric Center Baltimore | It Undar 24 Hrs. | 8. Data of Birth (Month, Day, Yaar) | 9. Birthplaca (State Country) | August 21, 1908 | Wisconsin If Undar 1 Yaar Months Days 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1 X M 2 ☐ F Director 471-05-9739 88 Usual Rasidance of Decadant with the Maryland 10a Stata 10c. City, Town or Location 10b. County 10d. Insida City Limits ir than "natural", or items 23s or 28s-1 show the Medical Examiner must be notified at 1X Yas 2 No Directo Maryland N/A Baltimore 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? permit. Pages 1 and 2 should be filed within 72 hours after death v. Department of Heelth and Mantel Hygiana. Important: If item 27 is marked other than "natural", or items 23a any injury or other traumatic event, the Mexical Examinat mast ance. 21214 United States Funerai 3218 Tyndale Avenue 12. Was Dacedent Evar in U,S. Armed Forcas? 14. Race - Amarican Indian, Black, Whita, atc. Was Dacadant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 ☐ Yas 2 🛣 No If Yas, Giva Yaar or Datas: 1 Nevar Married 2 Married 1 Yas 2 No ģ Specify: 3 Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) College (1-4or 5+) Engineer U.S. Government 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be Sophie 2 Allen P. Tuttle Brandt 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Perry Hall, MD21128 / Friend 3 Randell Avenue Norbert Luken 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Data 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 □ Donation 5 Ø Other (Specify) Entembrent Gardens of Faith Cemetery 7/26/97 Baltimore, Maryland Timothy S. Harman 22. Nama and Addrass of Facility Leonard J. Ruck, Inc. Funeral Home taman 5305 Harford Road Baltimore, MD 21214 23a. Part1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** Immediata Causa (Final disaasa or condition resulting in deeth) /Medical a. aspiration preumunia 1 month Examiner metastatie prostate cancer Examiner attending physicien end for use es the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiate cause. Entar Undarlying Causa (Disaasa or Injury Several Y aus Division of Vital Records, P.O. Box 68760, Parkingens disease Physician/Medical that initiated evants resulting in daath) Last Dua to (or as a consequence of) lyeal Cord Daralysis Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by the should be detached 1 Yee 2 No 3 Probably 4 Unknown CardiomyopaXhy Be Completed by 24b. Wera autopsy findings available prior to completion of cause of deeth? 24e. Was an autopsy performed? atrial archellmin After this certificate has funeral director, page 2 chronic animia & No 1 ☐ Yas 2 ☐ No or Attending Physician: 25. Was casa rafarred to medical axaminar? 26. Placa of Death (Check only ona) Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) Hospitel: Certification: To 1 Yas 2 ANO \*\* Impatiant 2 ER/Outpatient 3 DOA 28a. Data of injury (Month, Day Year) 28c. Injury at Work? 27. Magnar of Death 28b. Tima of 28d. Dascribe how injury occurred 5 Pending Invastigation 1 Natural n 24 hours efter deeth.

Ne Funeral Director: After pletely filled in by the fun 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarmined 3 Sulcida 28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida Hospital 24 hours e 29a. Certifler Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and due to tha causa(s) and mannar as stated. Medical To the Hosp within 24 ho To the Fune completely f (Check only one) 2 Medical Examinar: On the besis of examination and/or invastigation, in my opinion, deeth occurred at the time, dete and place, and due to the causa(s) and manner stated. 29b. Signatura and title of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) DO4383 1 5505 Hophus Bayri 30. Nama and addrass of parson who completed cause of daath (Item 23a) (Type, Print) W. 3 Greenough I to 3HGC RaiT 31. Data filed (Month, Day Year) 32. Register's Signatura State Registrar

Selfer And Aller II Sees The Control of the Control 

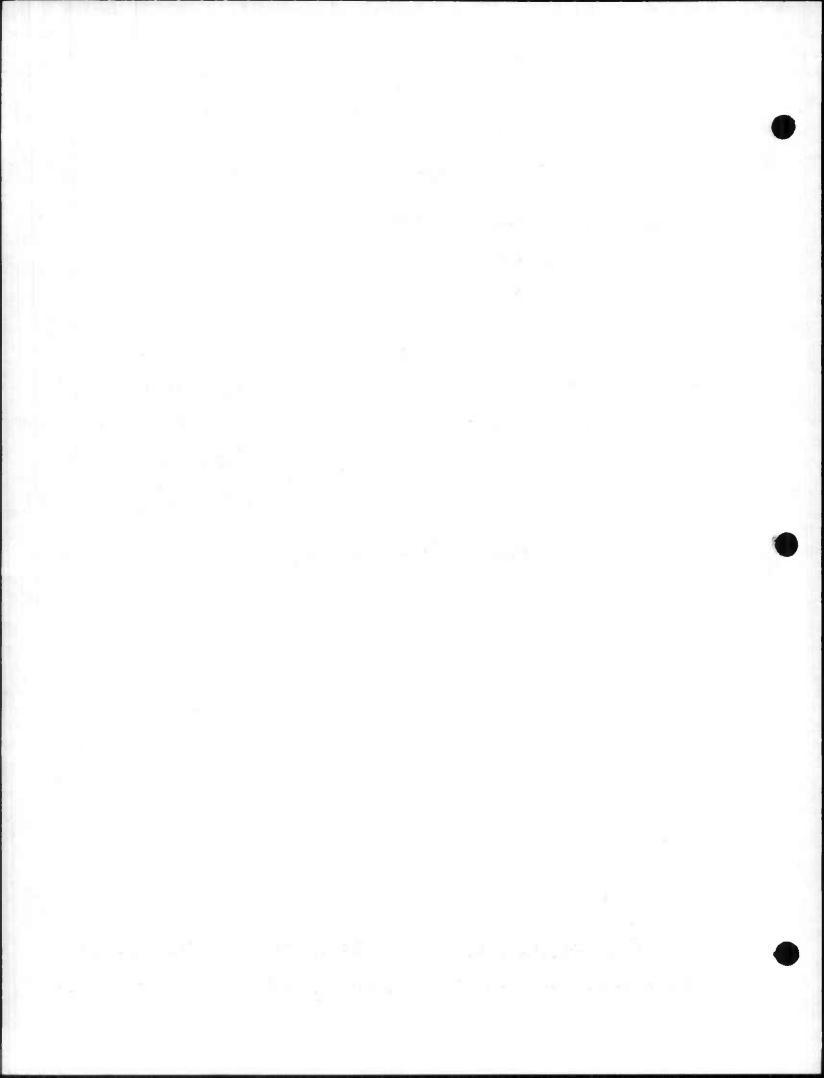
### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 23 1 7 State of Maryland / Department of Health and Mental Hygiene

					,	Cen	tificat	e of	Death		Reg. No.			
			1. Decedant's Nama (First, Middle, Last)	)						2. Data of D	eath	66 SH	3. Time of Death	
	Physici /Modic		Philip H. Turner						July	23, Day 199	7 <sup>Year</sup>	12:30 P.M.		
	/Medic Examin		4a. Facility Nama (If not institution, giva	street and number)					4b. City, Town, or L	ocation of Dea	th 4c. County	ot Deeth		
		•	Franklin Woods						Rosedale		Balt:	more	County	
	Funeral		Social Sacurity Number     6. Sax	7. Age	(In yrs. last		If Unde	r 1 Year Deys	If Under 24 Hrs. Hours Min.	8. Deta of Bi (Month, D			piece (Stata or Foreign	
	Director		212-09-6081	80		Yrs.		,-		Oct. ]	LO, 1916		yland	
	pue *		Usual Rasidence of Decedent  10e. Stata  10b. County		10c. City, To	own or Loc	ation						Od. Inside City Limits	
	f sho	0	Maryland Baltimor			imore							1 ☐ Yas 25 No	
	28a-	ect	10e. Street and Number				10f. Zip	Code			10g. Citizan of V	Vhet Cour		
	a I and 2 should be filed within 72 hours efter death with the Merylend Health end Meniel Hygiene. It is narked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Evanthor must be incitited at	Funeral Director	5908 Farmview Aven	110				206			U.S.A.	Thei Coul	wyr	
	heath me 23	era		12. Was Decedent E	ver in U.S.	13. W			Hispenic Origin? (Si	pecify Yas or N		e - Americ	can Indien.	
0	r Hen	Fun	1 □ Navar Married 2⊠ Married	Armed Forcas? 1 X Yes 2 □ No	0	If	Yas, spe	cify Cub	Hispenic Origin? (Sp an, Maxican, Puarto	Rican, atc.)	Blac	k, Whita,		
020	urs e	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva 10	943-	1	☐ Yas	2 No	Specify:		Specify	Whi	te	
21215-0020	is I and 2 should be filed within 72 hours if Health and Mentel Hygiene. Hem 27 is marked other than "natural", other traumatic event, the Madical Exe	Completed	15. Decedant's Edu	cation	L946 18	18a. Dacedant's Usual Occupa (Give kind of work dona o lifa. DO NOT usa ratired		pation	(2	16b. Kind of B	usiness/In-	dustry		
21	within 7 ene. than "r	npie	(Specify only highast grade	a complated) Collega (1-4or 5+	-)			a during most of working red)						
	er th	Con		Years		Meta]	Lsmit	-h			Railro	ad	d	
Maryland	tould be filed withing Mentel Hygiene.  Perked other than netic event, the Mentel than the control of the Mentel than the control of the Mente	Be	17. Fathar's Nama (First, Middla, Last)						18. Mother's Nam			a)		
yla	should nd Men marke umatic	To Be		Turner					Gertrude		nown		efer	
Var	2 sh end is m		19a. Informant's Name/Reletionship (Ty						t end Numbar or Ru					
	and m 27 her tr		Nicoletta P. Turne	r/wite	5	908 F	arm	new	Avenue,	Baltum				
0			20a. Mathod of Disposition 1 ☑ Burlel 2 ☐ Cramation 3 ☐ R	lamoval from Stata	20b. Place cema	tery, cram	atory or o	me or othar ple	7/26/97	Date	20c. Location -	City or To	own, Stata	
E E			4 □Donation □ Other (Specify)		Garde				Cemetery		Baltim	ore,	Maryland	
Baltimore,	Semit. Page Separtment of mportant: If any injury or ance.		21. Signature of Edneral Service License	BE ()					ass of Facility	C.				
	00580	John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryla												
			23a. Part. Enter the disease, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or hour failure. List only one cause on each line.  Approximate Interval Batween Onset and Death											
V.	Physician													
10	/Medical Examiner		Immediata Causa (Final disaasa or condition 2 4 2										2 483	
н	_xammer	Ų.	rasulting in daath)	C	ue to (or as	consequ	ience ot)					1	7.	
	pe #sit	ine	_ t	)								+		
	death certificate be executed e ettanding physicien and of for use es the buriel-transit	Examiner	Sequantially list conditions, if any, laeding to immadiata	C	ua to (or as	a consequ	iance ot):							
68760,	be e slcien buric	ie i	Causa (Disease or Injury							1				
587	tificate ng phys es the	edicai	rasulting In deeth) Lest	Dua to (or as a consaquance ot):										
	certifi ding	M		d										
Вох	eath ettar	Physician/M												
0	the d	ysi	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.								-		o the cause of death?	
0	thet det	by Pt								1 🖺	Yee 2∐ No	3∐ Pro	bebly 4 🗆 Unknown	
Records,	requiras heen sign									24a. Wa	s an autopsy	24b. W	ere autopsy tindings	
00		Completed								perf	ormad?	ÇO	ellabla prior to impletion of cause death?	
Re	ysician: Tha law is certificete has b director, pege 2 s	Ę									v			
	ician: The certificate rector, peç		25. Was cesa raterrad to medical								Yas 2 100	11.	☐ Yas 2☐ No	
of Vital	Physician: this certific ral director,	To Be	axaminar?	lospitel:	• • □ ED4	Outpotions	2 D	Ot Ot	26. Place of Dee		one) ildance 8 □Oth	a. /Ca-a#	£.1	
o	and Phys		27. Mennar of Death	1 ☐ Inpatian 28a. Data of Injury	281	Outpatiant b. Tima of	-	28c. Inju Wo			how injury occur		y)	
O.	fr and	tion	1 Detural 5 Panding 2 Accidant Investigation	(Month, Day	Year)	Injury	М		rk? ]Yas 2 □ No					
S)	by the	Certification:	3 ☐ Suicida 6 ☐ Could not be	28a. Place of Injur	y - At homa,	, tarm, stre	et, factor	y, office			(Street and Numb	er or Rur	al Routa Number,	
ā		Ser	4 Homicida	building, afc.	(Specify)					City of 16	own, Steta)			
	hour hour iner		29a. Cartifiar 1 Certifying Phys	ician: To the best of	my knowlad	dga, daath	occurred	at the ti	me, dete end place	and dua to the	causa(s) end me	enner es s	teted.	
(Check only one)  2 Medical Examinar: On the basis of examinetion and/or invastigation, in my opinion, death occurred a and mannar stated.							and due to	o the ceuse(s)						
						29d. Date signe	d (Month.	Day, Year)						
	1		29b. Signetura and titla of certifier  29c. Licansa number  29d. Date gigned (Month, Day, Year)  7/23/47  30. Nema and addrass of person who completed cause of death (Itam 23a) (Type, Print)  MYO THANT 6830 (WONTAL DRIVE, BALTU, MD 2/23)  31. Dete filled (Month, Day, Year)  31. Dete filled (Month, Day, Year)  32 A 1997											
	121,		30. Nema and addrass of person who co	mpleted cause of de	ath (Itam 23	a) (Type, P	rint)							
	10		MYO THANT	6830	Stop	PITA	20	RIV	E, BAC	TU, 1	111212	-3	>	
	Sta	te ar	31. Dete filad (Month, Day, Year)	40 A Day	s Signato	ande 12			-					

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 223 | 8

					Certifica	ate of Death	Re	g. No.		
	Physici	an	1. Decedent's Neme (First, Middle, Last	/ 7			2. Dele of Deeth		Year 3. T	Time of Deeth
	/Medic		Geoffer	)	S	-	July	16	1997 <	JAn
À	Examir	ner	4e. Facility Neme (If not institution, give-	7			or Location of Deeth	4c. County		
			5. Social Security Number 6. Se		(not birth dou) If I for	der 1 Year   If Under 24 H		Trin		orge
	Funeral Director			X 7. Age (In yrs.	Yrs. Month			Year) 1-52	9. Birthplace (S Country)	State or Poreign  ORK
	and and		10a. State 10b. County	10c. Cit	ty, Town or Location				10d. In	side City Limits
	Many	Ď	MD Prince	Seorge	Laur	el				Yes 2 No
	r 28a	rec	10e. Street end Number			Zip Code	10	Og. Citizen of W	/het Country?	-
	h wit	al D	318 Thomas	Drive		20707		(	1.5	
	daat	Funeral Director	11. Maritel Stetus	12. Was Decedent Ever in U Armed Forces?	,S. 13. Was Dec	cedent of Hispenic Origin? pecify Cuben, Mexican, Pu	(Specify Yes or No-		- American Ind	dien,
21215-0020	gas 1 and 2 should be filed within 72 hours after death with the Maryland it of Haalth and Mental Hyglena. If itam 27 is merked other than "natural", or items 23e or 28e-f ahow or other traumetic event, the Medical Examiner must be northed at	by	1 Never Marrled 2 Married 3 Widowed 4 Divorced	1 X Yes 2 □ No If Yes, Give Yeer or Dates:		2 No Specify:	erto ricari, etc.)	Specify:	k, White, etc.	rk
5-0	natural',	Completed	15. Decedent's Edu (Specify only highest gred	cation e completed)	16a. Decedent's Us	suel Occupation work done during most of w	vorkina 1	6b. Kind of Bu	siness/Industry	
121	filed within Hygiena. ther than	mpi	Elementery/Secondary (0-12)	College (1-4or 5+)	life DO NOT	use retired)	, and a second	1/0	usic	
	filed with Hygiena. ther than		17. Fether's Name (First, Middle, Last)	d	Frod		lana (Fina Middle A			>
Maryland	Mental H Merked of arked of	Be C	Took C	WATTS		18. Molher's N	lame (First, Middle, N	M II	2010/	1
7	2 should and Men is marke aumetic	P	19e. Informent's Name/Relationship (Ty		19b Meiling Addre	ess (Street end Number or	Burel Bouts Number	City or Town	State Zin Sado	1
	and 2 saith ar n 27 is er trau		JACQUELUN U	JATTS (Siste	w 56 5	tokes Cour	0 1		1	70808
e,	as 1 and of Haalth I itam 27 r other tr		20e. Method of Disposition	20b. F	lece of Disposition (A	leme of		-	City or Town, Si	
Baltimore,	permit. Pagas 1 and 2 a Department of Haalth at Important: If Itam 27 is any Injury or other trav once.		1 ☐ Burial 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)		ero Cre	Pam tena	1/18/97	Prote	more 1	MD
alti	permit. Pag Department Important: I any Injury conce.		21. Signature of Funerel Service License			end Address of Fedility	= 1 01	Mins		
00	8 8 E 9		700.1.0.1	rompson	172	1-27 N mo	MROE ST	Bal	+ MD	21217
	Physician		23a. Pert1. Enter the disease, or complished, or heart failure. List only or	icetions that caused the deet ne ceuse on eech line.	h. Do not enter the m	ode of dyling, such es card	iac or respiretory erre	st,	Inten	oximete vel Between el end Death
	/Medical		Immediate Ceuse (Final	Melastatic	Adam	ircinoma			6	mon The
	Examiner		diseese or condition resulting in deeth)	Due to (c	or es e consequence o					10/11/0
	P #	iner							1	
	The law requires that the death certificate be executed that has been signed by the attending physician and page 2 should be deteched for use as the burial-transit	Examiner	Sequentially list conditions,	Due to (c	or es a consequence o	f):				
60,	cata be ax physiclan s the burial		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	<u>.                                    </u>					1	
68760,	physicata physicata	Medical	thet initieted events resulting In deeth) Lest	Due to (o	r es e consequence o	f):				
Box	certifica nding ph usa as t			1						
	daath ce attandir d for usa	iciai	Pert II. Other eignificant conditions con	tributing to death but not rec	ulting in the underland	n selles sires in Bost I	ash Did to		helburg as ab a	cause of death?
P.0	that tha de ed by the datached	Physician/	Total. Other organicals conditions con	tributing to deem but not les	annig in the underlying	g cause given in Pert I.				4 ☐ Unknown
	as that igned be dat	by F					-			
of Vital Records,	v require been si should I						24e. Wes en		24b. Were eut evelleble	prior to
ec.	has be	Completed							completion of death?	on of cause ?
=		Con					1 □ Ye	s 2 10	1 🗆 Yes	211No
Vita	Physicien: The this cartificata ral director, pag	Be	25. Was case referred to medical examiner?	10.000			eath (Check only one	a)		
of	0 0	T <sub>o</sub>	1 Yes 2 No		ER/Outpetient 3 1		Home 5 Resider			
L C	tanding Phiaath. tor: Aftar th	lon	1 ☑Naturel 5 ☐ Pending	28e. Date of injury (Month, Dey Year)	28b. Time of Injury	28c. Injury et Work? 1 ☐ Yes 2 ☐ No	28d. Describe hor	w Injury occurre	∌d	
Division	or Attanding I aftar daath. Director: Aftar I in by tha funa	fical	2 Accident Investigation 3 Suicide 6 Could not be	28e. Plece of Injury - At he			28f. Location (Str.	eet end Numbe	er or Rurel Rout	te Number
Ω̈́	or after Dire	Certification:	4 ☐ HomIcide determined	building, etc. (Specif	y)	ory, omce	City or Town,	State)	or ridies riods	e reamber,
	To the Hospital or within 24 hours after To the Funeral Dir complataly filled in	edical (	29a. Certifier (Check only one)	ician: To the best of my kno ner: On the basis of examina	wledge, deeth occurre tion end/or investigetion	ed et the time, date end ple on, in my opinion, deeth oc	ce, end due to the cal curred et the time, da	use(s) and mer te end place, e	nner es steted.	ause(s)
	To the Vithin 2 To the Complain	Mec	29b. Signature and little of certifier	and menner steted.	2	9c. License number	29	d. Date signed	(Month, Dey, Y	(ear)
	F≯Fŏ		£ 01	0 415	-	D50059	-	Teller	11 10	an
	5	30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)							14,14	17
	M		Lawrence Gardner	Johns Han	LINS ON	> bau Cont	r Balti	marp 14	D 717	87
	Sta	te	31. Dete filed (Month, Dey, Year)	32 Registrer's Signe		2-19 20110	. 2011		· CIC	Q7
	Registr	ar	1111 2 4 1007	qua Davidro	n-Randoll					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 223 | 9 Certificate of Death 2. Deta of Death

**Physician** /Medical **Examiner Funeral** 

Director

deeth with the Maryland permit. Peges 1 and 2 should be filed within 72 hours effer deeth with the Marylan Department of Heelth and Mental Hygiane.
Important: if Item 27 is marked other than "natural", or Items 23s or 28s-f show any highry or other traumatic event, the Medical Example must be notified at once.

Baltimore, Maryland 21215-0020

Box 68760

Records, P.O.

Division of Vital

**Physician** /Medical Examiner

ig physician and as the buriel-transit for use signed by the e pege 2 certificate or Attending Physician: after death. Director: After this certifice funeral To the Hospital or Atta within 24 hours after de. To the Funeral Directo completely lilled in by th

ITEM# 24a PER PHYNS. FLM#G749 7/24/97 J.A. 1. Decedent's Neme (First, Middle, Last) JASHINGTO Z: YOALL ALLOH 705 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death MARRYLAND MOTURE N39770G MUNCE 301630 If Under 1 Yaer if Under 24 Hrs.
Months Deys Hours Min. 5. Social Security Number 8. Date of Birth (Month, Day, Year) Birthplece (Steta or Foreign Country) 7. Aga (In yrs. last birthday) Months 1√2 M 2□ F 69 Yrs 229-26-9673 Apr. 2, 1928 Virginia Usual Residence of Decedent 10e. Stete 10c. City, Town or Location 10d. insida City Limits 1 ☐ Yas 2 ☐ No Director Maryland Prince George's Fort Washington 10e. Street and Number 10g. Citizen of What Country? 2930 Tucker Road 20743 U.S.A. Funeral 12. Wes Decedent Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuben, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - Amarican Indian, Bleck, White, etc. 1 √ Yes 2 No If Yes, Giva Yaar or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Black þ 3 ₩ Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Heavy Equipment Operator Construction 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maidan Sumeme) Charlie Washington Eleanor Elizabeth Glascoe P 19e. Informent's Name/Reletionship (Type, Print) 19b. Meliing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Eleanor Jameson Frye-daughter RR1 Box 80A Madison, VA 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete Burial 2 Cremetion 3 Ramoval from State Good Hope Baptist 7/16/97 Norman, Virginia Church Cometer Address of Fecility 21. Signature of Funerei Service Licensee Funeral Home 23a. Pert1. Enter the disease, or compilications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one ceuse on each line. Culpeper, va. 22701 Approximete intervel Between Onset and Death immediete Cause (Final diseesa or condition resulting in deeth) PINSULIANIA Due to (or es a consequence of) Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Causa (Disaese or Injury Due to (or es a consequence of): Physician/Medical thet initieted events resulting in deeth) Last Due to (or es a consequence of): Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings evalleble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed 2 No 1 Tyes 1 □ Yes 2 □ No 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 Yas 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 27. Mannar of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Meturel 5 Pending 1 □ Yes 2 □ No 2 Accident investigation 6 Could not be determined 3 Suicide 28e. Piece of injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 4 Homicide 29e. Certifier (Check only one) 😰 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner es steted. Medical 2 Madical Examiner: On the basis of examinetion and/or invastigation, in my opinion, deeth occurred at the time, dete end place, end due to the cause(s) and menner stated. 29b. Signeture and title of certifier 29d. Dete signed (Month, Day, Year)

TU

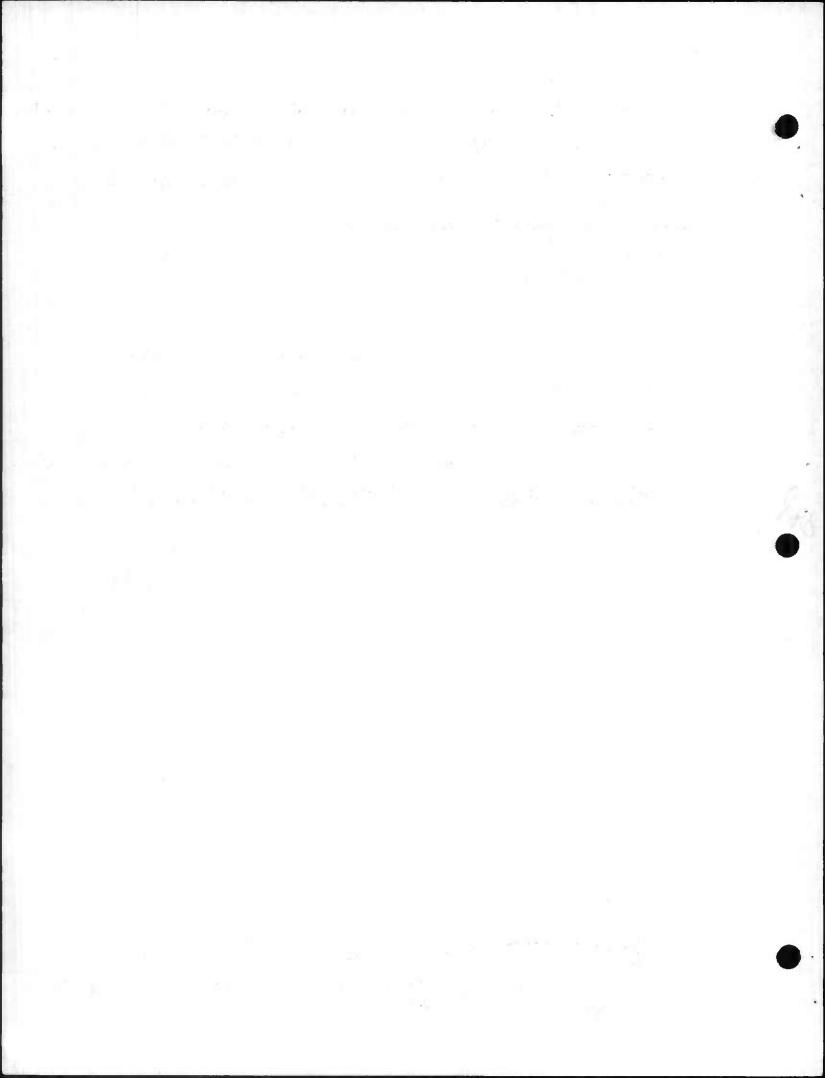
32. Registrar's Signatura 22

100

and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

WIZERBZILL

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month 1997 5:35 PM FLORENCE QUEENIE WILSON 22 JULY 4e. Fecility Neme (If not institution, give street end number, 4b. City, Town, or Location of Deeth 4c. County of Death Boltimore
If Under 24 Hrs. 8. D Union

5. Social Security Number 1705 pital 7. Age (In yrs. last birthday) Memoria If Under 1 Year 8. Date of Birth (Month, Dey, Yeer) 6. Sex 9. Birthplece (State or Foreign Country) Deys 1 □ M 2 7 F Marylang /Yrs. 217-22-9506 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland 13 10e. Street end Number Baltimor 10f. Zip Code 10g. Citizen of Whet Country? Pairview A 3116 2/20 14. Race - American Indlen, Bleck, White, etc. 11. Maritel Status 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 No If Yes, Give Year or Detes: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced Specify: Black 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+)  $\mathcal{N}/\mathcal{A}$ House Wife 12 th 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Loren 30 Vessels

19a. Informent's Name/Relationship (Type, Print) uennie 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 20b. Place of Disposition (Name of complete)

20b. Place of Disposition (Name of completery, cremetory or other place)

20c. Location - City or Town, State 20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removal from State 4 Donation 5 Dother (Specify) enfambrest Arbutus Mem. Park 21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility Jougloss Funeral Servicle 1701 McCulloh Street, Boltimore, MD. 21217 Low Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Betw Onset end D Immediate Ceuse (Finel HUMORRAGE OF ADRIC ANEURYSM REPAIR DAYS disease or condition resulting in deeth) HORTIC ANGURYSM GRAFT REPAIR DATS Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest ABDOMIUM FORTIC ANGURYSM Due to (or es e consequence of): Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 1 Yes 2 17 No 1 Yes 25. Wes case referred to medical 26. Plece of Deeth (Check only one) exeminer? 1 Yes 2 No Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 ☑npatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Netural 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ HomicIde

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date end plece, end due to the ceuse(s) end menner steted.

29c. License number

2438946

29d. Dete signed (Month, Day, Yeer)

/Medical **Examiner** been signed by that should be datached To the Hospital
within 24 hours e
To the Funeral I
completely filled

**Physician** 

/Medical

Director

Funeral

by

Completed

Examiner

**Funeral** 

Director

7 is marked other than "natural", or items 23a or 28a-f show traumetic event, the Mudical Examiner must be nothed at

0

Physician

Physician/Medical

þ

Completed

Be

Certification: To

29a. Certifier

permit. Pagas 1 and 2 should be filed within 72 hours aftar death w Department of Haalth and Mantal Hygiane. If item 27 Is marked other than "natural", or items 23a

Baltimore, Maryland 21215-0020

State Registrar

KOBIERT J. FALCONER 31. Dete filed

29b. Signature and title of certifier

UNION MEMORIM HOSPITA, BATIMORE, MD 32. Registrer's Signeture

and address of person who completed cause of deeth (Item 23a) (Type, Print)

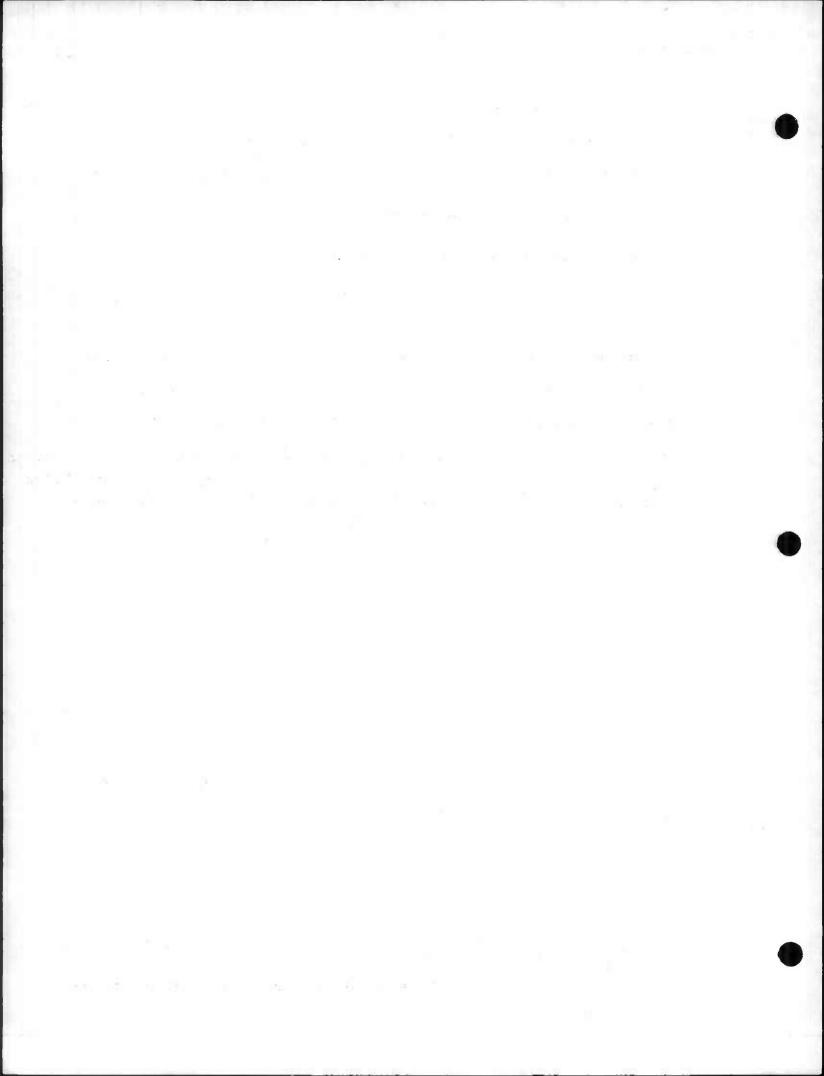
0.04 - 1.4

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

PERCY WHITEHEAD State of Maryland / Department of Health and Mental Hygiene / Certificate of Death Items: 23a part I, 27, 28a-f per MEO G-749 7/29/97 dh 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death 1997 **Physician** JULY 19 , 1005 AM Whitehead, Jr. S. Percy /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner JOHNS HOPKINS HOSPITAL E.R. BALTIMORE 5. Social Security Number if Under 1 Year If Undar 24 Hrs. 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** Hours 1∏M 2□F Director Yrs. 220-88-4881 32 Md. 06-24-65 Usual Rasidanca of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at Md. NA Baltimore X Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 2318 E. Fairmount Avenue 21224 USA deeth Funeral 12. Was Dacedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Raca - Amarican Indian, Black, Whita, atc. should be filed within 72 hours effer on Mental Hygiene.

marked other than "naturef", or itse 1 Navar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 □ Yas 2 No Spacify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Dacedant's Education 16b. Kind of Businass/Industry (Specify only highast grada complated) Elementery/Secondary (0-12) Collaga (1-4or 5+) 9th Grade Groundskeeper Chapel Asst. permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Nem 27 is marked other you or other traumatic event. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Mary Percy Whitehead, Sr. Scott 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 21224 19a. Informant's Name/Relationship (Type, Print) 2318 E. Fairmount Avenue Baltimore, Md. Whitehead L. Mary 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation '3 ☐ Ramoval from Stata Western Star Cemetery 07-25-97 Catonsville, Md 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvice Licensee 22. Nama and Addrass of Facility Baltimore, Maryland 21202 MM C.March FH 1101 E. North Avenue 23a. Fart1. Enter the disease, or complications that caused the distributions, or heart faiture. List only one cause on each line. of enter the mode of dying, such as cardiac or respiratory arrest, Approximata Intervel Batweer Onsat and Death **Physician** tmmadiata Causa (Finat disaasa or condition rasulting in daath) /Medicai ALCOHOL, COCAINE AND NARCOTIC INTOXICATION Examiner Dua to (or es e consequance of). Examiner Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Causa (Disaasa or injury that initiated avants resulting in daath) Last end Dua to (or as a consequence of): The law requires that the deeth certificate be exec ettending physicien for use es the burie Box 68760. Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.0. 23b. Dfd tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ 24b. Were eutopsy findings evailable prior to Completed 24a. Was an eutopsy performed? complation of causa of death? has page ate 1 Yas 2 🗆 No 1 Yas 2 No E Be 25. Was casa refarred to medicat 26. Place of Deeth (Check only ona) Hospital: 1 ☐ Inpatiant XXER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 XX Yas 2 □ No 28d. Dascribe how injury occurred 27. Mannar of Death 28c. Injury at Work? Certification: 28a. Data of tnjury (Month, Day Year) 28b. Tima of 5 Pending invastigation 1 Natural 1 ☐ Yas 2 XXNo 2 Accident 7/19/97 found subject ingested drugs and alcohol unknown Could not be datarmined 3 Suicida 28f. Location (Streat and Number or Rural Route Number, City or Town, State) 2217 Orleans Street, 28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) To the Hospital or Att within 24 hours effer d To the Funeral Direct completely filled in by in by 4 Homicide found in abandoned building Baltimore, Md. 1 Certifying Physician: To tha best of my knowledge, deeth occurred at tha time, date end plece, end due to the cause(s) end menner es steted.

XX Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Cartifian Medical 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signad (Month, Day, Year) JULY 20, 1997 O.C.M.E 30. Nama and addrass of person who complated causa of death (Item 23a) (Type, Print) Radentz 5, 111 Penn Street, Baltimore, Maryland 21201 Stephen Si 31. Data filed (Month, Day, Year) 32. Ragistrar's Signatura State what Davidson JUL 241997 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 / Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Walker Month 1997 unknown Sue SANDRA June 4a. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth 19348 Montgomery Gate BERMANTOWN ircle DRIVE If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplece (Stete or Foreign Country) 1□ M 20 F Months 237-98-5774 Aug. 6, 1954 Iowa Usuel Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland Montgomery Germantown 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 19348 Circle Gate Drive 20874 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No Wes Dacedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian. 11. Marital Status Bleck, White, etc. 1 Never Married 2 Married 1 Yas 2 No Specify: Yes. Giva Specify: White 3 ☐ Widowed 4 ☐ Divorced Yeer or Detes: 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/industry Elementery/Secondary (0-12) College (1-4or 5+) 12 4 Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) Forrest Schumaker Dorothy Christian 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Barry Louis Walker 19348 Circle Gate Drive, Germantown Md. 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, Steta 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Arlington National Cem. 6-25-97 Arlington, Virginia 21. Signeture of Funeral Servica Licensae 22. Name end Address of Facility Richard Decosta per V.R. Affordable Funeral Services Dunn Loring, Va. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiretory arrast, shock, or heart feilure. List only one ceuse on each line. Approximate Intervel Batween Onset end Deeth Liver Failure Immediate Ceusa (Final diseese or condition resulting in deeth) Due to (or es e consequence of): End Stage Liver MOS Due to (er es e consequenca of): TRANSPLANT 21 mos Cholangitis Scierosing 23b. Dld tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings evelleble prior to 24e. Wes an eutopsy completion of cause of deeth? 2 No 1 🗌 Yes 1 ☐ Yas 2 No 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Bothar (Specify) Hospice are 1 ☐ Yes 2 No 28b. Time of 28d. Describe how Injury occurred

**Physician** /Medical Examiner

attending physician and for use as the burial-transit the death certificete be executed

ned by the at detached for

been signed by should be detac

certificate has

After this

al or Attenders.

urs efter death.

val Director: After

To the Hospital o within 24 hours eff To the Funeral Di compietely filled in

filled in by

Physician/Medical

þ

Completed

Be

2

Certification:

Division of Vital Records, P.O. Box 68760,

**Physician** 

/Medical

**Examiner** 

Director

Be P

**Funeral** 

Director

item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinar must be notified at

permit. Peges 1 end 2 should be filed within Depertment of Health end Mental Hygiene. Important: If item 27 is marked other than any Injury or other traumatic event, the Manay Injury or other traumatic event, the Manay Injury or other traumatic event, the Manay Injury or other traumatic event, the Manay Injury or other traumatic event, the Manay Injury or other traumatic event, the Manay Injury or other traumatic event, the Manay Injury or other traumatic event.

deeth with the Maryland

altimore, Maryland 21215-0020

Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest

Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I.

25. Wes case referred to medical

27. Menner of Death 1 Naturel 5 Pending investigation 2 Accident 3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide

28c. Injury et Work? Injury 1 ☐ Yes 2 ☐ No

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29a. Certifier

tacerifying Physicien: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) end manner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et tha time, date and place, end due to the ceuse(s) end manner steted. 29c. Licansa number 29d. Date signed (Month, Dey, Year)

29b. Signature and title of certifiar moreilas COL, MC

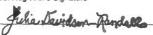
TN 14214 (3/31/98) 6/26/97

30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

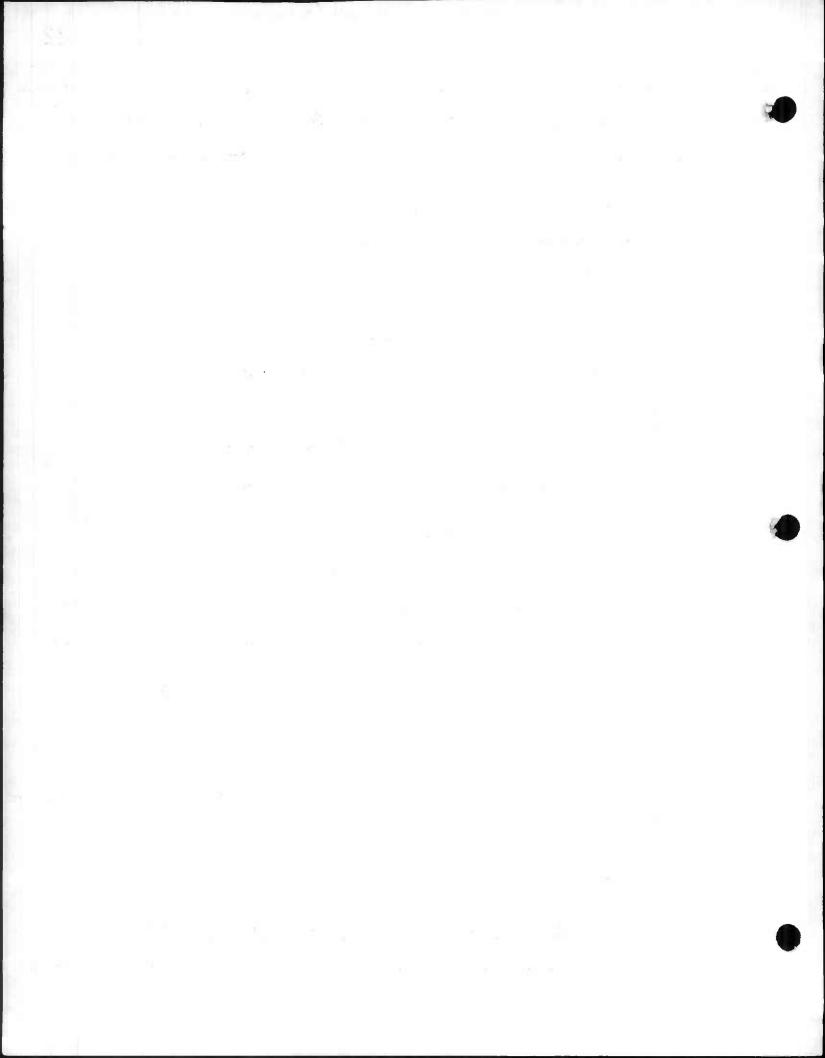
FRANK MOSES, MD 31. Dete filed (Month, Dey, Year)

GASTROENTEROLOGY SVC, WRAMC, Washington, DC 20307 32. Registrer's Signature

State Registrar



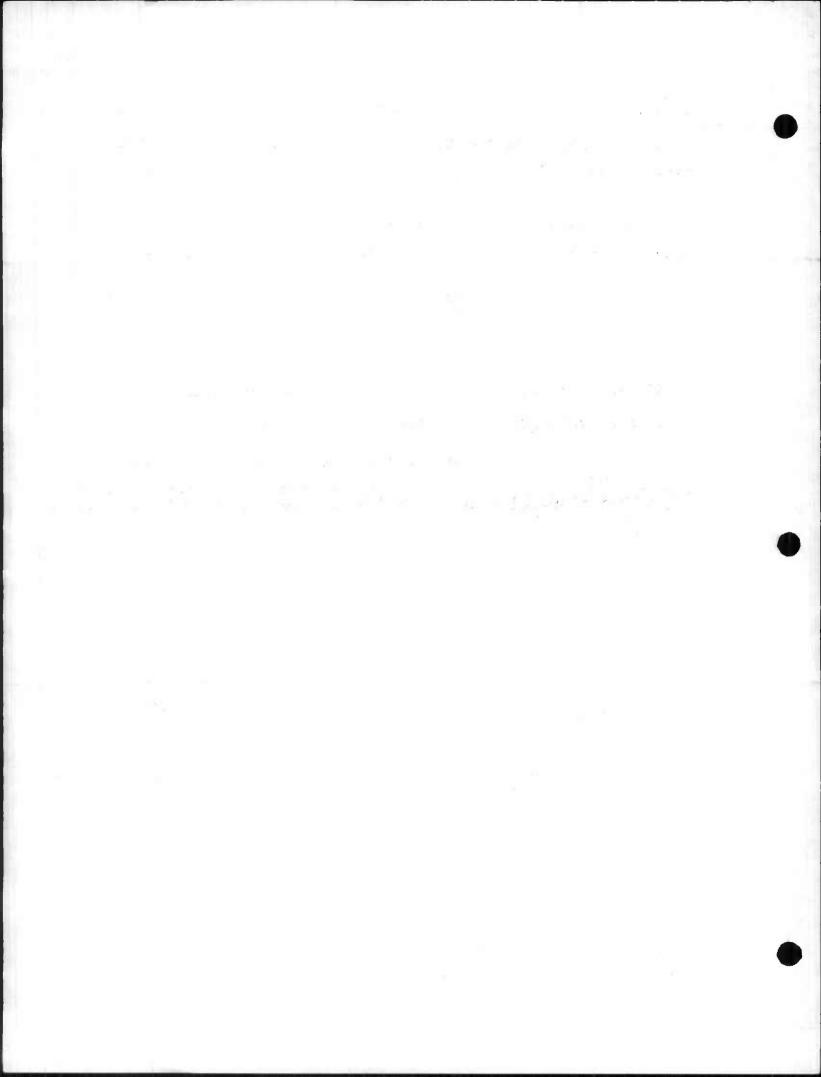
DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 3 2 3

					,	Certificate of	f Death	Red	. No.	-	020
			1. Decedent's Neme (First, Middle, La	st)		0		2. Dete of Death			3. Time of Death
	Physic /Medi		Manuel			auer.	hach	JU/V	Dey 04 19	Year	0730
	Exami		4e. Fecility Nama (If not institution, giv	e street and number)			4b. City, Town, or L	ocation of Death	4c. County of	f Death	
			SHADY GROVE ADVI	ENTIST HOS	PITAL		ROCKVILL	Đ	MONTO	GOMER'	Y
	Funeral		5. Sociel Security Number 6. S		ge (In yrs. lest bir	Months Day		8. Date of Birth (Month, Dey, Y	(ear)	9. Birthplac	ce (Stete or Foreign
-	Director		5//-0/-5933	IZIM 2LIF	83	Yrs.	3 110010 11111.	June 5,	1914	Country	PA
	pur *		Usual Residence of Decedent  10a. State 10b. County		10c. City, Tow	n or Location				104	I. Inside City Limits
	lanyla sho	5								100	1 K Yas 2 No
	the N	ect	Maryland Montgo 10e. Street and Number	mery	Silve	r Spring 10f. Zip Code		100	. Citizan of Wi	not Country	
	with a	ā	2204 Westview	Ct.		20910			.S.A.	let Country	,
	leeth	Funeral Directo	11. Maritel Stetus	12. Wes Decedent	Ever in U.S.					- American	Indian
0	r Her	F	1 Never Married 2 Marriad	Armed Forces?			f Hispenic Origin? (Spuban, Mexicen, Puarto	Ricen, etc.)		White, etc	
070	urs e	þ	3 ☐ Widowed 4 ☐ Divorced	fX Yes 2 ☐ If Yes, Giva Yeer or Detes:	<sup>№</sup> WWII Korea	1 ☐ Yes 2 🛣 N	o Specify:		Specify:	White	e
21215-0020	72 hours effer deeth with the Maryland natural, or items 23s or 28s-1 show area Examerer must be notified at	Completed	15. Decedent's Ed	ducation		Decedent's Usuel Occ	upation	16	ib. Kind of Bus	iness/Indus	stry
2	within ene. than r	npie	(Specify only highest gra	College (1-4or :	5+)	(Give kind of work don life. DO NOT use reti	red)	any .			
	ed with ygiene. er ther	Ö			A	ttorney	_		elf-Er		yed
nd	tel H d oth	Be	17. Father's Name (First, Middla, Last)				18. Mother's Nem	e (First, Middla, Ma	iden Sumeme,	)	
3	should be filed v nd Mentel Hygie marked other t umatic event, th	P	Benjamin Auerb					e Kapli			
Maryland	12 sho h end r is me		19e. Informant's Name/Reletionship ( Rachel Auerbac			Meiling Address (Street		al Route Number, C	City or Town, S	tete, Zip Co	ode)
	1 and Heelth em 27		20e. Method of Disposition	II/WITE	-	ame as 10 Disposition (Neme of	7a - 101	Dete 20	c. Location - C	ity or Town	Ctato
Baltimore,	8 5 = 0		1 XBurial 2 ☐ Cremetion 3 ☐		cemeter	y, cremetory or other p	1				
Ħ	it. Puritme		4 Donation 5 Other (Specify 21. Signature of Funeral Service Lices	1 1	Mt. L	ebanon Ce		/6/9/ A	delphi	i, MI	)
Ba	permit. Page Department of important: if any injury or once.		15	- /	/	Ives-Pe	arson Fu				
		-	23a Partt Entertha disease or com	Len	the death Do	4/2 N. W	Jashingto	n St. F	alls (	Churc	pproximate
	Dhusisian		23a. Part1. Enter the disease, or corn shock, or bean failure. List only	one cause on each li	ne.	iot enter the mode of o	ying, soon es cerdiac	or respiratory arrest	ι,	In	itervel Between
	Physician /Medical		Immediate Ceuse (Finel	Ca	0015					0:0	e month
	Examiner		diseesa or condition resulting in deeth)	a. Sej	) 2 ()	consequence of):					C Minest [10]
ш		ē			Due to (or es a c	onsequence or).					
	The lew requires that the death certificate be executed at hes been signed by the ettending physician end page 2 should be deteched for use as the buriel-transit	Examiner	Sequentially list conditions.	b. ————	Due to (or es e o	consequence of):					
o	an er		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events							1	
68760,	ate by hysic the bi	Physician/Medical	thet initiated events resulting in death) Lest	C	Due to (or es e c	onsequence of):					
	ing p	Mec		d							
Box	eath cert ettendin for use	lan		d						1	
P.O.	the e	ysic	Pert II. Other significent conditions of		/		given in Pert I.	23b. Did toba	occo use conti	ribute to th	ne cause of death?
	ad by detec	문	End stage.	renal c	lisease	Anem	119 of	1 Tes	22 No 3	∃ □ Probat	bly 4 ☐ Unknown
Records,	uires thet the dea signed by the e	d by	, ( )	A /-	, ,	1000 1	1,	24e. Wes en e	nutonou	24h Wara	eutopsy findings
Ö	v require been si should	Completed	renal tailore,	Athenic	1800c	Mearl C	il sease	performe	ed?	eveila	able prior to plation of causa
Rec	hes hes ge 2	ם	Tan aboles	to V	alanal	Hock 1	Diene (	_		of dea	
a			Evicepoint	100, 10	rillolery!	VUSLUET	NOCH, Gary	n 1□Yes	2 400	1 🗆 Y	as 20 No
of Vital		Be	25. Was case referred to medical examiner?	Hospital:			ther:	h (Check only one)			
of	Phys ral di	- T	1 ☐ Yes 2 ☐ No  27. Manne of Death	1 ☑ Inpatie		tpatient 3 DOA	4 Li Nuising no	me 5 Residence 28d. Describe how			
O	ding th. Afte	to	1 Naturel 5 ☐ Pending 2 ☐ Accident investigation	(Month, De		njury W	ork? □ Yes 2 □ No		, , ,		
Division	or Attending efter death. Director: After d in by the fune	ilca ilca	3 Suicide 6 Could not be	e 28e. Plece of Inj	ury - At home, fa	rm, street, factory, office	9	28f. Location (Street	et and Number	or Rural R	loute Number,
ă	offe Direction	Certification:	4 ☐ Homicide	building, et	c. (Specify)			City or Town, S	State)		
	To the Hospital or Attending Phwithin 24 hours effer death.  To the Funeral Director: Affer this completely filled in by the funeral		29a. Certifier 1 Certifying Ph	ysicien: To the best	of my knowledge	, deeth occurred et the	time, dete end plece,	end due to the ceus	se(s) end men	ner es stete	ed.
	the Him 24 the Fu	edical	(Check only 2 Medical Examone)	ninar: On the basis of end menner ste	exemination end eted.	d/or Investigation, In my	opinion, death occur	red at the time, date	e end place, en	a due to th	e ceuse(s)
	To t	Z	29b. Signature and title of codifier	000	1	29c. Lice	nse number	29d	. Dete signed	(Month, De	y, Year)
	24		effrag	1 min	~~~		17 4188		1013	7,1	77+
			30. Name and address of person who	completed couse of d	leeth (Item 23e) (	Type, Print) 6	zu mo-	truce i	Zen d		
			Jetrvey A.	rerim	ntter	- MD, 1	Cockall	e mo	20	27	-
	Sta Regist		31. Deta filed (Monin, Dey, Year)	32. Registr	er's Signetura	B. 2.00					



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 2 3 2 4

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Deeth 3. Time of Death Dey 02 Yeef7 Month 07 **Physician** 0645 DAVID FLAVIO ALCANTARA JR /Medical 7. Aga (In yrs. last birthday)

17 Yrs.

40. City, Town, or L

18 Under 1 Yeer | If Under 24 Hrs. 4a. Fecility Neme (If not institution, giva street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Clinical Center National Madsomery If Undar 24 Hrs. 8. Data of Birth (Month, Dey, Year) 5. Sociel Security Number 9. Birthplace (State or Foreign Country) **Funeral** 1₫M 2□ F N/A Director June 19,1980 Dominican Rep. Usual Residence of Decedent with the Maryland 10e Stete 10b. County 10c. City. Town or Location 10d. fnslde Clty Limits 7 is merked other than "natural", or items 23s or 28s-f shot traumatic event, it is Medical Examiner main be notified at NO Yes 2 □ No Washington, D.C. Director none 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? resident alien 20011 1532 Varnum Street, N.W. death 12. Was Decedant Ever In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indian, Black, White, etc. Peges 1 and 2 should be filled within 72 hours effer rent of Heelth and Mentel Hygiene. nt: If Item 27 Is marked other than "natural", or Ite 1 Nevar Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Giva Yeer or Detes: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify þ 3 ☐ Widowed 4 ☐ Divorced Specify: hispanic Dominican Republic Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) Coilege (1-4or 5+) high school student 11 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meidan Surnama) Mercedes Sanchez David Flavio Alcantra 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Routa Number, City or Town, Stete, Zip Code) 1532 Varnum St., N.W., Wash., DC 20011 Mercedes Ross/mother other 1 20b. Plece of Disposition (Nema of cematary, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete permit. Peges Depertment of Important: If it sny Injury or o 1 Burial 2 Crametion 3 Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) Metropolitan Crematory July 8,97 Alexandria, Va. 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility DeVol Funeral Home 2222 Wisconsin Ave., N.W., Wash., DC 20007 Emis LAZZ WISCONSIN AVE., N. W., Was was find the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, flock, or heart failure. List only one cause on each line. Approximete Intervel Between Onsat and Daath **Physician** /Medical Immediete Ceuse (Finel CARDIORESPIRATORY diseese or condition resulting in deeth) Examiner Examiner Rhandomy ostorcom physician end the buriel-transit Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseesa or Injury that Initiated events resulting in deeth) Last Metastatic Box 68760. Knabdo mi 105avcoma Physician/Medical 88 ettending p signed by the e P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, þ 24e. Wes an eutopsy performed? 24b. Were autopsy findings evailable prior to complation of causa of death? Completed peeu hes 1 Yes 2 No certificate 25. Wes cese referred to medicel examiner? Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2 No 1 Inpatient 2 □ ER/Outpetient 3 □ DOA this funeral 28c. Injury et Work? 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Describe how Injury occurred 28b. Time of Certification: After 5 Pending Investigation 1 Netural or Attendin efter deeth. Director: Aft 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 - Homicide Hospital 24 hours 24 hours 29a. Certifier Medical 1 🖪 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the ceuse(s) end menner as stated. (Check only one) 2 Medical Examinar: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and manner stated. To the within 2 29b. Signetura and title of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) 2 MD 2101007 30. Nama end address of person who completed cause of death (Item 23e) (Type, Print) Pm 13N240 Fox REDIATRIC MD 972. Registral's Gignature. State Registrar

Baltimore, Maryland 21215-0020

**Physician** /Medical

Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effect death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the burle-transit completely filled in by the funeral director, page 2 should be detached for use as the burle-transit

Completed by

Be

Medical Certification: To

Division of Vital Records, P.O. Box 68760.

RAY ADAM	5			State	n waiyi	anu / L		tificat				/lental Hy	Reg. No.	6	2325
Physic /Medi		Decedent's Nem     Ray	e (First, Middl Steve		ıs							2. Dete of De Month JULY	Dey	Yeer 1997	3. Tima of Deeth 7:25P.M
Exami		4e. Fecility Name (	If not institution	n, give streat end nu	mber)						Town, or L	ocation of Deat		ty of Deeth	1
Funeral Director		5. Social Security N 217–62–34	lumber 159	6. Sex 1/2/M 2□ F	7. Aga (In )		thday) Yrs.	If Under Months	1 Year Days		ar 24 Hrs. Min.	8. Date of Bir (Month, De May 27	th ey, Yeer)	9. Birth	oplece (State or Foreigntry) Tyland
r the Maryland	ctor	Usual Residence of 10e. State Maryland	10b. County	ford	10c.	City, Tow									10d. Inside City Limits
urs after death with al', or Items 23a ov Examiner must be	ral Director	10e. Street and Nur 57 Abe	mber erdeen	Avenue				10f. Zip		001			10g. Citizen of U.	Whet Cou	untry?
	by Funeral	11. Marital Status 1 ☐ Nevar Marri 3 ☐ Widowed		If Yes, G			If	Vas Deced Yes, spec	ify Cub	en, Maxid	an, Puerto	pecify Yes or No Ricen, atc.)		ack, White	
"natur	leted	(Spec	15. Deceden	t's Education st grade completed)		16a.	(Giva I	ent's Usue kind of wor	k done	during m	ost of work	ring	16b. Kind of I	Business/I	ndustry
d withir giene. r then	Completed	Elamentery/Seco	ondery (0-12)	College (	1-4or 5+)			o NOT us Orer	e retire	əa)			Constr	uctio	on
permit. Peges 1 and 2 should be filed within Department of Heelth and Mentel Hygiene. Important: If Item 27 is marked other than any injury or other traumatic event, Item and once.	To Be C	17. Father's Neme Ray Ada		Last)						18. Mo		e (First, Middle, ene Mul		me)	
		19a. informent's Ne Timothy A					_					ral Route Numb			ip Code)
Peges 1: nent of He int: If Item		20a. Method of Disp Burial 2 4 Donetion	Cremetion	3√Removal from pacify)		b. Place of cemeter					ery 7	Date 7/9/97	20c. Location		own, Stete

22. Name and Address of Fecility
Tarring-Cargo Funeral Home, P.
Aberdeen, Maryland 21001-3399 21. Signetyre of Funeral Service Licenses ad tha death. Do not antar the mode of dying, such as cerdiac or respiratory arrest.

Immediete Cause (Final diseese or condition resulting in deeth)

Due to (or as e consequence of)

Physician/Medicai Examiner Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Lest

29b. Signature and title of certifie

Due to (or as a consequence of):

Part II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown

JULY 5, 1997

24e. Wes an autopsy performed?

24b. Were eutopsy findings aveilable prior to completion of ceusa of deeth?

1 Yas 2 No 1 Yes 2 No

Approximata Intervel Batween Onset end Deeth

25. Was case referred to medical exeminer? 26. Place of Death (Check only one)

Other: 4 Nursing Homa 5 Residence 8 MOther (Specify) 1X Yes 2 No 1 inpatiant 2 ER/Outpetient 3 DOA ROAD Date of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 1 Netural 5 Pending

O.C.M.E.

1 Yes 2 No Investigetion 4.97 2. Accident 6 Could not be determined Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 4 - Homicide

28f. Location (Street end Number or Rural Route Number, City or Town, Stete) oad

1 Certifying Phyeician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

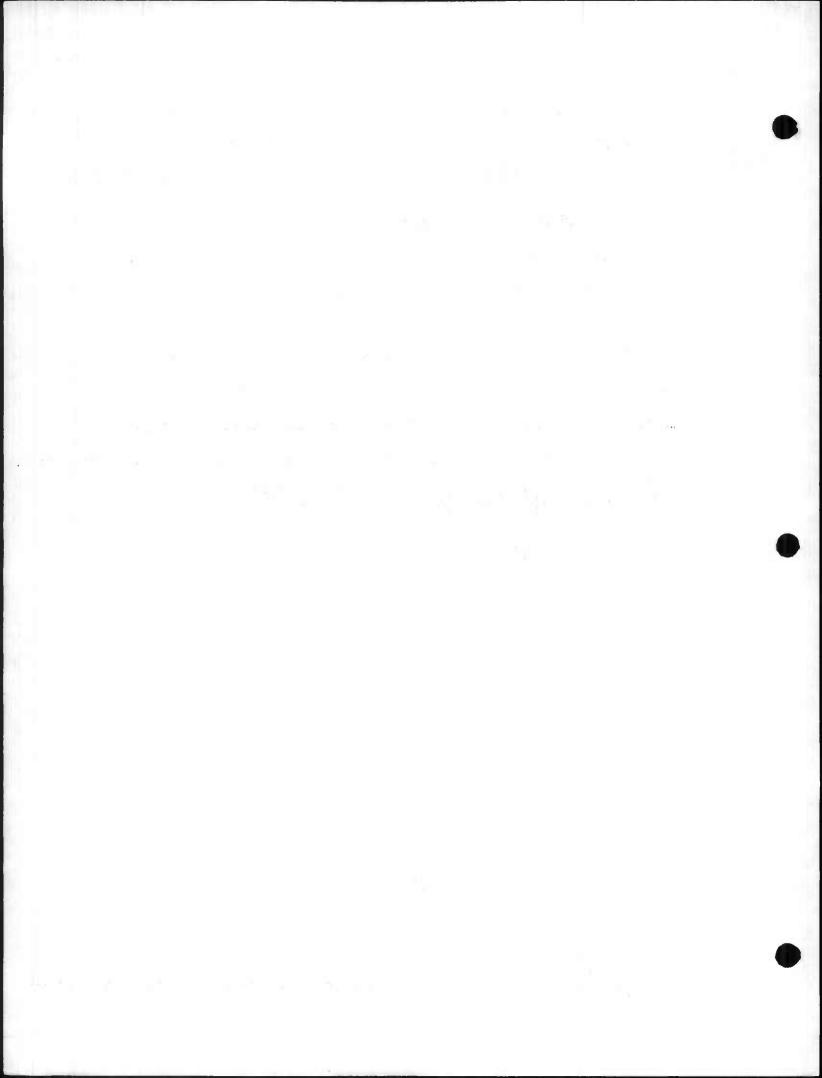
Medical Examiner: On the best of exemination end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner steted. 29a. Certifier

29c. License number 29d. Date signed (Month, Dey, Year)

cried cause of deeth (Item 23e) (Type, Print)

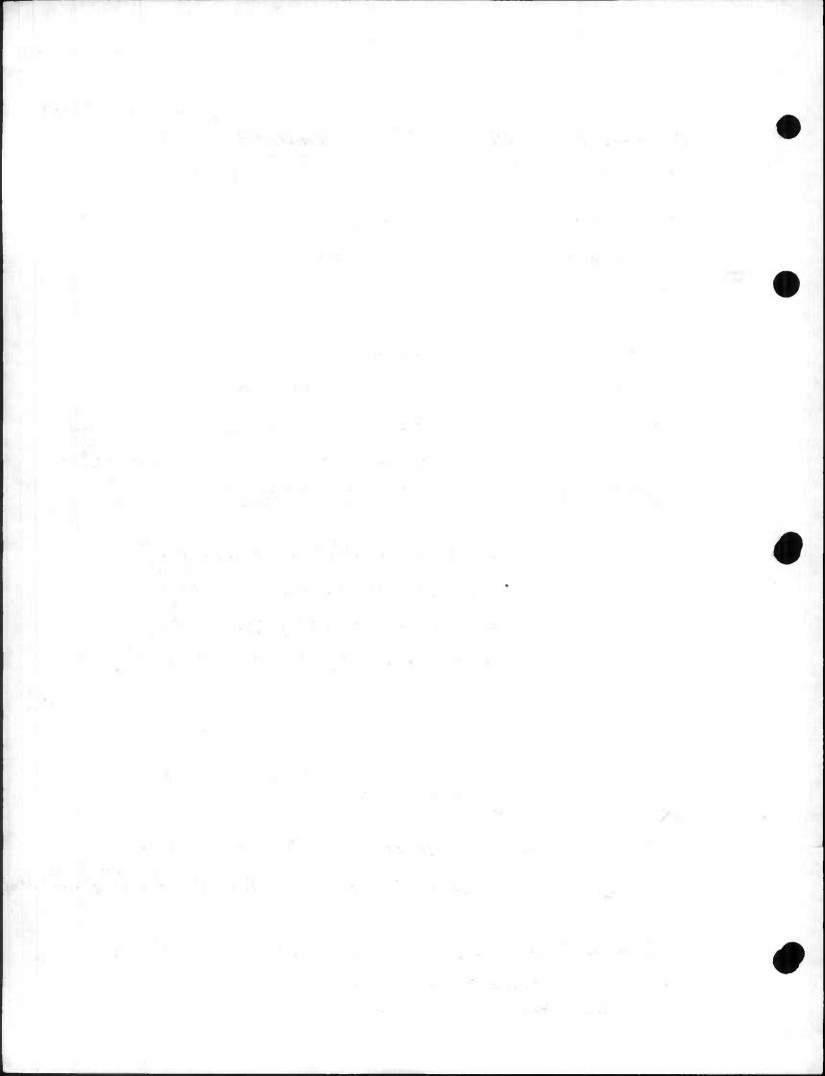
111 Penn Street, Baltimore, Maryland 21201

State Registrar



State of Maryland / Department of Health and Mental Hygiene Q 7712225

<b></b>		Decedent's Name (First, Middle	e, Last)				-		2. Date of Dea			<ol><li>Time of Dea</li></ol>
Physic /Medi		CHRISTIN		(ANI	DER				Month	Day	Year 97	00:34
Exami		4a. Facility Name (If not institution UNIVERSITY OF	, give street and number)	Shock	Trakma	ienter	4b. City, To	wn, or Lo	ocation of Deeth	4c. Cour	nty of Deat	h
Funeral Director		5. Social Security Number  212-84-0001  Usuel Residence of Decedent	4 D M OM F	ge (In yrs. Ia ? 1		if Under 1 Year Months Days		24 Hrs. Min.	8. Date of Birth (Month, Day Jan 7	7. Year) 1976	Co	hplece (State or Foi untry) Yland
No to		10e. Stete 10b. County		10c. City,	Town or Loca	ation						10d. Inside City Lie
r 28a-f show	ţo	MD Cecil	)	Ch	esapeak	e Citu						1X Yes 2
or 28s	Director	10e. Street and Number			2 300/3 200/	10f. Zip Code				10g. Citizen o	of What Co	untry?
238		232 Biddle St				219	15			USA		
naturel', or items 23a or 28a-f ehow dical Examiner must be notified at	by Funerai	11. Marital Status  1 🔀 Never Married 2 🗆 Marri 3 🗆 Widowed 4 🗆 Divorced	12. Was Decedent Armed Forces? led 1 Yes 2 X If Yes, Give Year or Dates:		If Y		Hispanic Ori pan, Mexicer		ecify Yes or No- Rican, etc.)		lack, White	rican Indian, e, etc. Vhite
natur	sted	15. Decedent (Specify only highes	t's Education		16a. Deceder	nt's Usual Occu	pation	t of work	ina	16b. Kind of	Business/I	Industry
than "r	Completed	Elementery/Secondary (0-12)	College (1-4or	5+)		nd of work done NOT use retire	ed)	. o. work				
	S	12	t and		Homema	iker	46.1			Home		
₽ d e	Be	17. Fether's Neme (First, Middle, I Kevin Bowe	Last)						(First, Middle,	Maiden Sum	ame)	
marked o	10		- C 2::		401-11-11			n Ma				
Ta la		19a. informant's Name/Relationsh							al Route Numbe			0
artment of Heelt ortant: If Item 27 Injury or other		Dawn Caleb, Mo  20a. Method of Disposition  1 △ Gurial 2 □ Cremation  4 □ Donation 5 □ Other (Sp.	3 □Removal from State pecify)	1	ece of Disposit metery, crema thel Cel	tion (Name of itory or other pla metery	July	14 19		20c. Location Chesape	n - City or 1	Town
Depa Impor any in		21. Signature of Funeral Service I	Licenseo	_	R. 111	Name and Addr T. Fow I. S. Quee	ess of Facility  Id Fun	eral	Home, ing Sun	PA ND 21	arke	Y
g physician end as the buriel-transit		Immediate Cause (Final disease or condition resulting in death)	a. SEM			+ABDOM	INAL	He	LORBITA	# 0		Onsot and pour
ya physician end as the buriel-transit	Medical Examiner	disease or condition	b. STAT	Due to (or Due to (or a	as a conseque  POST as a conseque  MULTI as a conseque	MOTOR  MOTOR  ance of):  PLE  ince of):	Bone	HCUE Y F	RACTW	190	Jury	
ya physician end as the buriel-transit	Medicai	disease or condition resulting in death)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	b. STAT  c. PELI  d. SP	Due to (or Due to (or a Due to	as a conseque POST as a conseque MULTI as a conseque RWP	PTURE	SEV	HCVI Y F ERE	PACTW LLVT	2 IN	contribute	to the cause of de
ya physician end as the buriel-transit	Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	b. STAT  c. PELI  d. SP	Due to (or Due to (or a Due to	as a conseque POST as a conseque MULTI as a conseque RWP	PTURE	SEV	HCVI Y F ERE	PACTM E LLVT 23b. Did to	25 IN	contribute 3 □ Pr	to the cause of de obably 4 ⊡ Onk
hes been signed by the ettending physician end in a special be deteched for use as the burlet-transit in the contraction in the	Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	b. STAT  c. PELI  d. SP	Due to (or Due to (or a Due to	as a conseque POST as a conseque MULTI as a conseque RWP	PTURE	SEV	HCVI Y F ERE	23b. Did to 1 Did to perfor	Description of the second of t	contribute  3 Pr	to the cause of de obably 4 onk  Were eutopsy finding a veileble prior to completion of ceuse of death?
ste hes been signed by the ettending physician end page 2 should be deteched for use as the buriel-transit	Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Pert II. Other significant condition	b. STAT  c. PELI  d. SP	Due to (or Due to (or a Due to	as a conseque POST as a conseque MULTI as a conseque RWP	PTURE	SEV	HCU Y F	23b. Did to 1 D Y	obacco use of the 2 No.	contribute  3 Pr	to the cause of de obably 4 onk
ste hes been signed by the ettending physician end page 2 should be deteched for use as the buriel-transit	Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Pert II. Other significant conditions.	b. STAT  c. PELL  d. SP	Due to (or Due to (or LENIC	as a conseque POST as a conseque MULTI as a conseque C RWP	PLE proce of):  PLE proce of):  PURE processes a serving cause gi	SEV	HCURY F	23b. Did to 1 24e. Wes a perfor	obecco use of the control of the con	contribute  3 Pr  24b. V	to the cause of de obably 4 onk  Were eutopsy findir aveileble prior to completion of ceuse of death?
ste hes been signed by the ettending physician end page 2 should be deteched for use as the buriel-transit	To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Pert II. Other significant condition  25. Was case referred to medical examiner?  1 Yes 2 No  27. Manner of Death	b. STAT  c. PEL  d. SP  Hospital: 1 Pinpatie  28a. Date of inju	Due to (or Due to (or LENIC	as a conseque  POST as a conseque  MULT? as a conseque  C RUP  ting In the unde	ence of):  MOTOR ence of):  PLE ince of):  PTURE  ertying cause gi	SEV	HCUS	23b. Did to 1 D Y	obacco use of ves 2 No No ne ultopsy med?	24b. v	to the cause of de obably 4 onki
ste hes been signed by the ettending physician end page 2 should be deteched for use as the buriel-transit	To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Pert II. Other significant condition  25. Was case referred to medical examiner?	b. STAT  c. PELL  d. SP  Hospital: 1 Impatie  28a. Date of inju (Month, Da	Due to (or Due to (or LENIC	as a conseque  POST as a conseque  MULT? as a conseque  ting In the under  R/Outpatient  28b. Time of Injury	ence of):  MOTOR ence of):  PLE ince of):  PTURE  erlying cause gi	SEV	HCUS	23b. Did to 1 24e. Wes a performance 5 Residente	obacco use of the second of th	contribute 3 □ Pr  24b. v e c c c c c c c c c c c c c c c c c c	Nere eutopsy findin sveileble prior to completion of ceuse of death?
ste hes been signed by the ettending physician end page 2 should be deteched for use as the buriel-transit	To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Pert II. Other significant condition  25. Was case referred to medical examiner?  1	b. STAT  c. PEL  d. SP  Hospital: 1 Impatie  (Month, Da  Officion of be	Due to (or Due to (or Control of	as a conseque  POST as a conseque  MULTI as a conseque  RWP  ting In the under  R/Outpatient 28b. Time of Injury Ine, farm, street	ence of):  MOTOR ence of):  PLE ince of):  PTURE  arriving cause gi  Berlying cause gi  28c. linju Woo M  1  it, factory, office	SEV ven in Part i	of Death	23b. Did to 1 24e. Wes control of the control of th	obacco use of the control of the con	contribute  3   Pr  24b. V  6   6   7   7   7   7   7   7   7   7   7   7	to the cause of de obably 4 onk  Were eutopsy findir aveileble prior to completion of ceuse of death?  Yes 2 No
ste hes been signed by the ettending physician end page 2 should be deteched for use as the buriel-transit	Certification: To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Pert II. Other significant condition  25. Was case referred to medical examiner?  1	hospital: 1 Minpatie  28a. Date of injusted of the part of the par	Due to (or Lender of the Control of	as a conseque  POST as a conseque  MULT7 as a conseque  RUP  ting In the unde  R/Outpatient 28b. Time of Injury 9:32 P Road c ledge, death or	ance of):  MOTOR ance of):  PLE ance	26. Place her: 4 Nu	HCURY F	23b. Did to 1 24e. Wess of performance of the perfo	obacco use of the second of th	24b. V 24b. V 24b. V 24b. V 3 Pr  24b. V 3 C 3 C 3 C 3 C 3 C 4 C 4 C 4 C 4 C 4 C 4 C 4 C 4 C 4 C 4	Nere eutopsy findin eveileble prior to completion of ceuse of death?  Were 2 No Sify)
hes been signed by the ettending physician end in a special be deteched for use as the burlet-transit in the contraction in the	To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Pert II. Other significant condition  25. Was case referred to medical examiner?  1 Yes 2 No  27. Manner of Death 1 Natural 5 Pending investig 3 Suicide 6 Could in determit of the condition of the co	h. STA  c. PEL  d. SP	Due to (or Lender of the Control of	as a conseque  POST as a conseque  MULT7 as a conseque  RUP  ting In the unde  R/Outpatient 28b. Time of Injury 9:32 P Road c ledge, death or	ance of):  MOTOR ance of):  PLE ance	26. Place her: 4 Nury at rk? Yes 220	HCURY F	23b. Did to 1 24e. Wes a performance 5 Residual Resort Performance 5 Residual Resort Performance 1 Resort Performa	obacco use of the second of th	24b. V. Special Contribute (Special Contribute Contribu	to the cause of de obably 4 onk  Were eutopsy findir sveileble prior to completion of ceuse of death?  Were 2 No cify)  The State Number, steted. to the cause(s)
ste hes been signed by the ettending physician end page 2 should be deteched for use as the buriel-transit	edical Certification: To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Pert II. Other significant condition  25. Was case referred to medical examiner?  1 Yes 2 No  27. Manner of Death 1 Natural investigation investig investigation investig investigation investig investigation investig investigation investig investigation investigation investigation investig investigation investigat	h. STA  c. PEL  d. SP	Due to (or Lender of the Control of	as a conseque  POST as a conseque  MULT7 as a conseque  RUP  ting In the unde  R/Outpatient 28b. Time of Injury 9:32 P Road c ledge, death or	ance of):  MOTOR  ance of):  PLE  ince of):  PTURE  ance of):  anc	26. Place her: 4 Nury at rk? Yes 220	of Death irrsing Ho	23b. Did to 1 24e. Wes a performance 5 Residual Resort Performance 5 Residual Resort Performance 1 Resort Performa	obacco use of the control of the con	24b. V. Special Contribute (Special Contribute Contribu	to the cause of de obably 4 onk  Nere eutopsy findir sveileble prior to completion of ceuse of death?  We will be prior to completion of ceuse of death?  We will be prior to complete on the cause of death?
ste hes been signed by the ettending physician end page 2 should be deteched for use as the buriel-transit	Medical Certification: To Be Completed by Physician/Medical	disease or condition resulting in death)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last  Pert II. Other significant condition  25. Was case referred to medical examiner?  1 Yes 2 No  27. Manner of Death 1 Natural investigation investig investigation investig investigation investig investigation investig investigation investig investigation investigation investigation investig investigation investigat	Hospital:    Hospital:   Impatie	Due to (or Due to (or	as a conseque  POST as a conseque  MULTI as a conseque  RWP  ting In the unde  Injury  9:32 P  ne, farm, street  ROCCO  Ledge, death or	ance of):  MOTOR  ance of):  PLE  Ince of):  PURE  ance of):  PURE  ance of):  PURE  ance of):  ance of):  PURE  ance of):  ance of)	26. Place her: 4 Ne ny at rik?  The date an opinion, dee se number	of Death irrsing Ho	23b. Did to 1 24e. Wes a performance 5 Residual Resort Performance 5 Residual Resort Performance 1 Resort Performa	obacco use of the control of the con	24b. V. Special Contribute (Special Contribute Contribu	to the cause of de obably 4 onkil  Were eutopsy findin sveileble prior to completion of ceuse of death?  Were 2 No cify)  Tal Route Number, steted. to the cause(s)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 22327

						Cert	tificate of	Death			Reg. No.			
			1. Decedent's Neme (First, Middle, L.	ast)						2. Deta of De	eth		3. Time of Death	_
	Physici /Media		Emma B.	ARCh	9					July	O (o	Year 1997	11:10am	
	Examir		4a. Facility Neme (If not institution, gi					4b. City, Tov	wn, or Loc	ation of Deeth				
			Golden Age Gi	uest Ho	me			Syke	svill	e	Cari	roll		
	Funeral		5. Sociel Security Number 6.	Sex 7. Age	(In yrs. last birt	hday)	If Under 1 Yaa Months Deys		24 Hrs.	8. Dete of Birt (Month, De	h v Year)		oce (Stete or Foreign	
	Director	1	219-54-7520	1 M 2 D/F	92	rs.	Working Doys	riouis	14000	3-13	-1905	MD		
	p ,		Usuel Rasidance of Decedent  10e. State 10b. County		10. Ob. T.		-4'-							
	enyle show	<u>_</u>	77.20	11	10c. City, Town	or Loca		-177				100	d. Inside City Limits	
	the Merylen 28s-f show	ct	MD Carro	11			Sykes	ville					1 □ Yas 2X No	
	or 2	Director	10e. Street end Number				10f. Zip Code				10g. Citizen of W	/het Countr	y?	
	23a	20	1442 Buckhorn R	oad			21	784			1	USA		
	ter death w Items 23s	Funeral	11. Marital Status	12. Was Decedent E Armed Forces?		13. W	as Dacedant of Yes, specify Cul	Hispanic Original, Maxican,	gin? (Spec , Puarto R	cify Yes or No- lican, atc.)	- 14. Race Blec	e - Amarica: k, White, et		
20	or it	by Fi	1 Never Merried 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 ☐ Ŋ If Yes, Give Yaar or Detes:	Ď.		□Yas 2∏No				Specify			
21215-0020	s 1 end 2 should be filed within 72 hours after death with the Meryland I Heelth end Mental Hyglene.  tem 27 is marked other than "netural", or items 23s or 28=4 show other traumatic event, the Medical Examinet must be rectified at		15. Decedent's E	ducation	18a.	Decede	nt's Usuel Occu	petion	TW 2000		16b. Kind of Bu	sinass/Indu	ustry	_
215	hin 7	Completed	(Specify only highast gr Elamantary/Secondary (0-12)	a <i>de completed)</i> Collega (1-4or 5-	4)	(Give ki	ind of work done O NOT use retin	e during most ed)	of workin	g				
21	d wil	D.O.	7	00110ga (1 401 0	"	He	omemake:	r			Dor	mesti	C	
Pu	be filed tral Hygid d other event,	Be (	17. Fathar's Name (First, Middla, Las	1)					r's Neme	(First, Middla,	Malden Sumem			
<u>la</u>	uld b Venta	To	John H. Hines					1	Marv	Murph	ıv			
Maryland	2 should be filed within on the marked other than farmetic event, the Mannetic event, the Mannetic event, the Mannetic event, the Mannetic event, the Mannetic event, the Mannetic event, the Mannetic event, the Mannetic event, the Mannetic event, the Mannetic event, the Mannetic event, the Mannetic event, the Mannetic event, the Mannetic event, the Mannetic event, the Mannetic event, the Mannetic event, the Mannetic event e		19e. Informent's Neme/Reletionship					at and Number	r or Rural	Route Number	er, City or Town,	Steta, Zip C	2oda)	Ī
-	end 2		Mrs. Dorothy Cla	rk (Daughte	er) P.	0. 1	Box 11 (	Glenel	g, MI	21737				
ore			20a. Method of Disposition	70	20b. Plece of cematar	Disposi	ition (Neme of atory or other pla	ace)		Deta	20c. Location -	City or Tow	n, Stete	
Ĕ	nit. Pages 1 end 2 ertment of Health of ortant: if Item 27 is injury or other tra		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci		Emman	uel	U.M. C	emeter	y 7/	10/97	Scaggs	ville	, MD	
Baltimore,	F. F. F. F.		21. Signeture of Funeral Service Lice	1   mage		22	Name and Add	ess of Facility	HOME	2. CHA	PEL (Box	v 105	\	
m	Dep any		Buan 2	Hey a		S	vkesvil	le. MD	2178	34 (410	1)-795-14	400	,	
			23a. Pert1. Enter the disaasa, or con shock, or heart feilure. List only	pplications that caused	the deeth. Do n								Approximete Intarval Between	-
1	Physician		stook, of float foliate. Est only	One delicated and an info	0.							' (	Onset end Deeth	
-41	/Medical Examiner		Immediate Causa (Final disease or condition	1. Dehy	deat	ion	2	Care	Mis	Juli	norma	4		
п	Examinei		resulting in deeth)		Due to (or es a c	onsequ	ence of):	\			Ten le			
	be si	ine	_	oure	en	3	) 1	M	{}	- 0	my wa	2		
	deeth certificate be executed ettending physicien and for use es the buriel-transit	Examiner	Sequentielly list conditions, if eny, leading to immadiete	C	Due to (or es a c	onsequ	ance of):	0		C 10:	ntoka			
68760,	be e iclen burie		Sequentielly list conditions, if eny, leading to immadiete cause. Enter Underlying Cause (Diseese or Injury that initiated events	c. Type	mori			Cer	,	7 (00	~	i		
387	phys s the	Medical	resulting in death) Last	0	Dua to (or as a co	onseque	ance of):							
	certifice Iding ph		L	d. ( ) 01	ngh	•								
Box	ettendi for use	ciar			Υ					1				_
0	het the de ad by the deteched	Physician/	Part II. Other significant conditions		t not resulting In	tha und	derlying cause g	iven in Pert I.					the cause of death?	
0	es thet the igned by be detected		HTN. AR	mentia	. 4	2 4	ei me	Ý·		10	Yes 2 No	3 Probe	ably 4 Honknown	-
of Vital Records,	lew requires that the es been signed by th 2 should be deteche	d by	R'1 1- 1	1/ -			860	0.0	1 4	24a. Wes	en eutopsy		e eutopsy findings	_
000	w require been si should	Completed	137 mun 2 1	ork VI	non	1	00	CV	4	perfo	rmed?	com	lable prior to pletion of cause seth?	
æ	0 50	E C								10	Van 2016		Yes 2 No	
ta	delan: The	0	25. Was casa referred to medical					OF Diago	of Dooth			- '-	Tes ZLINO	_
5		0	examiner?	Hospital:	nt 2 ER/Out	mations	3□ DOA O	ther		(Check only o	dence 6 □Othe	an (Canaiha)		-
			27. Menner of Deeth	28a. Dete of Injury	y 28b. T	ime of	28c. Inju		-		how Injury occurr			-
Ö	Attending ir death. ector: After by the fune	atio	1 ☐ Naturel 5 ☐ Pending 2 ☐ Accidant Investigation	(Month, Dey	Year) In	njury		ork? ]Yes 2.∐N	No					
Division	or Attendi	ffice	3 ☐ Sulcide 6 ☐ Could not b	28a. Piece of Inju		m, stree	et, fectory, office	)	2	8f. Location (	Street end Numb	er or Rural	Routa Number,	-
Ö	o effect	Certification:	4  Homicide	building, etc.	. (Specify)					City or Tov	vn, Stete)			
	houn houn mera ly fille		29a. Certifier 1 Certifying Pt	nyelclan: To the best of	my knowledga,	death o	occurred et the t	time, dete end	d plece, er	nd due to the	cause(s) end ma	nnar as sta	ted.	_
	To the Hospital or Attendi within 24 hours effer death. To the Funeral Director: A completely filled in by the fi	edical	(Check only 2 Medical Example one)	miner: On the basis of end menner stel	examination end	vor Inva	istigetion, in my	opinion, daeti	n occurre	a et the time,	gete end plece, a	and due to t	ne cause(s)	
	To t	Σ	29b. Signatura and titla of certifiar	C			_	sa number			29d. Data signed	I (Month, D	ey, Year)	
			homila	Sine	うかん	0	D 3	30119	9.		1115	9/		
			30. Neme end eddress of person who							14 /	2 1 6	lead		
			AUTIA112	5 1201	101	6	nint)	72 C	VLS.	ille	ca 3	Kell	v:11c	
	Sta	te	31. Dete filed (Month, Day, Year)		r's Signature								. ( 4 )	7

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician	
/Medical	
Examiner	

4a. Fecility Neme (If not institution, give street end number) Dorchester General Hospital

Mabel Grove Bosworth

1. Decedent's Neme (First, Middle, Lest)

July 14, 4b. City, Town, or Location of Deeth

2. Dete of Deeth

8. Dete of Birth Month, Day, Year Dec 11, 1903

Day 1997 5:00 PM 4c. County of Deeth

5. Social Security Number 180-28-5207

7. Age (In yrs. lest birthday) 1□M XX F

Cambridge If Under 24 Hrs. Hours Min. If Under 1 Year

Dorchester

**Funeral** Director

or 28a-f show

Director

Funeral

þ

Completed

permit. Peges 1 end 2 should be filed within 72 hours efter death with the Marylei Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "natural", or itams 23a or 28a-f show any Injury or other traumatic event, the Medical Examinar must be notified as

Baltimore, Maryland 21215-0020

10a. State Maryland 10b. County Dorchester 10c. City, Town or Location Fishing Creek

Yrs.

10d. Inside City Limits 1 ☐ Yes 2 ☐ No

9. Birthplece (State or Foreign

Pennsylvania

10e. Street end Number

2630 Hoopers Island Road

Usual Residence of Decedent

13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.)

14. Race - American Indien, Bleck, White, etc.

1 Never Married 2 Married XX Widowed 4 Divorced

12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ♣D No If Yes, Give Yeer or Dates:

93

1 □ Yes AN No Specify:

21634

10f. Zip Code

White Specify

15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12)

College (1-4or 5+)

16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) Registered Nurse

16b. Kind of Business/Industry Health Care

10g. Citizen of Whet Country?

US

17. Fether's Neme (First, Middle, Last)

William H. Grove

18. Mother's Name (First, Middle, Maiden Surneme)

19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)

Bertha Bower

19a. Informent's Name/Relationship (Type, Print)

Son

P.O. Box 238 Fishing Creek, Maryland 21634

John G. Bosworth

4 ☐ Donetion 5 ☐ Other (Specify)

20b. Plece of Disposition (Name of cemetery, cremetory or other place) Wildwood Cemetery

20c. Location - City or Town, Stete 7/19/97 Williamsport, PA

21. Signature of Huneral Service Ligensee

22. Name end Address of Fecility

Thomas Funeral Home, P.A.

700 Locust Street Cambridge, Maryland 21613 23e. Pert1 There the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock or heart failure. List only one cause on each line.

Physician /Medical Examiner

The law requires that the death certificate be executed

USB

signed by

After this certificate hes

the funeral

completely filled in by

To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica

Be Completed

2

Certification:

Medical

State Registrar

Division of Vital Records, P.O. Box 68760.

sician end bunel-transit by Physician/Medical the

Due to (or es e consequence of)

Due to (or es e consequence of)

Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initialed events resulting in deeth) Lest

Immediate Ceuse (Final diseese or condition resulting In death)

23b.	DId	tobacco	use	contribute

e to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Striknown

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

24e. Wes en eutopsy performed?

1 Tes

24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth?

1 mm

25. Wes case referred to medical examiner?

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Sesidence 6 Other (Specify)

2 No

1 ☐ Yes 2 No

1 Yes 2 No 27. Menner of Deeth 1 Accident

4 Homicide

5 Pending investigation 6 Could not be determined 3 Suicide

28c. Injury et Work? 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28d. Describe how Injury occurred 1 Yes 2 No

29a. Certifier 1 Settifying Phyeician: To the best of my knowledge, death occurred et the time, dete and place, end due to the ceuse(s) and manner es stated.

2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred et the time, date end place, and due to the ceuse(s) end menner stated. (Check only

28f. Location (Street and Number or Rurel Route Number, City or Town, State)

29b. Signeture end title of certifier

29c. License number

29d. Dete signed (Month, Dey, Year)

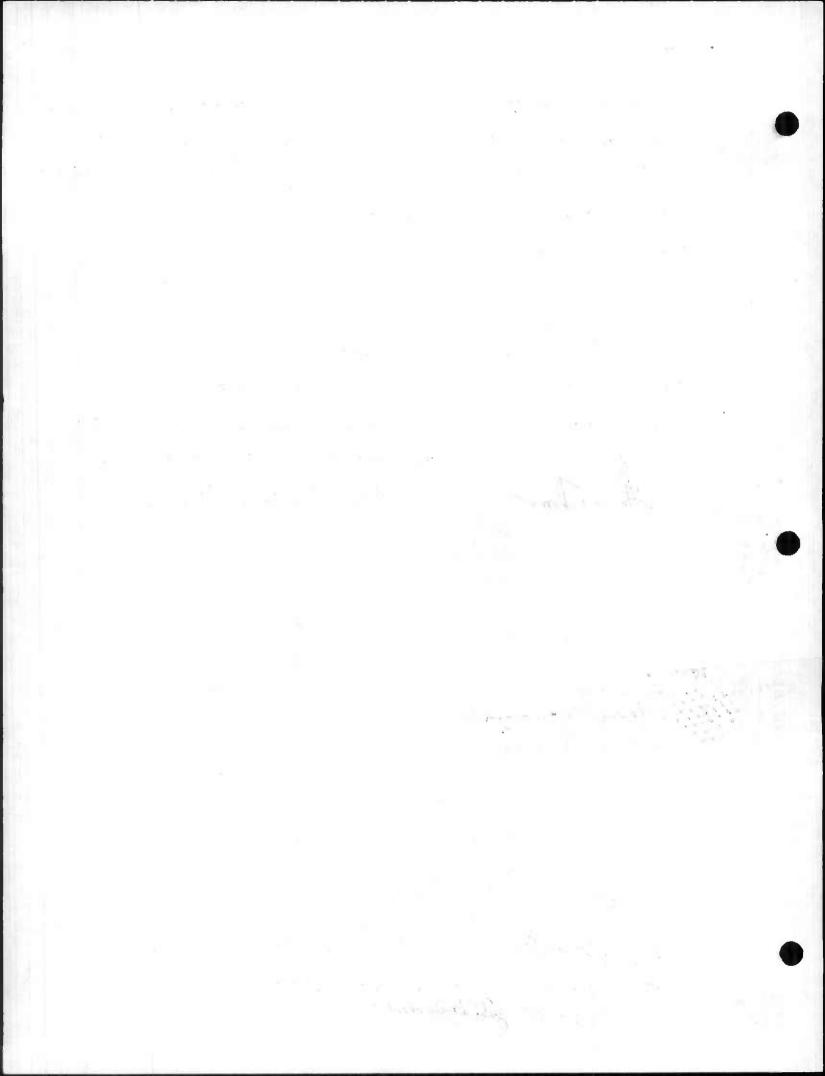
30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print)

Michael Fadden, MD

31. Date filed (Month, Dev. Year)

408 Byrn St., Cambridge MD 21613 32. Repaire's Signature Randoll

eccus.



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

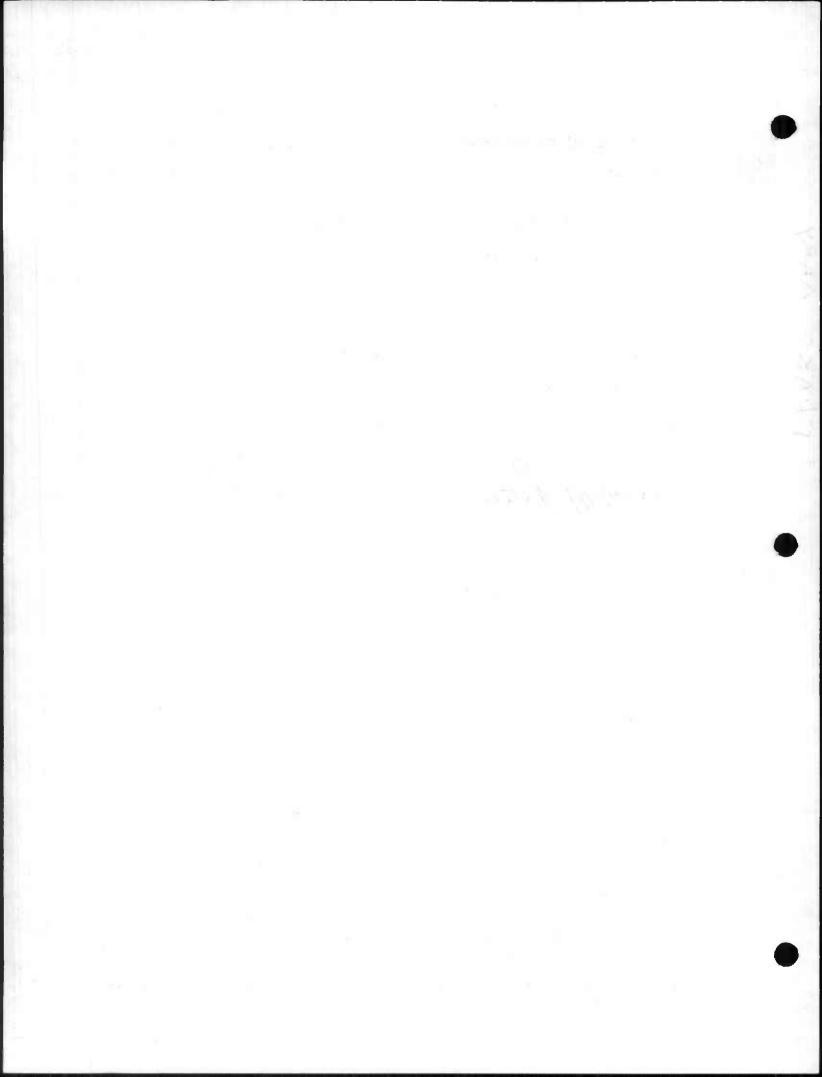
State of Maryland / Department of Health and Mental Hygiene 2 2 3 2 9

						Ce.	rtificate	e of	Death			Reg. No.				
	100		1. Decedent's Name (First, Middle	Last)							2. Data of De				3. Time of D	eath
	Physic		HARRY	L			BER	NS	TEIN	/	JULY	/ Bey	10	Yeer 797	7:10	PN
1	/Medi Exami		4e. Fecility Neme (If not institution,	give street end i	num <i>ber</i> )						cation of Deel		County			
AL.	LXaiiii	iici	Suburban Hos	nite1				1	Bethe	cha						
_	Francis			6. Sex	7. Age (In yrs. I	last birthdav)	if Under		If Under 2		8. Dete of Bi	rth		gome		Foreign
П.	Funeral Director	Н	084-07-4395	1 ☑ M 2 □ F		Yrs.	Months	Days	Hours	Min.	8. Dete of Bi (Month, De	ey, Yeer)	0.7	Count	lece (Stete or I	oroigir
			Usual Residence of Decedent								Apr.2	1,13	107	New	IOTK	
	dend W & M		10e. Stete 10b. County		10c. City	, Town or Lo	ocation							10	0d. Inside City	Limits
	Mary Mary	ō	Maryland Mont	omerv	Roc	ckvi1	10								1 ☐ Yes 2	!□ No
	28a the	9	10e. Street end Number	500_ )	110	310 7 2 2	10f. Zip	Code			1	10a Citiz	zen of W	het Count	tn/2	
	With With	ā	6121 Montros	Poed				852					S.A			
	23 at	a a		-	on deat English 11	0 140										
	is 1 end 2 should be filed within 72 hours after death with the Maryland if Heelih end Mentel Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumetic event, the Medical Examinat must be notified at	Funeral Director	11. Maritel Stetus	Armed	cedent Evar in U.: Forces?		was Deced If Yes, spec	ent of F	en, Mexican,	, Puerto	ecify Yes or No Rican, etc.)	0-		- America k, White, e		
	a o	by F	1 Never Married 2 Marrie	If Yas,	s 2 <b>X</b> No Giva		1 Yes 2	ON	Specify:				Specify:	Wh-	ite	
70000	Jera J	Q P	3 Widowed 4 □ Divorced	Year or	Dates:									****		
	natu dica	Completed	15. Decedent' (Specify only highest	s Education grade complete	d)	16a. Dece (Giva	dent's Usue kind of wor	l Occup	petion during most d)	of worki	ing	16b. Kir	nd of Bu	siness/Ind	lustry	
	within iene.	du	Elamantary/Secondary (0-12)	T	(1-4or 5+)	Ch i 1	<i>DO NOT u</i> s	a ratire	<sub>d)</sub> Cloth							
	Hygier ther th	S	10			OHIL	aren	3	C	utt		Pri	vat	e F	irm	
and June	0 0 1 0 N	Be	17. Father's Neme (First, Middle, L	ast)					18. Mother	r's Name	(First, Middle	, Meiden	Sumama	a)		
	should be to nd Mentel It marked of umatic eve	2	Hyman Bernst	ein					Ida	Gin	sberg					
	2 sho		19a. Informent's Neme/Reletionsh	ip (Type, Print)		19b. Maili	ng Address	(Straat	and Number	r or Rura	al Route Numb	er, City or	r Town,	State, Zip	Code)	
	1 end 2 Heeith e em 27 ls ther tra		Brenda Wagsch	na1/Dau	ghter	2839	Agua	ari	us Av	70.	Silve	r Sn	rin	o MI	2090	16
	of Health		20e. Method of Disposition	/		lece of Dispo	sition (Nem	e of			Date			City or To		, 0
	B O		1 Burial 2 Cremetion		n Sume						1610=	Pin	e 1 a 1	wn I.	I, NY	
			4 Donetion 5 Other (\$6)	/	Nev				Cem.		/6/97	1 111	CIA	w 11 , L	1, 11	
1	permit. Depertr Importu any inju	_	21. Signature of Funeral Sélvice L	censee	4				ess of Fecility		neral	Home	0.0			
	402 a d		Comoch	Llu	da -	F	alls	Ch	urch	, V	A 220		E 3			
		П	23a. Part1. Enterthe disease, or o shock, or heart feilure. List of	omplications tha	t caused the deeth							errest,			Approximate Intervel Betwe	en
F	hysician			,										1	Onset end De	eth
	/Medicai		disease or condition	P	neumo	nia								1	7 00	ua.
1	Examiner		resulting in death)	е1		as a consec	augnos of):							1	100	7
Ш		ē			200 10 (0)	43 4 0011360	4001100 017.							1		
	d d ansit	Examiner	Constant II. Has an addition	b	Due to (or	es e consec	anous of).									
6	n an lel-tr	Exa	Sequentially list conditions, if any, leading to immediate		Due to (or	es e consec	querice or).							1		
50.00	earn centilicate be executed ettending physicien and for use es the buriel-transit	g	causa. Enter Underlying Ceuse (Disaese or Injury that initiated events	c	Duran for									-		
	phy sth	edicai	resulting in deeth) Lest		Due to (or	es e conseq	quence or):									
	oding se e	2		d												
	that the death cert ed by the ettendin deteched for use	Physician														
	taw requires that the deam es been signed by the etter 2 should be deteched for t	ysic	Pert II. Other significent condition	s contributing to	death but not resu	Iting in the u	nderlying ca	ause giv	ven in Part I.		23b. Dld	tobecco	use con	tribute to	the cause of	death?
	d by										1 🗆	Yes 2	□ No	3 Prob	bably 4 Ur	nknow
	signed be de	by							-							
	been si should	ted										en autop	sy	eve	ara autopsy find eileble prior to	1190
	aw r	pie													npletion of cau death?	se
	D - C	Completed									10	Yes 25	No	1	Yes 2□ N	0
	certificate rector, pec		25. Wes case ratarrad to medical						26 Place	of Dooth	(Chack only		K.10	1 1-0	7100 2011	
	ysician: s certific director,	o Be	examiner? 1 ☐ Yes 2 No	Hospitel:	(Innation) OF	ED/Outeration	4 4 0 00	Oth	oer.							
	豆辛 豆	: To	27. Manner of Deeth		Inpatient 2 I	ER/Outpetier 28b. Time of		^	4 LJ Nur	-	me 5 Res 28d. Describe				()	
	Attending of death.  Octor: After by the funer	Certification:	1 Natural 5 ☐ Pending	(Mc	onth, Dey Year)	Injury	M	Bc. Injui	rk? Yas 2⊡N		Lou. Doddinoo	now injury	, 000011			
	or Allendest efter desti Director:	cat	2 Accident Investiga 3 Sulcide 6 Could no	nt he				-	185 2		001 1 1	10.			15 2 4	
	fter d	T.	4 ☐ Homicide datamir	ed 28e. Pla	ce of Injury - At hor ding, atc. (Spacify	me, farm, str ')	eet, factory,	, office				wn, State)		er or Hura	l Route Numbe	IF,
1	within 24 hours effected:  To the Funeral Director: A completely filled in by the fi															
	within 24 hours To the Funeral completely filled	edical	29a. Certifiar 1 Certifying (Check only 2 Medical E	Physician: To the	ne best of my know besis of examineti	vledga, deett	n occurred e	t the tir	ma, deta end	place,	and dua to tha	causa(s)	end mer	nner es st	eted.	
	in 2.		one)	end me	enner statad.	on anaor in	vostigation,	iii iiiy c	pinon, deed	11 000011	oo ot tha time,	data ond	piace, a	110 000 10	1110 00030(3)	
1	1 N N	Σ	29b. Signeture end title of certifier				29c.		se number	- 1					Dey, Year)	
	5		puny	CVV				D:	3789	11		20	y	9	1991	
			30. Neme and addrass of parson w	ho completed ca	usa of deeth (Itam	23a) (Tyne	Print)			la .		A11	-	. ^	2085	
			A RAJVANS			ongre		nal	Ln=	# 40	19 Ro	KVIV	re	MU	2085	2
	-04															
	Sta Registi		31. Date filed (Month, Day, Yeer)	8 1997	Registrar's Signat	widner.	Rendago									
	negisti	-Cil		441	1	4-4000 4-4	- In-fact									

		Decadant's Nama (First, Midd	la Lasti			08	illica	C UI	Death	2. Data of Dea	Reg. No.		3. Time of Death
Physicia /Medica		T. Decadant's Nama (Filst, Midd		Mary	Α.	B1ake				Month July	Day	Yaar 1997 7	7:35 A. M.
Examine	er	4a. Fecility Nama (If not institution			•			4	4b. City, Town, or L	ocation of Death	4c. County	of Deeth	
		Larkin Chase							Bowie		Princ	e Geor	
Funeral Director		5. Social Sacurity Number 091-01-1098	6. Sax 1□ M 2		Aga (In yrs. 96	last birthday) Yrs.	Months	Days	If Undar 24 Hrs. Hours Min.	8. Data of Birth (Month, Day Aug. 24	, Year)	9. Birthpla Country New	ce (Stata or Foraign y) York
1.5	-	Usual Rasidance of Dacedant  10a. Stata  10b. County	,		10c Cit	y, Town or L	ocation					40.	4 4
incullised at	2				100. 01	y, rown or co	ocation					100	d. Insida City Limits  1√□ Yas 2□ No
noth	ect	10e. Street end Numbar	Georg	e			10f. Zi	Bowi	Le		10. 011	***	
8	۵		Combo	. D			101. 21				10g. Citizan of \		yr
other trsumatic event, the Medical Examines must be	era	11. Marital Status	Center		anf Evar in U,	S 13	Was Doco	2071		acifu Vas or No		JSA xe - American	n Indian
	by Funeral Director	1 Nevar Marriad 2 Mar 3 Widowed 4 Divorced	ried 1 [	ned Forc Yas 2 as, Giva ar or Det	as? ☑ No		If Yas, spe		lispanic Origin? (Sp an, Maxicen, Puarto Specify:	Rican, atc.)	Blac Specify	ck, Whita, at	ic.
any injury or other traumetic event, the Medical Exa	ted	15. Dacedar	nt's Educetion	- (- d- d)		16a. Dece	dant's Usu	al Occup	ation	44.	16b. Kind of B	usinass/Indu	istry
	Completed	(Specify only highs Elamantary/Secondary (0-12) 12	Ť	ilega (1-4	or 5+)	_	oreta		during most of work d)	ang	Secre	tarial	
	Bec	17. Fether's Neme (First, Middle,	Last)						18. Mothar's Nam	a (First, Middla,	Maidan Suman	na)	
	Lo B	Stanley Jal	noda						Mary	Schbec	k		
ľ		19a. Informant's Name/Ralation	ship (Typa, Pri	int)		19b. Maili	ing Addras	s (Straat	and Number or Rui	al Routa Numba	r, City or Town,	Stata, Zip C	Coda)
		Mary A. Kemp -	- Daugh	ter		2301	Jeffe	rson	Davis Hi	lghway	Arlingt	on, V	A 22202
		20a. Mathod of Disposition	a Film	14		lace of Dispo	osition (Na matory or	ma of othar place	ce)	Deta	20c. Location -		
		1 Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Othar (5	Specify)	i from St	St.	John	's Ce	mete	ry 7	/11/97	Queens	, New	York
once.		21. Signature of uneral Service	Licensed	tero	7				ss of Facility Jos				C. 20016
		23a. Part1. Entar tha disaase, o hock, or haart failura. Lis	complications only ona caus	s thet ceu	sad tha daath h line.	. Do nof en	tar the mo	da of dyln	g, such as cerdiac	or respiretory er	rast,	A	Approximata ntarval Batween
an ai er		Immediata Causa (Final disaasa or condition rasulting In daath)	a	Resp	irator	y fail	Lure						Onset end Death
	ē			<i>c</i> .		r as a consa	quance of)					1	
	Examiner	Sequantially list conditions, if any, leading to immediata ceusa. Entar Undarlying Causa (Disaasa or Injury that initiated avants	b	Seni		ras a consac	quance of)						
The sales	⊽∣	Causa (Disaasa or Injury that initiated avants rasulting in daath) Last	c		Due to (or	es e consac	quance of):					1	
	Physician/Me		- 0										
	Ż	Part II. Other algnificant conditi	ons contributin	ig to daat	h but not rasi	ılting in tha u	indarlying (	eusa giv	an in Part I.	23b. Dld to	obacco usa co	ntributa to t	he cause of death?
Č	by Pr	Dysphagia								101	es 200 No	3 Proba	bly 4 Unknown
	Completed by				-13					24e. Was a perfor	an autopsy med?	com	a autopsy findings labla prior fo pletion of ceusa aath?
	5									1 □ Y	as 2 No	10	Yas 2□ No
0	0 P	25. Was cesa rafarred to medice axaminar?							26. Placa of Deat	h (Check only o	na)		
To De	2	1 ☐ Yas 25 No	Hospital	1 🗆 inp		ER/Outpatie			9 Nursing Ho	oma 5□Rasid			
1000	Certification:	27. Mannar of Death  1 Natural 5 Pandii 2 Accidant invasti 3 Suicida 6 Could	gation	. Data of (Month,	njury Day Year)	28b. Tima o Injury	M M	28c. Injun Worl	y et k? Yas 2 □ No	28d. Dascriba h	ow injury occur	rad	
1	Cer	4 Homicida datam		. Place of building	Injury - At ho , atc. <i>(Specif</i> )	ma, farm, st	raat, factor	y, office		28f. Location (S City or Tow		er or Rumal F	Routa Number,
D   C	ā	29a. Cartifiar (Check only one)  Cartifying  Check only one)	Examinar: On	To tha be tha basi d manne	s of axaminat	vledga, daati ion and/or in	h occurred vastigation	at tha tim , in my op	na, data and place, pinion, daath occur	and dua to tha d red at tha tima, o	ausa(s) and ma data and place,	annar as stat and dua to th	ted. ha causa(s)
, location	- G	and an	0	2 0	2		29	c. License	a number		29d. Data signe	d (Month, De	ey, Yaer)
Modinal	Medical	29b. Signatura and titla of certifia			Barrier Control			-	T 3 2 E BY				
Modion	-	29b. Signatura and titla of certifia	800	<u> </u>	~~	0		0-	547	21	July 8	, 1997	
Completely IIII	Σ	<ul><li>29b. Signatura and titla of certifia</li><li>30. Nama and addrass of parson</li></ul>	who complate	d ceusa	of daath (Itam	23a) (Type,	Print)	D-	247	23	July 8	, 1997	
pietery Til	2	•			of daath (Itam		*	ν − ι #	243 Bo	wie, MD	July 8,		

MARY

BLAKE



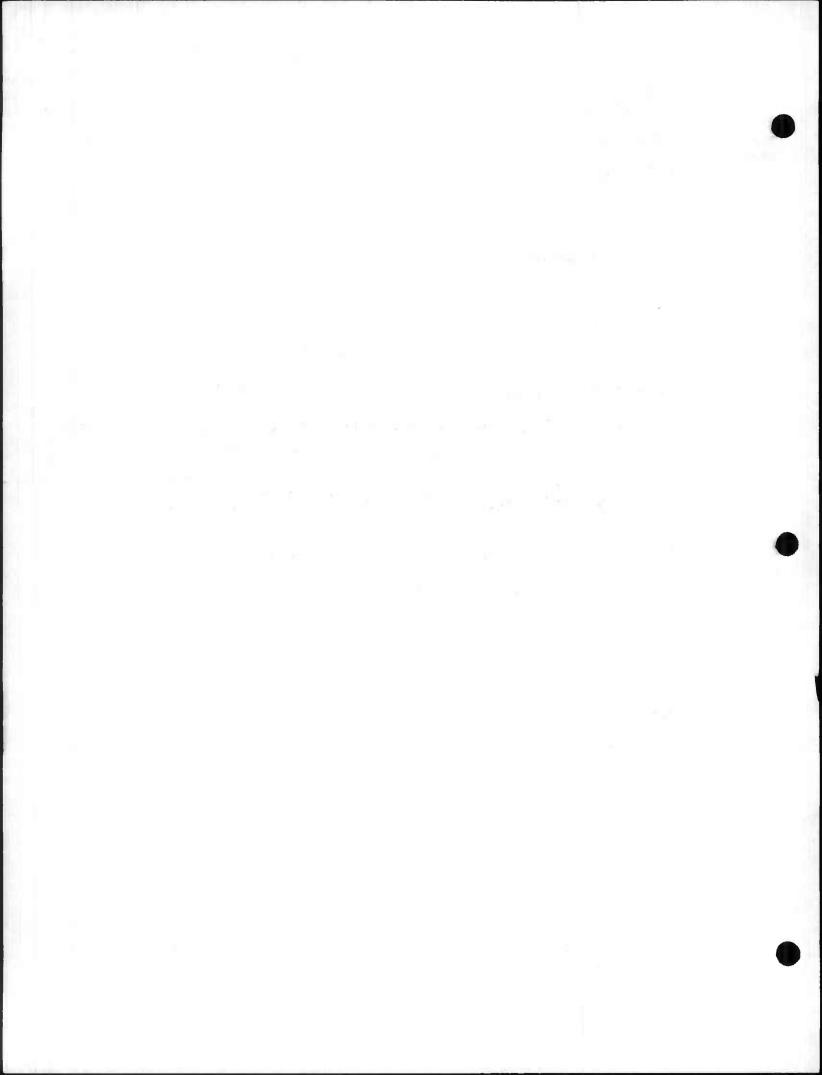
DONALD BLOOMQUIST

	Item: 2	23a	part I per MEO G-750 8	/6/97 dh part	: II	Certifica	ate of	Death	F	Reg. No.			
r	Discount of		1. Decedent's Name (First, Middle, La:	st)			11		2. Date of Dea	ith Dey	Year	3. Tir	ne of Death
	Physici /Medi		DONALD SIEGURD BI	OMQUIST					JULY	04		7:	00 AM
	Examir		4e. Facility Name (If not institution, give	e street and number)				4b. City, Town, or L	ocation of Death	4c. Coun	ty of Death		
			WEST RIVER YAC	CHT CLUB				GALESV	ILLE	ANN	IE AR	UND	EL
	Funeral Director		5. Sociel Security Number 6. S 528-48-6084 Usual Residence of Decedent	ex 7. Age	(In yrs. la	Yrs. If Un Month	der 1 Year ns Deys		8. Dete of Birth (Month, Day AUG . 3 ,	v, Year)	9. Birthp Coun	lace (Si try) UT	tate or Foreign AH
	yand wand		10a. State 10b. County		10c. City,	Town or Location					1	0d. Insi	de City Limits
	Man T	ō	VIRGINIA FAIRFA	x	VTI	ENNA						1 🗆	Yes 2/ No
	r 284	Director	10e. Street and Number	-			Zip Code			10g. Citizen of	What Coun	try?	
	th wil		2818 CEDAR LANE				22180	)		U.S.	Δ		
	dea T	Funeral	11. Marital Status	12. Was Decedent E Armed Forces?	ver in U,S			Hispanic Origin? (Span, Mexican, Puert	pecify Yes or No-		ce - Americ		an,
21215-0020	72 hours after death with the Maryland natural', or items 23a or 28a-f show deal Examinal must be notified at	by	1 ☐ Never Married 2K Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	0		2 Å №		, , , , , , , , , , , ,	Speci			
5-0	n 72 ho "natur	Completed	15. Decedent's Ed (Specify only highest gra	lucetion de completed)		16e. Decedent's U	suel Occup work done	pation during most of won	(ina	16b. Kind of I			
121	yiene.	mpie	Elementery/Secondery (0-12)	College (1-4or 54	-)	life. DO NO	use retire	during most of world)	,9				
2	73 Co. b.		47 February Norwa (Fire Adduction Cont.)	5+		DIVISION	CHIE			N.I.S			
Maryland	be fi	Be	17. Fether's Name (First, Middle, Last)					18. Mother's Nam	e (First, Middle,	Maiden Suma	me)		
ž	2 should be and Mental la marked o raumatic eve	2	SIEGURD ANDREW B						ERICKSO	-,			
Ma	d2sl than 7 lar		19a. Informant's Name/Relationship (1					t and Number or Ru					
	s 1 and 2 should be filed f Health and Mental Hyg tem 27 Ia marked othe other traumatic event,		LINDA LAMOREUX BL	OMQUIST/WI		2818 C ace of Disposition (/	EDAR	LANE, VI	NNA, VI	RGINIA 20c. Location			te
non	Pages nent of I int: If its iry or o		1 ☐ Burial 2 ☐ Cremation 3 ☐		Cer	metery, crematory of	or other ple						
Baltimore,	ortan Injur		4 □ Donation 5 □ Other (Specify  21. Signal value of Funeral Service Ligary	-	METI	ROPOLITAN		ATORY (	7/05/97	ALEXA	ANDRIA	, V.	Α
Ba	permit. Pages 1 an Department of Heal Important: If Item 2 any Injury or other once.		Variant I	Mar	1			KING VIEN	NA FUNE	RAL HON	Æ, IN	C.	
	_	-	23a Part I. Enter the disease, or comm	plications that caused t	he death	Do not enter the m	WEST	MAPLE AV	E. VIEN	NA, VII	RGINIA	Approx	180
	Physician	0 1	23a. Phirt. Enter the disease, or companies, or heart failure. List only								1	Interve	Between and Death
Ŋ.	/Medical		Immediate Cause (Final	DROWNING AND	ARTE	RIOSCEEROTI	C CARD	OIOVASCULAR	DISEASE		1		
	Examiner		disease or condition resulting in death)	e	ue to (or	as a consequence of	aft).						
L	P #	ner				U	,,,						
	nd	Examiner	Sequentially list conditions,	b	ue to (or	as a consequence o	of):						
0,	e axe		Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury								į		
68760,	certificate be axecuted rding physician and usa as the burial-transit	edicai	that Initiated events resulting In death) Last	D	ue to (or a	as a consequence o	of):						
		5	L L	d							į.		
Box	death ce e attendii ed for usa	Physician/I									İ		
o	the d	ysic	Part II. Other algnificant conditions of	ontributing to death but	not result	ting in the underlyin	g ceuse gi	ven in Pert I.	23b. Did to	obacco uae c	ontribute to	the ca	
Δ.			ALCOHOL INTOXICA	TION					101	res 2□ No	3 Prot	oabiy	4 Unknown
Vital Records,	2 50	d by							24a. Was a	an autopsy			psy findings
Ö	20 00	Completed		- 61	_				perfor		COL	ailable p npletion deeth?	rior to of ceuse
Re	The law ate has b page 2 s	шc							100 Y	es 2□No		Yes	2 No
ta		Be C	25. Was cese referred to medicel					26. Place of Dea			1/2	103	20 140
<u> </u>	Physician: this certific ral director,	To B	examiner?	Hospital: 1 ☐ Inpatien	t 2∏E	R/Outpatient 3□	DOA Oti	hor	ome 5 Resid	*	her (Specifi	) S	CENE
o	g Phy er this		27. Menner of Death	28a. Dete of Injury	2	28b. Time of	28c. Inju Wo		28d. Describe h				/ \
Division	Attanding ir death. actor: Afte by the fune	Certification:	1 □Natural 5 □ Pending 2 □ Accident investigation		197	n630 M		Yes 2 No	En bycc	1 tag	elint	vatt,	meanl 1
Vis	er de recto	tific	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injur building, etc.	y - At hom	no form stroot fool	tory, office		28f. Location (S City or Tow		ber or Rura	Route	Number, yach
0	tal or rs afte al Dir led in	Cer		wat	in so	en Rick			Club o	in Anne	tradel	(-	Ze Jack
	To the Mospital or Attanding Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai	(Check only 212 Medical Exam	sician: To the best of	my knowl	ledge, death occurrence and/or investigation	ed et the ti	me, dete end plece,	and due to the d	euse(s) end n	nanner es st	ated the cer	12 / and
	the I the I	Med	one) AS	and menner state					-				
			Signature and tog of certifier	112		1.	29c. Lidens	e number	'	29d. Date sign	ea (Month, I	uay, Ye	ar)
	30		Modou	M. Pro	T -	0	O.C	.M.E.		JULY	04,1	997	
			30. Name and address of person who o	W O V									
	- 01-	•	31. Date filed (Month, 1844) Year)	and be Bestelle	111	Penn St	reet	,_Balti	nore, N	Maryla	nd 2	120	1
	Sta	te	JUL U 7	1997 62. Registrat	ia Day	idno Brode	200						



### Please Type or Print in Black Indelible Ink. Assure All Copies Are egible 2 2 3 3 2 State of Maryland / Department of Health and Mental Hygiene

							Ce	rtifica	te of	Death		Reg. No.			
	District of		1. Decedent's Neme	(First, Middle, La	st)						2. Dete of D	eeth	Vana	3. Time o	of Death
	Physici /Medi		Virgin	ia Stach	ura Bolli	inger						5, 1997	Year 7	1:00	) AM
	Examir		4a. Fecility Name (II			r)				4b. City, Town, or	Location of Dea	th 4c. Cou	unty of Deeth		
			Suburb	an Hospi	tal					Bethesd	а	Mo	ontgome	ery	
	Funeral		5. Social Security N			Age (In yrs.	last birthdey	) If Under	er 1 Year Deys	If Under 24 Hrs Hours Min		irth	9. Birthp	plece (State	or Foreign
ш	Director		217-34-12	.40	□ M 2 💢 F	60	Yrs.				Aug. 1	6, 1936			
	put *		Usuel Residence of 10a. State	Decedent 10b. County		10c Ci	ty, Town or L	ocation						104 1-14-1	Ola disella
	sho	5												10d. Inside (	s XXNo
	he N	ect	-		ery	F	Rockvil								S MAIN
	E O E	눕	10e. Street end Nun					10f. Z	ip Code			10g. Citizen	of Whet Cour	ntry?	
	s 23	erai		hley Dri		. Commission 11	10 40	W D	208		2 - 1/ 1/ - 1		State		
	within 72 hours after death with the Maryland ens. than "naturel", or items 23s or 28s-f show to Madical Evaminer must be notified at	Funeral Director	11. Marital Status	od 20°V Marriad	12. Was Deceder	5?	1,5. 13.	If Yes, sp	ecify Cub	Hispenic Origin? (5 an, Mexican, Puer	to Rican, etc.)	14. (	Race - Americ Bleck, White,		
20	rs af	by F	1 ☐ Never Marrie 3 ☐ Widowed		1 ☐ Yes 2 X If Yes, Give Yeer or Detes	•		1□ Yes	2X No	Specify:		Spe	ecify: Whi	+0	
21215-0020	ture File			15. Decedent's Ed			16e Dece	dent's He	ual Occur	netion		16h Kind o	WIII of Business/in		
75	n 72	Completed		fy only highest gre	de completed)		(Give	kind of w	ork done use retire	pation during most of wo d)	orking	TOD. Italia c	n Dusinessini	dustry	
2	iena tha	E	Elementary/Secon	idary (0-12)	College (1-4o	r 5+)	Cus	stome	r Se	Tyice Tive		Ва	nking		
	othe ant,	BeC	17. Fether's Neme (	First, Middle, Lest,	)					18. Mother's Na	me (First, Middl	e, Meiden Sun	neme)		
lar	lid be ked ic ev	To B	John T	homas St	achura, S	r.				Ruth V	irginia	Chapma	n		
Maryland	shot and la		19e. Informent's Na				19b. Maili	ing Addres	ss (Stree	end Number or R				Code)	
	elth e		Lester El	wood Bol	linger/Hu	sband	1142	21 As	h1ev	Drive, 1	Rockvil	le. Mar	vland	20852	,
ore	of He litery		20e. Method of Disp	osition		20b. F	Place of Disponentery cre	osition (Ne	ome of	ce) July 8	Date 1007		on - City or To		
E	Page ent c nt: If			☐ Cremetion 3 ☐ 5 ☐ Other (Specif	Removel from Stat	Res	thaver	ı Mem	oria	1 Garden	, 1997 S	Freder	ick. M	larv1a	nd
Baltimore,	permit. Pages 1 end 2 should be filed within 72 hours after death with the Marylan Department of Heelth and Mental Hygiena. Important: If item 27 is marked other than "naturel", or items 23a or 28a-f show any Injury or other traumatic evant, the Madical Evantment must be notified at ance.		21. Signeture of Fur							1					
m	Deparent Imported on the contract of the contr	1	Ran	1.70	har	M001	98 Rc	ckvi	lle,	Inc., 30	00 West	Montgo	mery A	venue	,
п			23a. Part1. Enter the shock, or hear	e disease, or com	plications that ceus	ed the deat	h. Do not en	ter the mo	tre,	Maryland	c or respiretory	errest.		Approxime	ete
Л	Physician		shock, or hear	failure. List only	one ceuse on each	line.								Intervel Be Onset end	etween
	/Medicai		Immediete Ceuse (I	inel	Strok	0 - m	0001		abt.	maa tauu			1	0 11	
	Examiner		disease or condition resulting in death)		e. Stick		or es e conse			mca terr	itory		10	0 Hou	rs
н		ner			Hyper			quellos of	<i>)</i> .						
	certificete be executed nding physician and use as the burial-transit	Examiner	Sequentially list con	ditions	b		or es e conse	guence of	):						
oʻ	an al		Sequentially list cor if eny, leading to im ceuse. Enter Under Ceuse (Disease or I	mediate tying											
68760,	ote be nysici	Medicai	thet initieted events resulting in deeth) L		c. ———	Due to (o	r es e conse	quence of)	:						
39	₹ 00 a	Med	rosulting in debuty E	03(									İ		
Вох	th ce tendi				d								-		
	that the death cer ed by the attendin detached for use	Physician/	Parl II. Other signific	cent conditions o	ontributing to death	but not res	ulting in the u	underlying	cause gi	ven In Pert I.	23b. Dic	d tobacco use	contribute to	o the cause	of death?
P.0	at the by that atach	Phy	CAD								10	Yes 2N	lo 3 Pro	bably 4	Unknown
	signed to be det	by	- OILD												
of Vital Records,	law requires that the death as been signed by the atter t 2 should be detached for t	bet	Hyperte	nsion								s en eutopsy formed?		ere eutopsy ailable prior	
ecc	law n as be	Completed					.=							mpletion of deeth?	ceuse
<b>E</b>	Tha is ate ha	Į Į									1□	Yes 2XN	0 1[	Yes 2	□No
ita	ysician: Tha lav Is cartificate has director, paga 2	Be (	25. Wes cese referr	ed to medicel						26. Plece of De	eth (Check only	one)	-		
2	5 00	ျှ	1 Yes 2 4	No	Hospitel: 1 X Inpa	tient 2 🗆	ER/Outpatie	nt 3□ D	OA Ot	her: 4 Nursing I	Home 5□ Res	sidence 6 🗆	Other (Specif	<i>'y)</i>	
n o	ng Ph tar th neral		27. Manner of Death  1 Naturel	5 Pending	28e. Dete of In (Month, D	jury av Year)	28b. Time o	of	28c. Inju Wo	ry et rk?	28d. Describe	how injury oc	curred		
010	Attending Ph or death. ector: After th by the funeral	atic	2 Accident	Investigation	1			М		Yes 2 □ No					
Division	l or Attending I after death. Director: Aftar J in by the funer	Certification:	3 ☐ Sulcide 4 ☐ Homicide	6 Could not be determined	28e. Place of I	njury - At he	ome, ferm, st	reet, facto	ry, office		28f. Location City or To	(Street end Nu	amber or Rure	Route Nur	mber,
	ital or its afte al Dire	Ce										,			
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	cai	29a. Certifier (Check only	1 Certifying Ph	ysician: To the bes niner: On the basis	t of my kno	wledge, deat	h occurred	d et the ti	me, dete end place	e, end due to the	ceuse(s) end	menner es s	teted.	(a)
	the H the F the F	Medical	Ora)		end menner	stated.	MOIT BITO OF IT	ivestigatio	11, 117 1111y V	ppinion, deeth occi	uned et the time	, dete end pla	se, end due to	) the ceuse(	(5)
		2	29b. Signeture and t	ne of certifier		.0				se number			gned (Month,		
	20		•	mun	seen T	り			D	46052		Jun	esm.	, 1997	H
			30. Neme end eddre	ss of person who	completed cause of	deeth (Iten	n 23e) (Type,	Print)		46052 Bethesdo	Ma		1.01.		
			SUBERD	1	טומ עוו	year	gerown	1 1406	(01)	ACINC700	, 11ar	414401	20810	]	
	Sta	ite	31. Date filed (Monti	JUE A	1997 <sup>32. Regis</sup>	tur's Signs	artdran.	2	00						



State of Maryland / Department of Health and Mental Hygiene \( \frac{1}{2} \) Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death Month **Physician** Stanley L. Borowiec 9 1997 5:00PM July /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) 4c. County of Death **Examiner** Sligo Creek Nursing & Rehabilitation Center Takoma Park Montgomery If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Day, Y July 30, If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Year) , 1915 Michigan 1 ☑ M 2 ☐ F Months Days 81 Yrs. 364-03-8805 Usual Residence of Decedant 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ₩ No Directo Prince Georges Hyattsville 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 8229 New Hampshire Avenue 20783 Funeral IISA 12. Was Decedent Ever in U,S. Armed Forces? Was Decadent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian Black, White, etc. 1 Tyes 2 No 1 Never Married 2 Married 1 Yes 2₺ No Specify: Specify: White à Year or Dates: WWII 3 XWidowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elamentary/Secondary (0-12) Collaga (1-4or 5+) Stock Clerk 10 Federal Government 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Surname) Be Albert Borowiec 2 Victoria Pietras 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Margaret A. Armas 7502 Hancock Avenue, Takoma Park, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Fort Lincoln Cemetery 7/12/97 Brentwood, MD 21. Signature of Funeral Service Lice 22. Name and Address of Facility Francis J. Collins Funeral 500 University Blvd. West Home, Inc. Silver Spring, MD 20901 profications that caused the death. Do not anter the mode of dying, such es cerdiac or respiratory arrest, one cause on each line. Approximate Intarval Between Onset and Death Immediate Cause (Final disease or condition rasulting in death) Prostate Cancer with Metastasis Due to (or as a consaguenca of) Examiner Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last Due to (or as a consaguance of): Physician/Medical Due to (or as a consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Tyes 2 TNo Laryngeal Carcinoma by 24b. Were autopsy findings evailable prior to 24a. Wes an autopsy Completed Dehydration completion of cause of death? 1 ☐ Yes 2 XNo 1 ☐ Yes 2 ☐ No 25. Was casa referred to medical Be 26. Place of Death (Check only one) examiner? Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 KNo 10 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Daath 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Describe how Injury occurred Medical Certification: 28c. Injury at Work? 1 Natural 5 Pending 1 Yes 2 No Investigation 2 Accident 3 Suicide 6 Could not be datamined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Placa of Injury - At home, farm, streat, factory, office building, atc. (Spacify) 4 ☐ Homicide 1 Cartifying Phyeician: To the best of my knowledga, daath occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, daath occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29c. License number 29b. Signature end title of centi-29d. Date signed (Month, Day, Year) D14404 July 10, 1997

Examiner The law requires that the death certificate be executed Box 68760. P.O. I Records. Division of Vital

**Funeral** 

Director

7 is marked other than "naturel", or items 23a or 28a-f show treumstic event, the Medical Examiner must be nothed at

permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or item any injury or other treumatic event, the Medical Event

**Physician** /Medical

bunial-transit

the

98 attending for

signed by the a

peen

hes page

certificate

funeral

end

physician

Baltimore, Maryland 21215-0020

with the Maryland

death

To the Hospital or Attending Physicien: within 24 hours efter death.

To the Funeral Director: After this certifical. in by the

State Registrar

Charles L. Franklin, Jr., M.D., 11120 New Hampshire Ave., Silver Spring, MD 32. Registrar's Signature wha Daydson-Randelle

20904

30. Name and addrass of person who complated causa of death (Item 23a) (Type, Print)

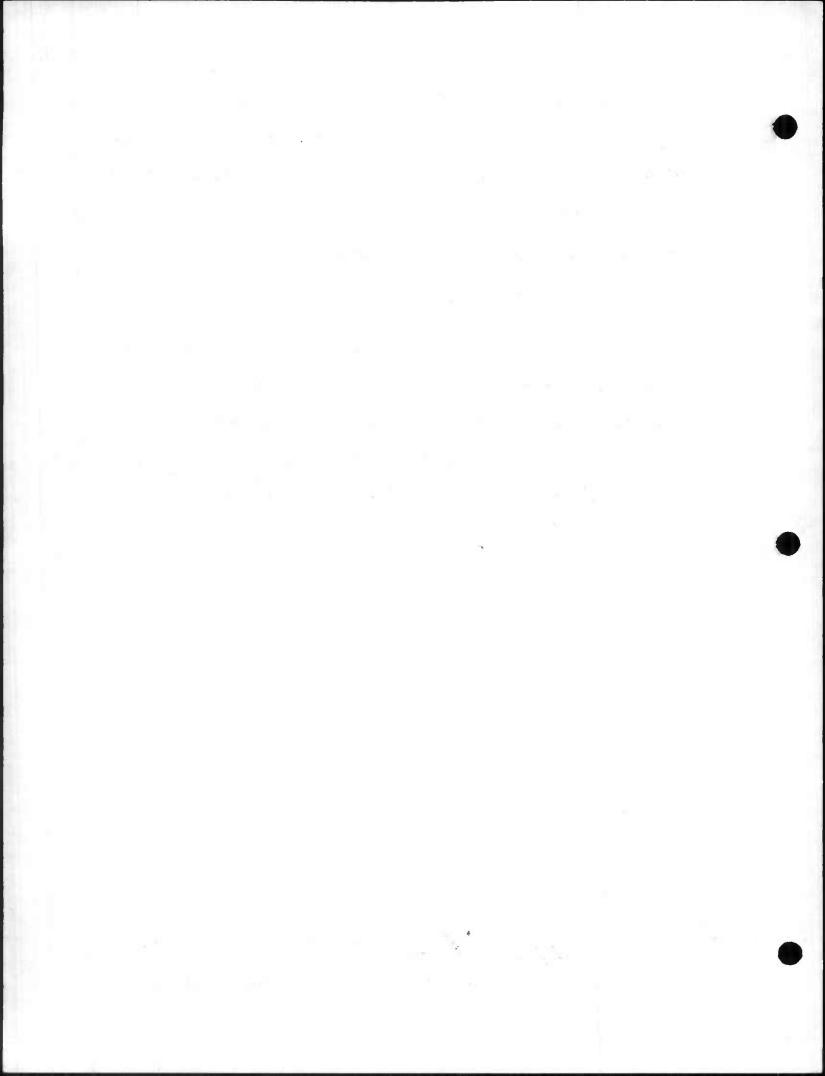
1997

				State of M	arylan				lealth and I	Mental Hy		1	22334
			1. Decedent's Name (First, Middle, Las	st)	_			-		2. Date of De			3. Time of Death
н	Physic		THOMAS ALDEN BRAD	FORD, JR.						JULY 1	0, <sup>Dey</sup> 199	7 Year	1:15 A.M.
gh	/Medi Exami		4e. Fecility Neme (If not institution, give	street and number,	)				4b. City, Town, or L	ocation of Deet		ty of Deeth	
			10325 SEVEN LOCKS	ROAD					POTOMAC		MONT	GOME	RY
	Funeral Director		5. Sociel Security Number 6. S 577-52-5579	ex 7. Ag MM 2□F 63		last birthday) Yrs.	If Under Months	1 Year Deys		8. Dete of Bir (Month, De FEB 2	ev. Yeer	9. Birth Cor WASH	nplece (Stete or Foreign untry) HINGTON, D.
	p z		Usuel Residence of Decedent  10a. Stete 10b. County		100 Cit	v. Town or Lo	antion						4044-14-05-44-1
	8a-f sho	Director	MD MONTGOME	RY	POTO								10d. Inside City Llmits 1 🖾 Yes 2 🗆 No
	Nith ti	급	102.25 CEVEN TOOKS	DOAD			10f. Zip				10g. Citizen of	Whet Cor	untry?
	eath m 23	erai	10325 SEVEN LOCKS	12. Wes Decedent	Ever in II	S 13 1	208.		dienanto Origina (Se		U.S.A.	ce - Amer	nican Indien,
020	urs after d	by Funerai	11. Maritel Status  1 □ Never Married 2 ☒ Married 3 □ Widowed 4 □ Divorcad	Armed Forces?  1 X Yes 2 If Yes, Give Yeer or Detes:	No		f Yes, spec		dispanto Origin? (Span, Mexican, Puerto Specify:	Rican, etc.)	Speci	eck, White	
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland I Health and Mental Hygiene. Itam 27 is marked other than "natural", or items 23s or 28s-f show other traumetic event, the Medical Examiner must be notified at	Completed	15. Decedent's Ed (Specify only highest gra Elementery/Secondery (0-12)		5+)		kind of wor DO NOT us	rk done se retire	petion during most of work d)	king	16b. Kind of E		
	lled w lygiel her ti nt, to	S		·4		RESTA	MANU.		40. Mash ada Nam	o /Final Adiabatic	RESTAU		IR
Maryland	should be fi and Mental H marked of	To Be	17. Fether's Name (First, Middle, Last) THOMAS ALDEN BRAD						18. Mother's Nam		, Meiden Suma	me)	
Mar	12 sho and Is ma		19a. Informent's Neme/Reletionship (7				-		end Number or Ru				
	permit. Pages 1 and Department of Haalth Important: If itsm 27 any Injury or other tr once.		MARIA TOUCEDA BRAI	DFORD WI		10325 Placa of Dispo			OCKS ROAD	, POTOM.	AC, MD . 20c. Location		
5	Pages net of int: If its		1X Bunal 2 ☐ Cremetion 3 ☐		C	ametery, cren	n <i>atory</i> or o	ther ple		Wes			
altimore,	it. Pagartment ortant: If		4 Donetion 5 Other (Specify 21. Signature of Fundral Service Licen	//	PAR	RKLAWN			ess of Fecility JOS				MARYLAND
B	permit. Departr Importa any inju		· Honny	1 401	TON				ENUE, NW,			-	
	Obveision.		23e. Pen I. Entur the disease, or composite shock on heart feilure. List only	olications that cause one cause on each li	d the deeth								Approximate Intervel Between Onset end Death
	Physician /Medical		Immediete Ceuse (Final	MDM A GM	mra :	VET 4370							
	Examiner		disease or condition resulting in death)	e METASTA		MELANO or as e conseq						i	2 MONTHS
		ner			0) 01 600	as a conseq	uenca or).					1	
	ate be axecuted hysician and the burial-transit	Examiner	Sequentially list conditions.	b. ————	Due to (o	r es e conseq	uenca of):						
Ó,	e axe ian a urial-t	Ē	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury										
8760,	ate b hysic the b	dical	thet initieted events resulting in deeth) Last	C	Due to (or	r es e conseq	uence of):						
9 ×	the death certificate be axecuted y the attending physician and tohed for use as the burial-transit	ě l		4								1	
Box	es that the death certific igned by the attending p be detached for use as	Physician/M		0.									
0	he de	ysic	Pert II. Other eignificant conditiona co	entributing to death b	ut not resu	ulting in the ur	nderlying c	ause gi	ven in Pert I.		**		to the cause of death
О.	that the sed by data									1 🗆	Yas 2∯No	3 □ Pr	obably 4 Unknow
rds	The law requires that ite has been signed b page 2 should be date	d by									en autopsy	24b. V	Vere eutopsy findings
00	w require s been si	Completed								perf	ormed?	( C	eveileble prior to completion of cause of deeth?
æ	The law ate has page 2	E								1□	Yes 2 No		☐Yes 2☐ No
a		a	25. Wes case referred to medical						26. Place of Dee				2010
>	S w D	ToB	exeminer? 1 ☐ Yes 2∑ No	Hospital: 1 ☐ Inpatie	ent 2	ER/Outpatien	t 3 DC	OA Ott	hor	37	idence 6 🗆 Ot	ther (Spec	cify)
0	ding Ph h. Aftar th funeral		27. Manner of Deeth	28e. Dete of Inju (Month, Da	ry Yeer	28b. Time of Injury	2	8c. Inju Wo	ry et rk?	28d. Describe	how Injury occu	irred	
Ö	Attending at death. ector: Attar by the fune	atic	1 Natural 5 Pending investigation		, ,	,,	М		Yes 2 □ No				
Division of Vital Records,	5455	Certification:	3 ☐ Sulcide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Plece of In building, et	ury - At ho c. <i>(Specif</i> )	ome, ferm, stre	eet, factory	, office			Street and Num wn, Stete)	ber or Ru	rel Route Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai	29a. Certifier (Check only one) 1	reician: To the best iner: On the besis o end manner st	f examinat	wledge, death tion and/or inv	occurred restigetion,	at the ti	me, dete end plece, opinion, deeth occur	end due to the red at the time,	ceuse(s) end m date end place	nenner es , and due	steted. to the cause(s)
	To the to the complet	Z	29b. Signeture end title of certifier	111	. 4				se number		29d. Date sign		
	5		7	Ku	IL	_	D	C :	11506		JULY 10	, 199	97
	-		30. Neme end eddress of person who	ompleted cause of c	leeth (Item	23e) (Type, I	Print)						

5401 WESTERN AVENUE, N.W., WASHINGTON, D.C. 20015

State Registrar FRED SMITH, M.D.

10



1. Decedent's Name (First, Middle, Last) Viola

Browning

88Yrs.

7. Age (In yrs. last birthday)

2. Dete of Death

3. Time of Death Day 199 Year July 6, 6:00 P.

4a. Facility Name (If not institution, give street and number) 7301 Radcliffe Drive

4b. City, Town, or Location of Deeth College Park

4c. County of Death Prince George's

**Funeral** Director

28a-f show

Director

Funeral

þ

Completed

tem 27 is marked other than "natural", or items 23a or 28a-f shov other traumatic event, the Medical Examinar mant be notified at

"natural", or items

should be filed within 72 hours efter death and Mental Hygiena. marked other than "natural", or items 23

permit. Pages 1 and 2 should be file Department of Health end Mental Hy Important: If item 27 is marked other any injury or other traumatic event.

**Physician** /Medical

physician

peed page 2

cartificate

Hospital or Attending Physician:
 24 hours efter death.
 Funeral Director: After this cartificialety filled in by the funeral director.

To the Within 2 To the

6

Baltimore, Maryland 21215-0020

Box 68760

Division of Vital Records, P.O.

the Maryland

10a. State

10c. City, Town or Location

R.

1 M 2CX

If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 8. Date of Birth Month, Day Year, Sept. 17, 1908 9. Birthplace (State or Foreign

579-05-1128 Usual Residence of Decedent 10b. County

Maryland

Maryland

Prince George's

College Park

10d. Inside City Limits XX Yes 2 No

10e. Street and Number

7301 Radcliffe Drive

10f. Zip Code 20740 10g. Citizen of What Country? United States

1 Never Married XX Married 3 ☐ Widowed 4 ☐ Divorced

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ②No If Yes, Give Yeer or Dates:

13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 Yes 2 No Specify:

14. Race - American Indien, Black, White, etc. White

15. Decedent's Education (Specify only highest grade completed)

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Elementary/Secondary (0-12)

College (1-4or 5+)

Secretary

W.S.S.C.

17. Father's Name (First, Middle, Last)

John

Raines

18. Mother's Name (First, Middle, Maiden Sumame) Emma Shackford

19a. Informant's Neme/Relationship (Type, Print)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Frank M.W. Browning (Husband)

same as #10

20a. Method of Disposition

1XXurial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

20b. Place of Disposition (Name of cemetery, crematory or other place) Date Ft. Lincoln Cemetery 7/10/1997

Brentwood, Maryland

20c. Location - City or Town, Stete

21. Signature of Funeral Service License

23a. Part1. Enter the disease, or complications/that ceused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.

22. Name and Address of Facility Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Maryland 20705

Approximate Interval Between Onset and Death

CEREBRO VALCULAR ACCIDENT

SWLHDW E

Immediate Cause (Final disease or condition resulting in death)

HYPERTEASION

Due to (or as a consequence of):

Due to (or as a consequence of)

Examiner Examiner and

Physician/Medical

by

Completed

Be

Certification: To

Medicai

Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet Initiated events resulting in death) Last

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

DIABETIS MELLITUS

23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown

1 Yes 25 No

24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes XXNo

24a. Wes en eutopsy

1 ☐ Yes 2 📉 o

25. Was case referred to medical examiner? 28. Place of Death (Check only one) examiner?

Yes 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year)

Other: 4 Nursing Home TResidence 6 Other (Specify) 28c. Injury at Work?

28d. Describe how injury occurred

1 ☐ Yes XXNo 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28b. Time of

281. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

27. Manner of Death

Natural 2 Accident

3 ☐ Suicide

4 Homicide

Exertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

5 Pending

investigation 6 Could not be determined

29d. Date signed (Month, Day, Year) July 7, 1997

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

Joseph K. Mathew, M.D. 6510 Kenilworth Ave., #1400 Riverdale, Maryland 20737 31. Date filed (Month, Day War 0 9 1997 32. Registers Signature Pandelle

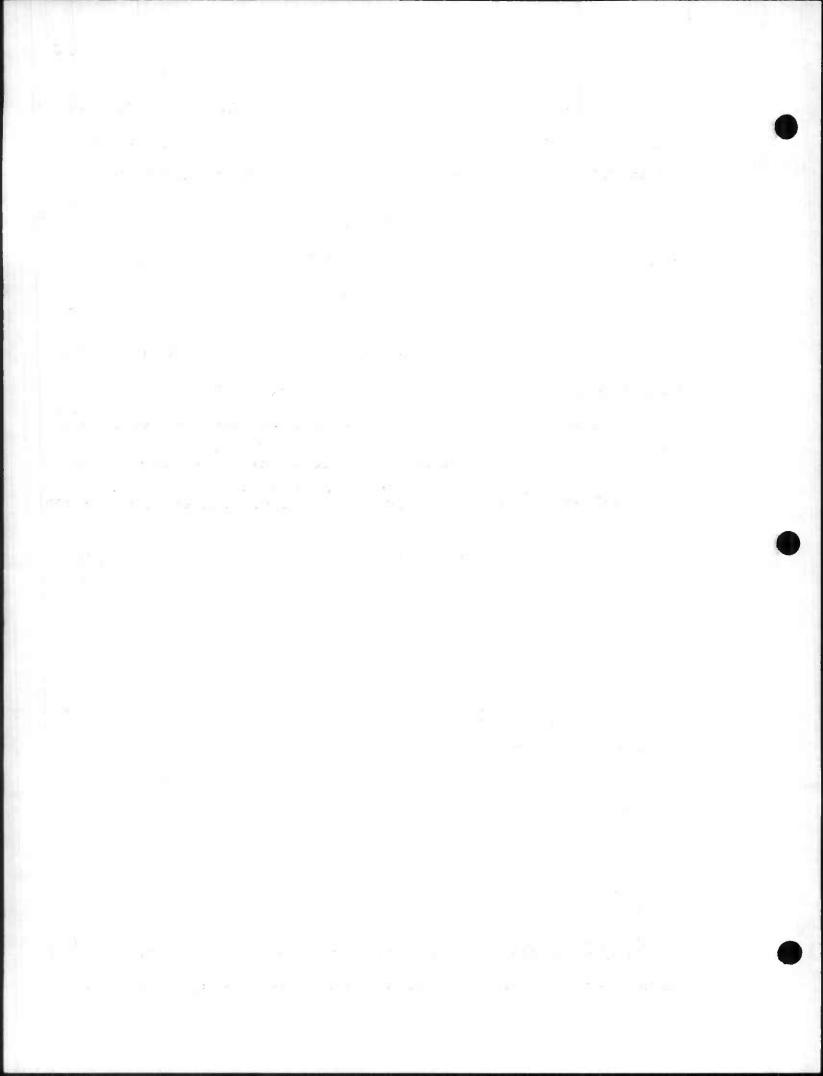
State Registrar



Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Daath 3. Tima of Daath Month **Physician** Ju1y 4 1997 10:00 AM Lois I. Bruce /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner 11235 Oak Leaf Drive Montgomery 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 □ M 2 🖾 F Yrs. 88 Director 578-18-3554 March 23,1909 Alabama Usual Rasidance of Dacedant the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow traumatic event, the Medical Examiner must be notified at 1 Yas 2 No Director Maryland | Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? ò items 23a 20905 11235 Oak Leaf Drive U.S.A. Funeral 12. Was Decedent Evar In U.S. Armad Forcas? 1 ☐ Yas 2 ☑ No if Yes, Give Yaar or Dates: Was Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 72 hours after 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 ò 1 ☐ Yas 2 🖾 No Specify: Specify: by 3 ☐ Widowed 4 ☑ Divorcad "natural". White Completed 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Businass/Industry (Spacify only highast grada complated) permit. Pages 1 and 2 should be filed within Department of Health and Mentel Hygiene. Important: if Item 27 is marked other than "rany Injury or other treumatic avant Elementary/Secondary (0-12) College (1-4or 5+) 12 Clerical Federal Government 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) George A. Mount Mattie Vann 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 20772 19a. Informant's Name/Raiationship (Type, Print) 9206 Fairhaven Avenue Upper Marlboro, Maryland Joseph A. Bruce 20b. Placa of Disposition (Nama of camatery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 07/09/97 1 Burial 2 ☐ Cremation 3 BRamoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Andalusia (Magnolia)Cemetery Andalusia, Alabama 21. Signature of Funarai Şarvjca Licensaa 22. Nama and Addrass of Facility Francis J. Collins Funeral Home, Inc. 500 University Blvd., W., Silver Spring, MD 20901 23a. Part1. Entar tha disaesa, or complications that ausad the death. Do not antar the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause of each line. Approximete Interval Between Onset and Daath **Physician** /Medical Immediata Cause (Final diseesa or condition resulting in daath) **Examiner** Dua to (or as a consequence of): certificate be executed Exam -tran Saquantially list conditions, if eny, laading to immadiata causa. Enter Underlying Cause (Diseasa or injury that initiated events rasulting in daath) Lest and Dua to (or as a consequence of): Box 68760. physician Physician/Medical the Due to (or as a consaguanca of) attending p The law requires that the death P.O. signed by the a Part ii. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert i. 23b. Did tobacco usa contribute to the cause of death? of Breast 1 ☐ Yes 2 ☐ No 3 ☐ Probably Munknown Records, Completed by been sig 24b. Wera autopsy findings available prior to 24e. Wes en autopsy pertension completion of causa of deeth? page 2 s 1 Yas 2 No 1 ☐ Yas 2 ☐ No certificate Division of Vital the Hospital or Attending Physician: hin 24 hours efter death. director Be 25. Was casa referred to medical axaminar? 26. Placa of Daath (Check only ona) Othar: 4 ☐ Nursing Homa 5 ☐ Residance 6 ☐ Othar (Specify) 1 Yes 2 00 Medical Certification: To 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Manner of Deeth 28a. Dete of injury (Month, Day Yaar) 28b. Tima of 28c. injury et Work? 28d. Dascribe how injury occurred After 5 Panding 1 Yas 2 No 2 Accidant Investigation Director: / 3 Suicida 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Placa of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 | Homicide within 24 hours efter To the Funeral Dire completely filled in b Certifying Physician: To the best of my knowledge, death occurred et the time, date and placa, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the besis of axamination end/or invastigation, in my opinion, deeth occurred at the time, date and placa, and due to the causa(s) and menner statad. 29a. Certifian one) 29b. Signaly nd title of certifier 29c. License number 29d. Data signed (Month, Day, Year) 30 30. Name end addrass of person who completed causa of daath (item 23a) (Type, Print) Pamela M. Mulshine, M.D. 11251 Lockwood Drive Silver Spring, Maryland 20901 32. Ragistrar's Signatura State whia Davidson

Registrar



Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month Vaar 3, July 1997 Eunice Fay Burke 8:15 AM /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Montgomery 1210 Thornden Road Rockville If Undar 24 Hrs. 8. Data of Birth (Month, Day, Yaar) If Undar 1 Yaar 5. Social Sacurity Number 9. Birthplaca (Stata or Foreign Country) West Virginia 7. Aga (In yrs. last birthday) **Funeral** Days 1□ M 2□XF Yrs Director 235-36-3063 March 8, 1926 Usual Rasidance of Decedant the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits tem 27 is marked other than "natural", or frams 23a or 28a-f ahow other traumatic event, the Medical Examiner must be notified at 1 ₩ Yas 2 No Director Maryland Montgomery Rockville 10e. Street and Number 10f. Zip Coda 10g, Citizen of What Country? Hygiene. rther than "natural", or frams 23s. 1210 Thornden Road 20851 United States Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas À X No If Yas, Give Yaar or Datas: Was Dacedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxicen, Puanto Rican, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. permit. Peges 1 and 2 should be filed within 72 hours effer to Department of Health and Mental Hygiene. Important: If them 27 is marked other than "natural", or fran any injury or other traumatic access. 1 ☐ Navar Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ₺ No Specify: White by 3 N Widowad 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Educetion (Specify only highast grade complated) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) homemaker own home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Surnama) Arthur Wilmoth Allie Ferguson 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Timothy A. Burke Same as 10 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) 7-4-97 Chesapeake Crematory Beltsville, Maryland 21. Signatura of Funaral Sarvica Licensas 22. Nama and Addrass of Facility Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20910 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in death) Severe Parkinson's Disease Examiner Dua to (or as a consaquanca of) Examiner Severe Dementia Hospital or Attending Physician: The lew requires that the death certificate be executed Schours effect death.

Funeral Director: After this certificate hes been signed by the attending physicien end enested in the properties of the properties of the properties of the pure attending physicien and enested filled in by the funeral director, page 2 should be detached for uses es the buriel-transit Sequantially list conditions, if any, laading to Immadiata ceuse. Enter Undarfying Causa (Disaase or injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): Be Completed by Physician/Medical Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Hypothyroidism; Osteoarthritis 24a. Was an autopsy performad? 24b. Wara autopsy findings availabla prior to complation of ceusa of death? Reflux Esophagitis 1 ☐ Yas 2 X No 1 ☐ Yes 2 X No 25. Was cese referred to medicel axaminar? 26. Placa of Daath (Check only one) Hospital: Other: 4☐ Nursing Homa 5 🕅 Rasidance 6 ☐ Othar (Specify) Certification: To 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Mannar of Death 28a. Date of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? 5 Panding Invastigation Natural 1 Yas 2 No 2 Accidant 6 Could not be determined 3 Suicida 28a. Place of Injury - At home, farm, street, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 - Homicida To the Hospital or within 24 hours eft To the Funeral Di completely filled in Medical 29a. Certifiar 1 🛱 Certifying Phyalclan: To tha best of my knowledge, daath occurred at tha tima, data and place, and due to the cause(s) and mannar as stated. (Check only one) 2 Madfcal Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29b. Signatura and titla of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year)

D 27301

615 West Montgomery Avenue, Rockville, MD

July 3, 1997

State Registrar reglas R Sleamler las

1997 32. Ragistra's Signatura

Juha Davidson

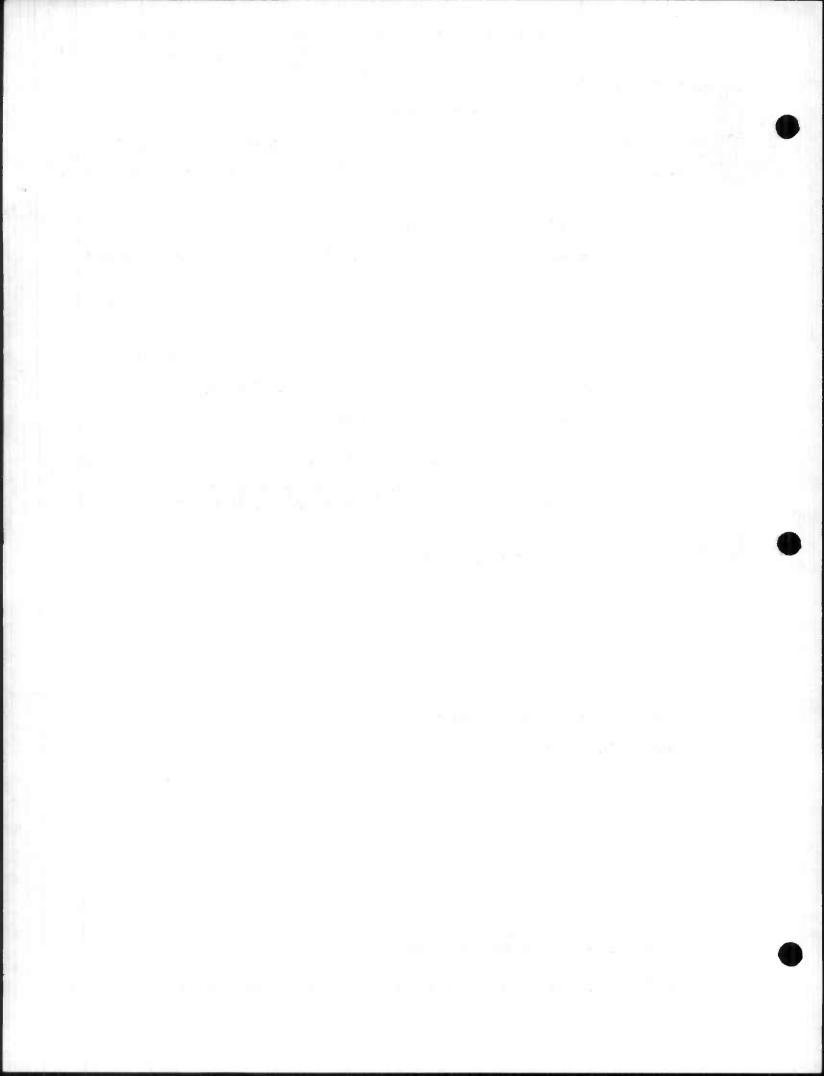
30. Name and addrass of parson who complated ceusa of daath (Item 23a) (Type, Print)

Douglas R. Shumaker, M. D.,

10

Box 68760

Division of Vital Records, P.O.

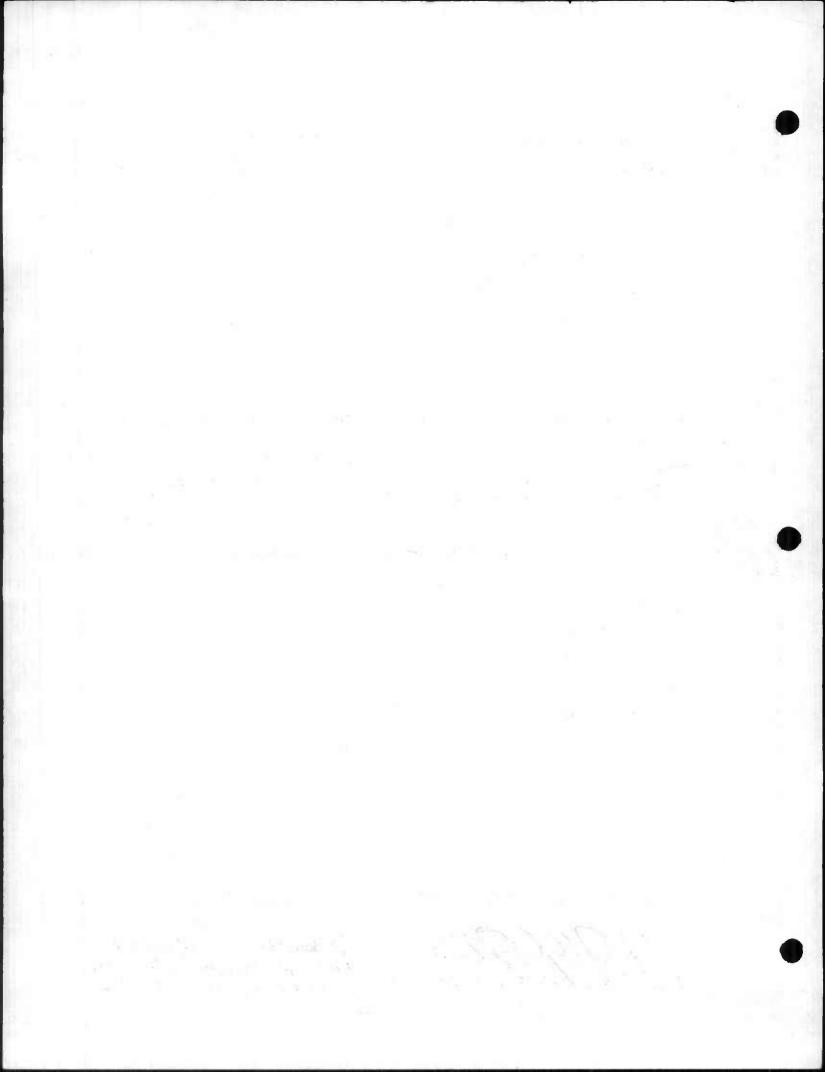


Certificate of Death 2. Date of Deeth 1. Decedent's Neme (First, Middle, Last) 3. Time of Death Month June 21, 1997 **Physician** Mahel Byler 12:45 P.M. /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Mariner Health Care Kensington Montgomery 5. Social Security Number 7. Age (In yrs. last birthdey) If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth Month Day, Year) Apr. 30, 1897 9. Birthplace (State or Foreign Country)
Missouri **Funeral** 1 M XX F Months Deys Hours 578-32-8285 100 Yrs. Director Usuel Residence of Decedent 10b. County 10c. City, Town or Location d other then "natural", or items 23e or 28a-1 show event, the Medical Examiner must be notified at 10d. Inside City Limits Director 1 ☐ Yes ŽXNo Maryland Montgomery Kensington 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3000 McComas Ave. 20895 U.S.A. Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 11. Maritel Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours effer of Depertment of Health and Mantel Hygiene. Important: If item 27 is marked other then "natural", or ites may injury or other traumatic event, the Medical Examine since. 1½ Never Married 2 ☐ Married 1 ☐ Yes 2 No If Yes, Give Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: white þ 3 ☐ Widowed 4 ☐ Divorced Yeer or Detes: Be Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Bookkeeper U.S. Government 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) James Byler 2 Bertha Gay 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) James Coyle/nephew 8407 Park Crest Dr. Silver Spring, MD 20910 20b. Piece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 200 cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Metropolitian Crematory June 27,1997 Alexandria, VA 21. Signature of Funerel Service Licensee 22. Name end Address of Fecility Takoma Funeral Home, Inc. elbad 254 Carroll St. NW Washington, DC 20012 23e. Pert1. Enter the di eese, or complications that caused the death. Do not enter the mode of dylng, such as cerdiac or respiratory errest, shock, or heart ai ure. List only one cause on each line. Intervel Between Onset end Deeth **Physician** immediate Cause (Final disease or condition resulting in death) /Medical NEGATIVE Examiner Physician/Medical Examiner The law requires that the death certificate be axecuted for use es the burial-tran Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Diseese or injury Due to (or es e consequence of) P.O. Box 68760, thet initieted events resulting in deeth) Lest Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Disease 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed MELLI TUS 24e. Wes en eutopsy certificate has STROKE 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No Division of Vital or Attanding Physicien: Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) P 1 Yes 2 No After this To the Hospital or Attanding Phy within 24 hours eftar deeth.

To the Funeral Director: After this completely filled in by the funeral of 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Yeer) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Naturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 I Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner steted. Medical 29a. Certifier (Check only one) 29b. Signature and little of cedi 29c. License number 29d. Date signed (Month, Dey, Year) 1) 36046 4701 RANDOLPH ROCKVILLE, MD of deeth (Item 23e) (Type, Print) 32. Registrar's Signeture

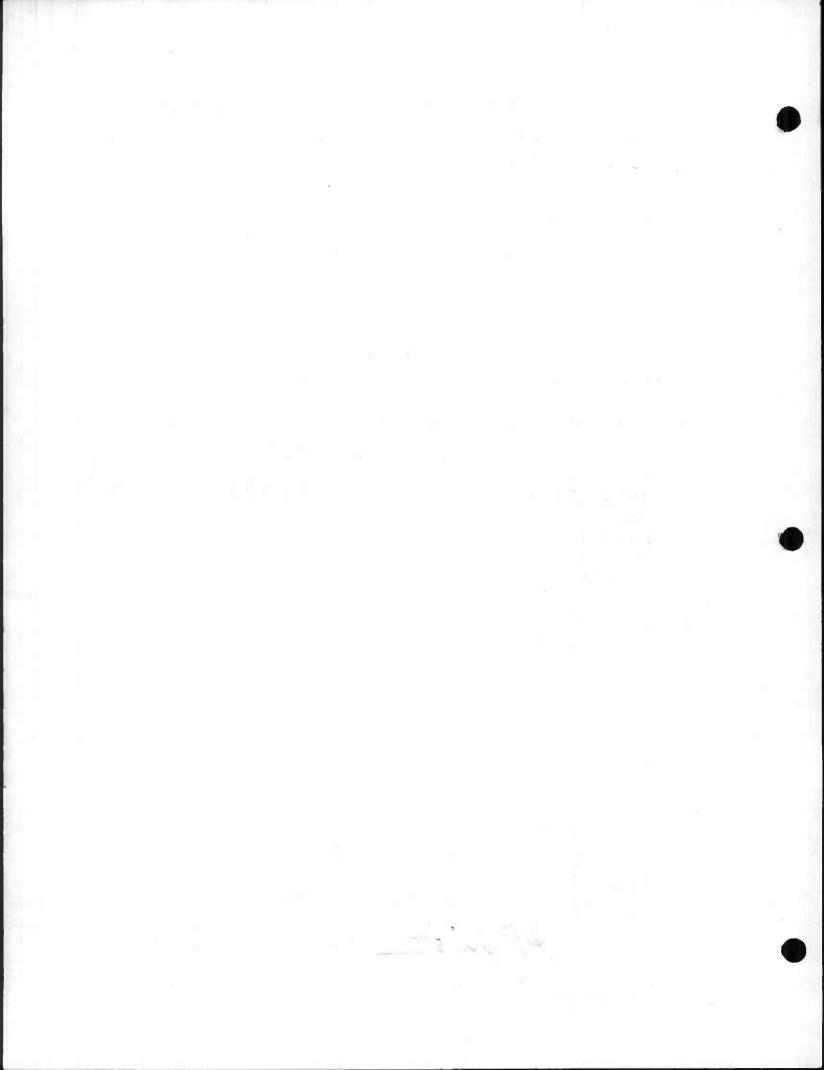
Julia Davidson State Registrar



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien 2 2 3 3 9

						Ce	rtificate c	f Death		Reg. N	No.			
			1. Decedent's Name (First, Middle, Las	st)					2. Date of D	eath			3. Time o	of Death
	Physic			Nicoleti	ta Ba	arotti			July	7.	ay 1997	Year	6:30	ΔΜ
	/Medi Examii		4a. Facility Name (If not institution, give	e street and number	)			4b. City, Town, or I			tc. County	of Death	0.30	ALI
			13515 Sanderling					Germanto			Mont		ry	
	Funeral Director		123-22-4900	9X 7. A	ge (In yrs 67	s. last birthday) Yrs.	Months Day		8. Date of B (Month, D	lay, Yes			elace (State etry) York	o <i>r Foreig</i> n
	and w		Usuel Residence of Decedent  10a. State 10b. County		10c. C	ity, Town or Lo	ocation	•				1	Od. Inside C	Titu Limite
	Many!	5	Maryland Montgom	0.251								'		2 No
	the the 289	Director	Maryland Montgon  10e. Street and Number	lery		Germant	10f. Zip Code			10- (	Citizen of W	Short Cours		
	th with		13515 Sanderling	Place			2087			-	nited		*	
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, it a Mourest Examinat must be not the anone.	by Funeral	11. Marital Status  1 □ Never Married 2 ☑ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces 1 ☐ Yes 2 ☑ If Yes, Give Year or Dates:	?		Was Decedent of If Yes, specify C	f Hispanic Origin? (S uban, Mexicen, Puert lo <i>Specify:</i>	pecify Yes or N o Rican, etc.)	0-		c, White,		
Ö	2 ho	P	15. Decedent's Ed	ucation		16a. Dece	dent's Usual Occ	cupation		16b.	Kind of Bus			
218	hin 7	Completed	(Specify only highest grade Elementery/Secondery (0-12)	de completed)	£.\	(Give	kind of work do DO NOT use ret	ne during most of wor	king					
21	d with	E	12	College (1-4or	5+)	Codi	ng Super	rvisor		In	suran	ce Co	ompan	V
g	othe	BeC	17. Father's Neme (First, Middle, Last)				1	18. Mother's Nan	ne (First, Middle					/
Maryland	Alenta Alenta rked tic ev	ToB	Pasquale LaMattin	ıa				Julimin	a (No	t A	vaila	ble)		
ary	sho sho		19e. Informant's Neme/Relationship (7	ype, Print)		19b. Mailir	ng Address (Stre	et and Number or Ru	ral Route Numb	ber, City	or Town, S	State, Zip	Code)	
	alth alth 27 ls		William R. Barott	i/Husband		13515	Sander	ling Place	, Germa	nto	wn, M	D 20	0874	
re,	s 1 a of He othe		20a. Method of Disposition		0.01	Di of Diese	-11 (21	lace) July 10			Location - 0			
E	Page ent or: If		1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify		Ga	ate of	Heaven	Cemetery	, 199/	S 1 1	ver S	nrin	g, Mar	-w1 and
Baltimore,	artm ortar inju		21. Signeture of Funeral Servica Licens											
Ö	Deparit Depart Import any in		Rugalita	. 1	10010	, Ro	obert A. 300 West	ress of Facility Pumphrey Montgome	Funera.	l Ho	ome/Ro	ckvi	lle,	Inc.
	-		23a, Part1, Enter the disease or comm		10019	th Do not ent	Rockvil	Montgome Le, Maryla	nd 208	50-	2805		Approving	10
	Physician		23a. Part1. Enter the disease, or comp shock, or heart failure. List only of	one cause on each I	ine.	un. Do not em	9 119 111009 01 0	ying, sour as cardiac	or respiratory a	arrest,		1	Approxima Intervel Be Onset and	tween
	/Medical		Immediate Cause (Final	Mot	nata	tio Co	lam Came							
	Examiner		disease or condition resulting in death)	a			lon Cano	er					3 Year	cs
		Jer			Due to (	or as a consec	(uenca of):					Ì		
	eath certificate be executed attending physician and for use as the bunal-transit	edical Examiner	Sequentially list conditions	b. ————	Due to (	or as a conseq	uonee of):		<u> </u>			I		
Ć	execution and an inal-tr	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		D09 (0 (	oi as a conseq	querice or j.					1		
68760,	ertificate be executed ling physician and e as the burial-transit	cal	Cause (Disease or Injury that initiated events	c	Due to (	or es e conseq	uence of):					1		
	g phy as th	ed	resulting In death) Lest		D0010 (1	JI 63 6 COII364	delice oi).							
XO	n cer	M/W		d										-
œ.	thet the death ce led by the attendi	Physician	Pert II. Other significant conditions co	ntributing to death b	ut not re	sulting in the ur	nderlylna cause	riven In Part I	23h Did	tobacc	o use conf	tribute to	the cause	of death?
<u>Б</u>	by th	hy						g. v G. v av v av v .			_		ebly 4	
Ś	signed d be de	by F											,	
Record	aw requ	Completed							24a. Was	s an aut ormed?		con	ere autopsy allable prior apletion of of death?	to
	0 - 0	PO							10	Yes	2₽No	1	Yes 2	No
Ita		Be	25. Was case referred to medical					26. Place of Dea	th (Check only	one)				
_	00	10	examiner? 1 ☐ Yes 2 🔀 No	Hospital:	ent 2	ER/Outpatien	t 3 DOA	Other: 4 Nursing Ho	ome 5 🖾 Resi	idenca	6 □Othe	r (Specify	1)	
0	g Ph ter thi		27. Manner of Deeth	28a. Dete of Inju	Iry Vear	28b. Time of	28c. In		28d. Describe					
ō	ath. r: Af	atlc	1 ☑Natural 5 ☐ Pending 2 ☐ Accident Investigation	(1101111)	, , , , ,	injury		Yes 2 No						
Division of Vital	s offer death i Director:	Certification:	3 Suicide 6 Could not be determined	28e. Place of Inj building, et	ury - At h c. (Speci	ome, farm, stre	eet, factory, offic	9	28f. Location ( City or To	Street a wn, Sta	and Numbe te)	r or Rural	Route Num	nber,
	To the Hospital or Attending P within 24 hours effer death.  To the Funeral Director: After t completely filled in by the funeral properties.	edical (	29a. Certifier (Check only one) 1⊠ Certifying Phy 2  Medical Exami	sician: To the best ner: On the basis of and manner st	examina	owiedge, death ation and/or Inv	occurred at the restigation, in my	time, date and placa, opinion, death occur	and due to the red at the time,	cause(	s) and men nd place, ar	ner as stand due to	ated. the cause(:	s)
	To the within 2 To the comple	ž	29b. Signeture and title of certifier	111/	١.	//	29c. Lice	nse number		29d. D	ate signed	(Month, E	Day, Year)	
	20		<b>)</b>	WILL	wi	tt	D33	293	DC	Ju]	Ly 7,	1997	1	
		i	30. Neme end address of person who co	ompleted cause of d	leeth (Iter	n 23a) (Tvne	Print)							
			Frederick P. Smit					. NW Wash	ington	D (	200	0015		
			24 D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	400	0	TOUCUL	. MACHINE	, IN Wasii.	THE COIL	D.	١٠	MID		

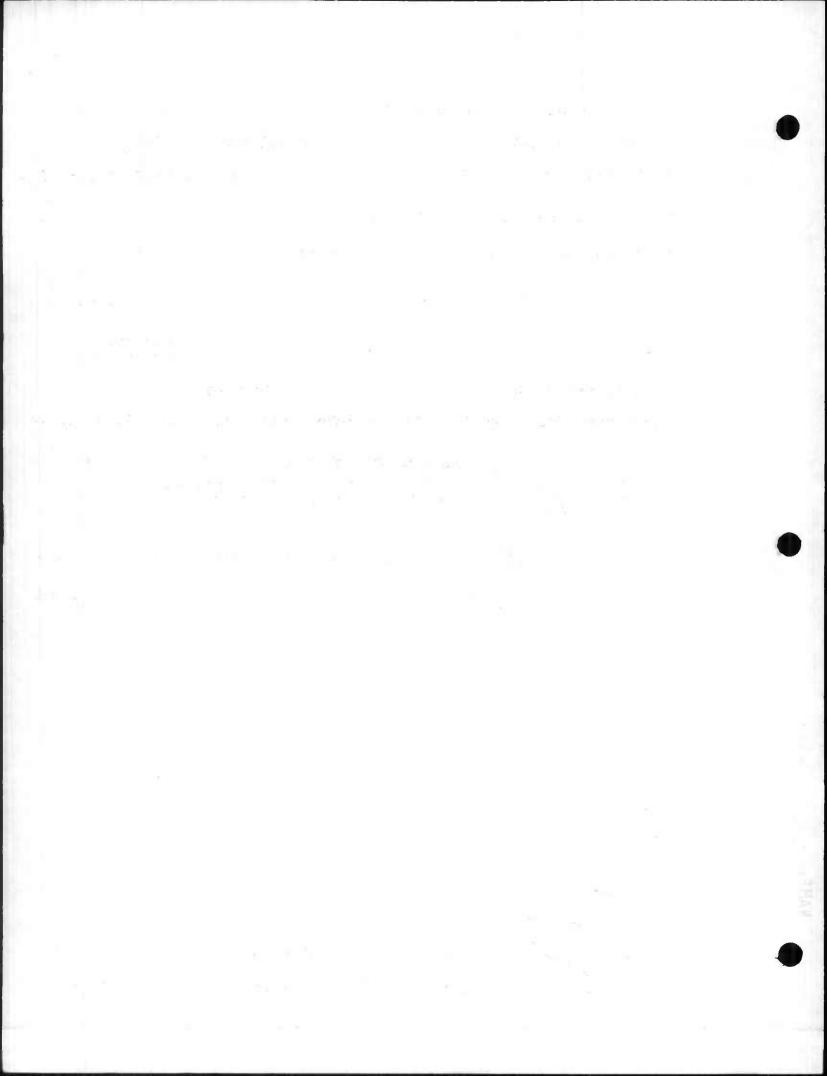
Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 3 4 0

					Certifica	ate of	Death	1	Reg. No.		
Dhami		1. Decedant's Nama (First, Middla,	Last)					2. Data of Dea		Yaar	3. Tima of Death
Physic /Med		Les	ster	Bake	r, Jr.			JULY 4	, 1997	raar	18:42
Exami		4a. Fecility Nama (If not institution,					4b. City, Town, or			of Deeth	
1		St. Agnes Hos	pital				Balti	more	(Ci	tv)	
Funeral				7. Aga (In yrs. last b		lar 1 Yaar	If Undar 24 Hrs	8. Data of Birt			place (Stata or Foraign
Director		246-30-0486 Usual Rasidance of Dacedant	1 🕱 M 2 🗆 F	72	Yrs. Month	s Days	Hours Min.		11,1925		.Carolina
dend send		10a. Stata 10b. County		10c. City, Tov	wn or Location					1	Od. Insida City Limits
the Marylend	Funeral Director		rundel		Laurel						1 ☐ Yas 25XNo
# 2 2 g	급	10e. Streat end Numbar			10f. 2	Zip Coda			10g. Citizan of WI		itry?
23a	0	3515 Oak Gro	ve Road			20	824		U.S	.A.	
ter dea	Tue	11. Maritel Status	12. Was Daca Armed For	dant Evar in U,S. cas?	13. Was Dad	edant of I	Hispanic Origin? (S an, Maxican, Puar	specify Yas or No- to Rican, atc.)	- 14. Race Black	- Americ	en Indien, atc.
3 6 8	by	1 ☐ Naver Married 2 ☐ Marrie 3 ☑ Widowed 4 ☐ Divorced				20No			Specify:		
72 hours	Completed	15. Decedant's		168	a. Decedant's U	ual Occup	pation	dilaa	16b. Kind of Bus	inass/In	dustry
within 7	pje	(Specify only highest Elemantary/Secondary (0-12)	Collaga (1	-4or 5+)	lifa. DO NOT	usa ratire	pation during most of wo d)	nking	Autom	oti	ve
d will be	- LO	12th_	Jonaga (1	451 017	Dri	ver			Wareh		
I Hygi	Be	17. Fether's Nama (First, Middla, L.	ist)				18. Mothar's Na	ma (First, Middla,	Maidan Sumama		
Maryland nd 2 should be file th end Mental Hy 27 is marked oth traumatic event	ToB	Lester Bake	er. Sr.				U	nknown			
Should No.	-	19a. Informant's Name/Ralationshi		19	b. Mailing Addra	ss (Straat	and Number or R		er, City or Town, S	State, Zic	Coda)
nd 2 lith e		John Carter	(Grand-s								MD 20724
Heelth Heelth tem 27 I		20e. Mathod of Disposition		20b. Place	of Disposition (A	iama of		Data	20c. Location - C		
Peges nent of l		Burial 2 Cramation 3		Stata	ary, cramatory o		,	7/10/0		7	MD
Semit. Peges 1 er Sepertment of Hee mportant: if Item 2 iny injury or other		4 ☐ Donation 5 ☐ Other (Spe 21. Signature of Funeral Service Li		Mt A			Cem.			eı,	MD
permit. Peges 1 and 2 should be filed within Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than any injury or other traumatic event, it and the should.		ENGE !	12. IS	nonde	14		FUNERA	L HOME 20850	, P.A.		
		23a. Part 1. Enter the disease, or b shock, or heart failure. List or	omplications that ca	used the death. Do					rrest.		Approximate
Physician		shock, or hearf tollure. List or	sty one bause on as	ach lina.						į	Intarval Batween Onset and Death
/Medical		Immadiata Causa (Final	1		1. 1				1		1.1
Examiner		diseasa or condition rasulting in daath)	a. H	herosc	so or	, (0	ronary	ressel	dise4	26	Ihor
	<u>~</u>		.1	Dua to (or as a	consequance of	f):	- (			1	10 years
bed is	in in		D. ++4	sersers	100			Po-			0 years
eath certificete be executed ettending physician end for use es the buriel-transit	Examiner	Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Causa (Disaasa or Injury that initiated avants	10	Dua to (or as a	consequance o	f):				į	0
ficete be e physician ss the burie	a	ceusa. Entar Undarlying Causa (Disaasa or Injury	C							i	
phys the	Medical	rasulting in daath) Last		Due to (or as a	consaquence o	r):				į	
ding ling	Me		<b>1</b> d							i	
ath contended for us			<b>-</b> 0.							1	
• 5 6 5	Physician	Part fl. Other significant condition	s contributing to da	ath but not rasulting	in tha undarlylng	ceusa gi	van in Pert I.	23b. Did 1	lobacco use cont	ribute to	the cause of death?
et the	Phy							10	Yes 2 No	3 <b>Droi</b>	bably 4 Unknow
9 58	by										
ne law requires e hes been sign age 2 should be									an eutopsy mad?		are autopsy findings ailabla prior to
> 100	Completed							perio	illiad;	CO	mplation of ceuse death?
The lav	E							101	ras 2 No		
sicien: Ti certificate irector, pe	Ö	25 Was some referred to madical								11	☐ Yas 2☐ No
Physician: The lav this certificate hes ral director, page 2	m	25. Was cesa rafarred to medical axaminar?	Hospital:	/		Ott	nor:	ath (Check only o			
this ald	. To	1 ☐ Yes 2 ☐ No 27. Mannar of Death	1 ∐ Ir 28a. Data o	patiant 2 ER/O	outpatiant 3 I	JUA	4 Li Nursing P	1	dance 6 Othai	1-7	y)
	lo	1 ☐Natural 5 ☐ Panding	(Month	n, Day Year)	Injury	28c. Inju		28d. Dascribe r	now Injury occurre	a	
Attending in death.	cat	2 ☐ Accident investige 3 ☐ Suicide 6 ☐ Could no			М	םוי	Yas 2□No				
or Attending I or Attending I or Attending I of I or Attending I or Attending I or Attending I or Attending I or Attending I or Attending I or Attending I or Attending I or Attending I or Attending I or Attending I or Atte	Certification:	4 Homicida datamin	ed 288. Place	of Injury - At homa, f g, atc. <i>(Specify)</i>	arm, straat, fact	ory, office		28f. Location (S City or Tox	Street and Number vn, Stata)	r or Aura	il Routa Number,
led in the											
To the Hospital or Attend within 24 hours effect dealt To the Funeral Director: completely filled in by the	Medical	29a. Cartifiar  (Check only one)  **Cartifying 2   Medical Ex	Physician: To tha i aminar: On the ba and mann	past of my knowledg sis of axamination a er stated.	a, daath occurre nd/or invastigation	d at tha tion, in my o	ma, data and place opinion, daath occi	e, and dua to tha ourred at tha tima,	causa(s) and man data and place, ar	nar as si nd dua to	ated. tha causa(s)
of this	Me	29b. Signeture end titia of amilior			2	9c. Licans	sa numbar		29d. Data signed	(Month,	Day, Yaar)
		1/-/	2	01		-	20000	_	TI.	1h	1003
10		·VV	9	- / -	um	(,	205090	7	2019	-	(77 /
		30. Nama and addrass of page with	no complated ceusa	of daath (Item 23a)	(Typa, Print)	2 /	A	1	, ,		ky, and
		Kraig A. Mehil	le mD		outh C	ato,	Aven	re, Bul	towere	M	m, and
Sta	ate	31. Date-filed (Month, Day, Mear)	0 1007 32. Re	gistrer's Signatura				ę	•	b-	•
Regist	rar		A 1001	June Havid	con-Handa	60_					



	. 0	7	20	0	
State of Maryland / Department of Health and Mental Hy	ygiene	1	22	J	4

								Certi	ficate o	f De	ath		Reg. No.				
	<b>.</b>		1. Decedent's Name (Firs	, Middle, La	est)							2. Date of De	eth		3. Tirr	ne of Death	
	Physic /Medi		Howard 0.	Bach	nan	77						July	Dey 8	Yeer 1997	12	:13 PM	
	Exami		4a. Facility Neme (If not in	stitution, giv	e street end num.	ber)				4b. Ci	ity, Town, or	Location of Deat	h 4c. Cou	nty of Deeth			
			Holy Cross	Hospi	tal					Si	lver S	pring	Mont	tgomery	V		
П	Funeral		5. Social Security Number			. Age (In yrs.	last birt	roug/	If Under 1 Year	ar If L	Inder 24 Hrs	8. Date of Bir (Month, De Aug. 1	th Your	9. Birthp	lece (St	ete or Foreign	
	Director		579-12-2850		1⊠M 2□F	76	)	rs.	Months Day	/s Ho	ours Min.	Aug. 1	1920	Minne	esot	a	
	P		Usuel Residence of Dece														
	anylar show	-	10a. Stete 10b.	County		10c. Ci	ty, Town	or Locat	tion					1		le City Limits	
	W T	5	MD Mo	ntgome	ery	Ro	ckvi	11e				1 □ Yes 2√□				Yes 2½ No	
	or 2	Director	10e. Street and Number						10f. Zip Code	•			10g. Citizen	of Whet Coun	itry?		
	th w	<u>6</u>	4621 Aspen	Hill H	Road					208	353		USA				
	ep .	Funeral	11. Marital Status		12. Was Decedent Ever in U, Armed Forces?		,S.	S. 13. Was Decedent of Hispenic If Yes, specify Cuban, Mex			anic Origin? (Specify Yes or No		)- 14. F	Raca - Americ Bleck, White,		n,	
0	permit. Peges 1 end 2 should be filled within 72 hours efter deeth with the Maryland Depertment of Health end Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examination to confined at ONCE.		1 Never Merried 2		1 XYes 2 No If Yes, Give Year or Dates: 1945			1 ☐ Yes 2 ☐XNo Si					Specify: White				
Š	rai',	d by	3 ☐ Widowed 4 ☐ D	vorced			-46			вчо зресну.			Spe	chy: WII.	HILLE		
S.	72 h metu	Completed	15. D (Specify only	15. Decedant's Ed (Specify only highest gra			16a.	16a. Decedent's Usuel Occ			most of wo	rkina	16b. Kind of	f Business/Inc	dustry		
2	ithin Ban	Jdu.	Elamantary/Secondary		Collaga (1-4	for 5+)			(Give kind of work done during most of life. DO NOT use retired)								
2	ygier tre	ပိ	12				Repairman					ephone					
Baltimore, Maryland 21215-0020	d oth	Be	17. Father's Name (First, I		)			18. Mother's Name (First, Middle, Maiden Sumeme)  Emily Bourdeaux  19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code)									
	Men	2	Wendel Bach	nan						Er	nily B	ourdeau	ζ				
	2 sh end is m		19e. Informent's Name/Re	letionship (	Type, Pnint)		19b.	Mailing /	Address (Stre	et end f	Vum <i>ber</i> or A	ural Route Numb	er, City or Tov	wn, Stata, Zip	Code)		
2	end saith ar tr		Dorothy M.	Bachma	an						Road,	Rockvi	lle, MI	2085	53		
more	of He		20a. Method of Disposition		70	20b. I	placa of cameten	Dispositi	on (Name of ory or other p	olece)	1	Dete	20c. Locatio	on - City or To	wn, Stat	е	
	Peg int: H		1 🔀 Burial 2 ☐ Cren 4 ☐ Donetlon 5 ☐ O			ale					rv	7/14/97	Chelte	nham	MT		
	mit.		21. Signeture of Funeral S	ervica Licar	nsee			22. N	lama end Add	dress of	Fecility Fr	ancis J.	. Colli	ns Fur	nera	1	
	Depermine Dependent Important Irraportant		1/60	1	4.4	wa b	5					iversity	Blvd.	West			
N <sub>M</sub>			23a Pert Foter the disa	Se or com	polications that cau	used the deel	L Don		ver Sp				rraet		Approx	lmoto	
	Dhamisian		23a. Pert 1 Enter the disa shock, or heart tailur	e. List only	one ceuse on ee	ch line.				, 3,					Intervel	Between and Death	
	Physician /Medical	Examiner	Immediata Ceuse (Final			1				1	n	-0	+	1	4-	'	
	Examiner		diseese or condition resulting In deeth)		· acy	de	nu	joc	ana	14	ex p	ufare	neov	- 1	en	nereal	
					7	Due to (	or es e	onseque	nce of):	1	- 7	1	1		7 ,	ves	
	pet isc				b. ask	eric	520	200	5000	LC	Ree	erl a	usea	10 '	24	ves	
ь.	end el-tre	xa	Sequentially list conditions if any, leading to immedia cause. Enter Underlying	6		Due to (	or as a o	onseque	noe of):	1/2.		esta	-				
68/60,	rtificete be executed ng physician end s es the buriel-transit		Ceuse (Disease or Injury	~	· gen	era	xus	26	a aoi	w.	2000	Kerza	eg				
200	phys phys s the	edicai	thet initiated events resulting in death) Lest  Due to (or as a consequence of):														
	ding	⋝															
ROX	eath ce ettendli i for use	lan															
	the de	Physician/	Pert II. Other significant conditions contributing to death but not resulting in the					0					b. Did tobacco use contribute to the cause of death.				
7	het the	モ						ioi	up	Ca	aca	10	1 Yes 2 Tho 3 Probably 4 Unknow				
JS,	The law requires thet the death ce site has been signed by the ettendl page 2 should be deteched for uss	Completed by	/						0		7		211211-0-0-0	T 041 144	I DECLESION OF THE		
0	neen												en eutopsy ormed?	ava	ailable pr	osy tindings rior to of cause	
	hes b														deeth?	OI Cause	
	The ete h											10	Yes 2000	10	Yes	2□ No	
	ysician: The la is certificate he director, pege	Be (	25. Wes case referred to r	nedical						26.	Place of De	eth (Check only	one)				
>	Physician: r this certific ral director,	To	examiner? 1		Hospital: 1 In	patient 2	ER/Out	petient	3 DOA	Other: 4	☐ Nursing I	ng Home 5 ☐ Residenca 6 ☐ Other (Specify)					
DIVISION O	er this		27. Menner of Deeth		26a. Dete of	Injury Dey Year)	28b. T		28c. In	jury et		28d. Describe	how injury occ	curred			
	ath. r: Aft	Certification:		Panding Investigation		Dey Tear)	111	jury			2 🗆 No	No					
NS.	or Attending effer death. Director: Affer in by the fune	FIC	3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, streat, tactory, office								28f. Location (		m <i>ber</i> or Aura	/ Route	Number,		
5	of or A	ent	4 Homicide building, etc. (Specify)								City or 10	City or Town, Stata)					
	spita nours nera y fille		29a. Certifier 1 C	ortifying Ph	ysician: To the b	est ot my kno	wledge,	death or	curred et tha	tima, da	ate and place	, and dua to tha	causa(s) and	mannar as st	tated.		
	Ho Fu	edicai	(Check only 2 M	dical Exam	niner: On the bas end menne	is ot axamina	tion end	or invest	tigation, in my	y opinion	n, daath occu	rred et tha time,	data and place	e, and due to	the cau	se(s)	
	To the Hospital or Attanding Ph within 24 hours efter death. To the Funeral Director: After thi completely filled in by the funeral	Me	29b. Signature end titla of	certitier					29c. Lice	nse nun	nbar		29d. Date sig	ned (Month,	Dey, Yei	3 <i>r</i> )	
			Mans	0	7.10.	151	011	1 m		DI	12.1	21	7-8	7-97	7		
(	64.		30 Name and address	y-	or year	900	200	Con Di	(i)	-			1-0	_//			
			30. Name end eddrass of		•		, .		•	370 *	Mhost	on MD	20906				
			George F. S	-		strar's Signa		CTTQ	ra DLI	ve;	Wileat	OII, PID	20300	_			
	Sta	re	The state of the s	IU	39/	wa Du	"down	-Hano	lesse								

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** 04 07 1997 Gilliam Austeen Bratcher, Jr. 1821 /Medical 4a. Facility Nema (If not Institution, giva straat and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Harford Harford Memorial Hospital Havre de Grace 6. Sex 1 XM 2 ☐ F If Under 1 Yaar If Under 24 Hrs.
Months Deys Hours Min. 8. Dete of Birth (Month, Day, Year) 04/10/1927 9. Birthplece (State or Foraign Country) W . VA 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Yrs 236-32-0966 70 Home of death 1821 Director Usuel Residence of Decedent the Maryland 10e. Stata 10c. City, Town or Location 10b. County 10d. Inside City Limits r 28a-1 show 1 Nos 2 No Director MD Cecil Conowingo 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? E S 7 is marked other than "natural", or items 23s or traumatic event, the Medical Examiner must be a 1054 Liberty Grove Road 21918 USA Funeral hours after death Race - American Indien, Bleck, White, etc. 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puarto Rican, etc.) 1 Navar Marriad 2 Married 1 Yas 2 □ No If Yes, Give 1 Yas 2 No White by 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within nent of Health and Mental Hygiene. wit: If item 27 is marked other than " College (1-4or 5+) Elementery/Secondery (0-12) Federal Government Aviation 17. Father's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Gilliam Austeen Bratcher, Sr. Sadie Halsey date 7/4/97 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Anneliese J. Bratcher- Wife 1054 Liberty Grove Rd. Conowingo, MD 21918 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Steta Data Department of Important: If it any injury or o 1 XBuriel 2 ☐ Cremation 3 ☐ Removel from Steta 4 ☐ Donation 5 ☐ Other (Specify) 07/10/97 Cecil County, MD West Nottingham Cem. 22. Name end Address of Fecility Mitchell-Smith Funeral Home itelell Shant 123 S. Washington St. Havre de Grace, MD 23a. Pert1 Enter the distance, or complications that causad the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. Lest only one cause on each line. Approximete Intervel Batween Onset and Deeth Physician Immediate Cause (Final disease or condition resulting in deeth) lerotic cardiovascular /Medicai HATER 10 SC CRAS Due to (or es e consequence of) Examiner isease physician and s the buriel-transit Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disaese or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of). Bratche Physician/Medical Due to (or es a consequenca of): USB Pert II. Other significant conditions contributing to death but not resulting in the undarlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown obstructive pullmomary þ 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? 24e. Was en eutopsy performed? ethanol 1 Tes 1 ☐ Yes 2 ☐ No certificate or Attending Physician: funeral director, 25. Wes case referred to medical Be Gilliam 26. Place of Deeth (Check only one) examiner? 1 2 Yes 2 □ No Hospitel: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this 28a. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending 1 Yes 2 No Investigation 2 Accident within 24 hours efter deal To the Funeral Director: 6 Could not ba 3 Suicida 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, dete end place, end due to the cause(s) end mannar stated. edical 29a. Certifier (Check only one)

20

Registrar

31. Dete filed (Month, Day, Year)

29b. Signety



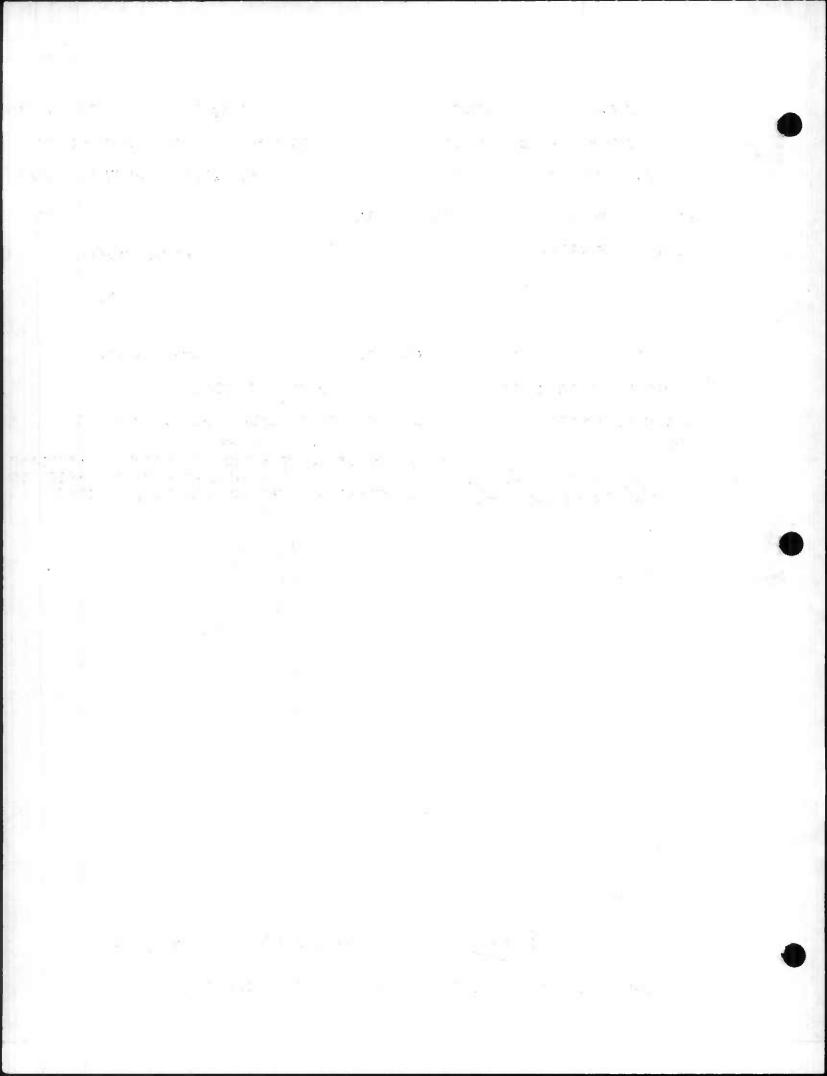
address of person who completed cause of deeth (Item 23a) (Type, Print)

29c. Licanse number

29d. Data signed (Month, Day, Year)

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

1. Decedent's Name (First, Mid  EDGAR  4e. Fecility Name (If not instituti SOUTHERN MA 5. Social Security Number  5 79 24 7594  Usual Residence of Decedent  10e. Stete 10b. Count  MD P. G  10e. Street and Number  3 8 0 9 PARK B  11. Marital Status  1 Never Married Number  (Specify only high Elementary/Secondery (0-12)  12  17. Fether's Name (First, Middle LUTHER CURT  19a. Informent's Neme/Relation ALICE H. BOW  20a. Method of Disposition  1 Buriel 2 Cremetion 4 Donetlon 5 Other (2)  23e. Pehr. Enter the disease, condended the shock, or heart failure. List  Immediate Cause (Finel disease or condition resulting in deeth)	ARYLAN 6. Sex 1 M X BLVD.  arried 1 ed 1 ed 1 ent's Educationest grade corr be, Last) CIS BC nship (Type, for the construction of the construction	Was Decedent I Armed Forces? I X Yes 2 N Year or Detes: On mpleted)  College (1-4or 5 2 N Year)  Well from State	PITA. PITA. 74  10c. City S  Ever in U.S  NoWWI  20b. Place MAR	st birthdey) Yrs.  Town or Lo ILVER  160. Deced (Give Iffe. D  REAL  19b. Meilin 3809  ace of Dispoimetery, crem YLAND	Months cation HI 10f. Z Ves Decc Yes, sp Yes ent's Usekind of wood NOT EST g Addres PA sition (Note of Note of	er 1 Year  Deys  LL  ip Code 207  edent of Hecity Cub 2N No  usel Occupy ork done use retire  ATE  ss (Street RK I eme of other ple	7 4 6 Hispenic Originen, Mexican, Specify: Dation during most of 18. Mother's HATTI Find Number BLVD.	n, or Loce NTON 4 Hrs. 8 Min. F)  n? (Specific Puerto Rice of working s Name (F E H) or Rural F SILV	Date of Birth (Month, Dey, Let 19 19 19 19 19 19 19 19 19 19 19 19 19	PRIN Year) 1923  Og. Citizen of UNITEI 14. Ra Ble Specia 16b. Kind of E REAL F faiden Sumai	whet Country of Desth NCE GI 9. Birthplat Country WEST  WHO STA!  ce - Americal cack, White, et (fyWHIT)  Business/Indu ESTATI me)  7. Stete, Zip C MD 20"	TES In Indien, ic. E Stry E Code) 7 4 6
4e. Fecility Name (If not institution of the second of the	ARYLAN  6. Sex  1 M  BLVD.  12. V  arried ed  12. V  tent's Education rest grade con the standard con the standard continuation of t	Was Decedent I Amed Forces? I Was Decedent I Amed Forces? I Was 2 I I Yes 2 I I Yes 2 I I Yes 1 I Yes 1 I Pos Give Val ror Detes: On Impleted)  OWERS  Print)	PITA. PITA. 74  10c. City S  Ever in U.S  NoWWI  20b. Place MAR	st birthdey) Yrs.  Town or Lo ILVER  160. Deced (Give life. D  REAL  19b. Meilin 3809  ace of Dispoimetery, crem YLAND	Months cation HI 10f. Z Ves Decc Yes, sp Yes ent's Usekind of wood NOT EST g Addres PA sition (Note of Note of	er 1 Year  Deys  LL  ip Code 207  edent of Hecity Cub 2N No  usel Occupy ork done use retire  ATE  ss (Street RK I eme of other ple	CLIN If Under 2: Hours  746  Hispenic Original on, Mexican, Specify: Detion during most of the during most o	n, or Loce NTON 4 Hrs. 8 Min. F]  n? (Specific Puerto Rice s Name (F) EE H] or Rural F SILV	Ty Yes or No- Person etc.)  The person of Deeth  Deeth of Birth (Month, Dey, EB 27)  Ty Yes or No- Person, etc.)  First, Middle, M EISHMA Route Number, VER H3	4c. Count PRIN Year) 1923  Og. Citizen of UNITEI 14. Ra Ble Special 16b. Kind of E REAL I faiden Suman AN City or Town	whet Country of Desth NCE GI 9. Birthplat Country WEST  WHO STA!  ce - Americal cack, White, et (fyWHIT)  Business/Indu ESTATI me)  7. Stete, Zip C MD 20"	EORGE 'S  Ice (State or Foreign ) VIRGINI  d. Inside City Limits  1  Yes XXIII  PES  In Indien,  Indie
SOUTHERN MA  5. Social Security Number  579 24 7594  Usuel Residence of Decedent  10e. Stete 10b. Count  MD P. G  10e. Street end Number  3809 PARK B  11. Maritel Status  1 Never Married MMa  3 Widowed 4 Divorce  (Specify only high  Elementary/Secondery (0-12)  12  17. Fether's Name (First, Middle  LUTHER CURT  19a. Informent's Neme/Relation  ALICE H. BOW  20a. Nathood of Disposition  ALICE H. BOW  20a. Natho	ARYLAN  6. Sex  1 M  BLVD.  12. V  arried ed  12. V  tent's Education rest grade con the standard con the standard continuation of t	Was Decedent I Armed Forces? I X Yes 2 N Year or Detes: On mpleted)  College (1-4or 5 2 N Year)  Well from State	PITA. 74 10c. City S Ever in U.S NoWWI	st birthdey) Yrs.  Town or Lo ILVER  160. Deced (Give life. D  REAL  19b. Meilin 3809  ace of Dispoimetery, crem YLAND	Months cation HI 10f. Z Ves Decc Yes, sp Yes ent's Usekind of wood NOT EST g Addres PA sition (Note of Note of	er 1 Year  Deys  LL  ip Code 207  edent of Hecity Cub 2N No  usel Occupy ork done use retire  ATE  ss (Street RK I eme of other ple	CLIN If Under 2: Hours  746  Hispenic Original on, Mexican, Specify: Detion during most of the during most o	NTON  4 Hrs. 8 Min. F]  n? (Specific Puerto Rice  of working  s Name (F  EE H)  or Rural F  SILV  9, 19	Date of Birth (Month, Dey, Let 19 19 19 19 19 19 19 19 19 19 19 19 19	PRIN Year) 1923  Og. Citizen of UNITEI 14. Ra Ble Specifi 16b. Kind of E REAL I faiden Suman AN City or Town	Whet Country WEST  Whet Country O STA' Ce - Americal ack, White, et (byWHIT) Business/Indu ESTATI me)  o, Stete, Zip C	ice (State or Foreign VIRGINI d. Inside City Limits 1□ Yes XXIIIo y? IES in Indien, ic. E sstry E
5. Social Security Number  579 24 7594 Usuel Residence of Decedent 10e. Stete 10b. Count MD P. G  10e. Street end Number 3809 PARK B  11. Maritel Status 1 Never Married Number 3 Widowed 4 Divorce (Specify only high Elementary/Secondery (0-12) 12  17. Fether's Name (First, Middle LUTHER CURT 19a. Informent's Neme/Relation ALICE H. BOW  20a, Nighted of Disposition 1 Buriel 2 Cremetion 4 Donetton 5 Other (2) 21. Signature of Funcial Survice 23e. Perff. Enter the disease, can shock, or heart failure. List Immediate Cause (Finel disease or condition	6. Sex    M   M     M   M     M   M     M   M	Was Decedent Armed Forces? I M Yes 2 In M Yes, Give Year or Detes: On mpleted) College (1-4or 5 2  DWERS  Print)  wel from State	9e (In yrs. It 10c. City S  Ever in U, S  Ever in U, S  Ever in U, S  MAR	st birthdey) Yrs.  Town or Lo ILVER  160. Deced (Give life. D  REAL  19b. Meilin 3809  ace of Dispoimetery, crem YLAND	Months cation HI 10f. Z Ves Decc Yes, sp Yes ent's Usekind of wood NOT EST g Addres PA sition (Note of Note of	LL  ip Code 207  edent of Hecity Cub 20 No  uel Occup ork done use retire  ATE  ss (Street RK Bene of other ple	If Under 2-Hours  7 4 6  Hispenic Original Properties of the Conference of the Confe	n? (Specification of working s Name (F H) or Rural F SILV	y Yes or No- y Yes or No- ien, etc.)  First, Middle, M EISHMA Route Number, VER H3	Og. Citizen of JNITEI  14. Ra Ble Special Special REAL Fraiden Surnal AN City or Town	9. Birthpla Countr WEST  WEST  Whet Countr D STA!  Cee - Americal ack, White, et chy WH IT]  Business/Indu  ESTAT!  me)  n, Stete, Zip Countr Country	Code)  Code)  Code)  Code)  Code)  Code)  Code
Usual Residence of Decedent  10e. Stete 10b. Count  MD P. G  10e. Street and Number  3809 PARK B  11. Maritel Status  1 Never Married DMMa 3 Widowed 4 Divorce  (Specify only high Elementary/Secondery (0-12)  12  17. Fether's Name (First, Middle  LUTHER CURT  19a. Informent's Neme/Relation  ALICE H. BOW  20a. Method of Disposition  1 Buriel 2 Cremetion 4 Donetlon 5 Other (2)  21. Signature of Funcial Sarvice  23e. Pehr. Enter the disease, a shock, or heart failure. List  Immediate Cause (Finel disease or condition	arried ed 12. V ent's Education rest grade con 1 C	Was Decedent I Armed Forces? I Wayes 2 In M Yes, Give Year or Detes: on mpleted) College (1-4or 5 2  DWERS  Print)  wel from State	10c. City S Ever in U,s NoWW I  5+) 20b. Place MAR	Town or Lo ILVER  160. Deced (Give life. Deced (	Ves Decrives, sp  Ves Decrives, sp  Ves dent's Us kind of wood NOT  EST  g Address PA sition (Netory or VE Neme 6	LL ip Code 207 edent of Hecity Cub 2N No usel Occup ork done use retire ATE ss (Street RK I eme of other ple	746 Hispenic Originen, Mexican, Specify: Deation during most of 18. Mother's HATTI and Number BLVD.	n? (Specification of working) s Name (Fig. H) or Rural Fig. SIL' 9, 11	y Yes or No- y Yes or No- ien, etc.)  First, Middle, M EISHMA Route Number, VER H3	Og. Citizen of UNITEI  14. Ra Ble Special 16b. Kind of E REAL Interpretation Surman AN City or Town	WEST  Whet Countr  O STA!  ce - Americal cek, White, et fr/WHIT!  Business/Indu  ESTAT! me)  o, Stete, Zip C  ID 20'	VIRGINI d. Inside City Limits 1 Yes XXIVo  y? I'ES n Indien, cc. E  Code) 7 4 6
MD P. G  10e. Street end Number 3809 PARK B  11. Maritel Status  1 Never Married Max 3 Widowed 4 Divorce  (Specify only high Elementary/Secondery (0-12) 12  17. Fether's Name (First, Middle LUTHER CURT  19a. Informent's Neme/Relation ALICE H. BOW  20a, Nethod of Disposition 4 Donetlon 5 Other (2) 21. Signature of Funeral Survice  23e. Perff. Enter the disease, can shock, or heart failure. List Immediate Cause (Finel disease or condition	BLVD.  arried 1 ed 1 ed 1 ent's Educationest grade content grade content grade content grade content grade content grade content grade content grade content grade content grade content grade g	Armed Forces? 1 IN Yes 2 IN IT Yes, Give Year or Detes:  on mpleted)  College (1-4or 5 2  DWERS  Print)  evel from State	SEver in U,S NoWWI  5+)  20b. Place MAR	ILVER  16e. Deced (Give life. L  REAL  19b. Meilin 38 0 9 ace of Disposimetery, crem YLAND	HI  10f. Z  Ves Dec Yes, sp  Yes ent's Us kind of w OO NOT  EST  g Addres PA sition (Notertory or VE Neme 6	edent of Hecity Cub  2X No  2X No  2X No  ATE  ss (Street  RK I  ame of  other ple	dispenic Original American, Mexican, Specify:  Detailon during most of the second of t	of working  s Name (F  E H)  or Rural F  SIL  9, 11	y Yes or No- ien, etc.)  First, Middle, MEISHMA	14. Ra Ble Special Spe	Whet Countr  D STA!  ce - Americal ck, White, et  fyWHIT!  Business/Indu  ESTAT! me)  n, Stete, Zip C	1 □ Yes ②X Noo y? I'ES n Indien, c. E  sstry  E
10e. Street end Number  3809 PARK B  11. Maritel Status  1 Never Married PM  3 Widowed 4 Divorce  (Specify only high Elementary/Secondery (0-12)  12  17. Fether's Name (First, Middle LUTHER CURT  19a. Informent's Neme/Relation ALICE H. BOW  20a. Method of Disposition  1 Buriel 2 Cremetion 4 Donetlon 5 Other (2)  21. Signature of Funeral Smylor  23e. Pehr. Enter the disease, a shock, or heert failure. Lis	BLVD.  12. y arried ed  15. ent's Educetic riest grade cor rie	Armed Forces? 1 IN Yes 2 IN IT Yes, Give Year or Detes:  on mpleted)  College (1-4or 5 2  DWERS  Print)  evel from State	Ever in U.s NoWW I 5+)	16e. Deced (Give life. L. REAL)  19b. Meilin 3809  ace of Disposmetery, crem	Ves Deciryes, sp  Yes  Hent's Us  kind of w  OO NOT  EST  g Addres  PA  sition (Netory or  VE  Neme 6	edent of Hecity Cub  2X No  2X No  2X No  ATE  ss (Street  RK I  ame of  other ple	dispenic Original American, Mexican, Specify:  Detailon during most of the second of t	of working  s Name (F  E H)  or Rural F  SIL  9, 11	y Yes or No- ien, etc.)  First, Middle, MEISHMA	14. Ra Ble Special Spe	O STA?  ce - America eck, White, et fyWHIT!  Business/Indu  ESTAT! me)  n, Stete, Zip C  MD 20	ry? I'ES In Indien, c. E Estry E
3809 PARK B  11. Maritel Status  1 Never Married MMa 3 Widowed 4 Divorce  15. Decede (Specify only high Elementary/Secondery (0-12)  12  17. Fether's Name (First, Middle LUTHER CURT  19a. Informent's Neme/Relation ALICE H. BOW  20a. Method of Disposition  12 Buriel 2 Cremetion 4 Donetion 5 Other (2)  21. Signature of Funeral Smylor  23e. Perff. Enter the disease, of shock, or heert failure. List Immediate Cause (Finel disease or condition	arried ed 12. V ent's Education feet grade con ) FIS BC nship (Type, F NERS n 3 □ Remo (Specify)	Armed Forces? 1 IN Yes 2 IN IT Yes, Give Year or Detes:  on mpleted)  College (1-4or 5 2  DWERS  Print)  evel from State	NoWWI  5+)  20b. Place MAR	1 16e. Deced (Give (Give (Fig. 2)) 19b. Meilin 3809 acc of Disposmetery, crem YLAND	Wes Dece Per Yes, sp Yes Sent's Usekind of wood NOT ST Yes Address PA Sition (Note to Yes). Name 6	edent of Hecity Cub 2 No uel Occupiork done use retire ATE ss (Street RK I eme of other ple	dispenic Original American, Mexican, Specify:  Detailon during most of the second of t	of working  s Name (F  E H)  or Rural F  SIL  9, 11	y Yes or No- ien, etc.)  First, Middle, MEISHMA	14. Ra Ble Special Spe	O STA?  ce - America eck, White, et fyWHIT!  Business/Indu  ESTAT! me)  n, Stete, Zip C  MD 20	TES In Indien, ic. E Stry  E Code) 7 4 6
1 Never Married 1 Mar.  3 Widowed 4 Divorce  15. Decede (Specify only high 15. 12. 12. 12. 13. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	arried and arried and arried and arried and arried and arried and arried arrival arried arrival arried arrival arried arrival arrival arried arrival a	Armed Forces? 1 IN Yes 2 IN IT Yes, Give Year or Detes:  on mpleted)  College (1-4or 5 2  DWERS  Print)  evel from State	NoWWI  5+)  20b. Place MAR	1 16e. Deced (Give (Give (Fig. 2)) 19b. Meilin 3809 acc of Disposmetery, crem YLAND	ent's Usekin's Usekin's Usekin's Usekin's Usekin's Usekin's PA g Addres PA sition (National (National or or or or or or or or or or or or or	ecity Cub 2 No uel Occupork done use retire ATE ss (Street RK B eme of other ple	on, Mexican, Specify:  Dation during most of  18. Mother': HATTI and Number BLVD.	of working  s Name (F  E H)  or Rural F  SIL  9, 11	y Yes or No- en, etc.)  First, Middle, M EISHMA Route Number, VER H	14. Ra Ble Special 16b. Kind of E REAL I flaiden Surnal AN City or Town	ce - America eck, White, et fyWHIT] Business/Indu ESTAT] me) n, Stete, Zip C	n Indien, c.c. E  restry  E  code) 746
1 Never Married 1 Mar.  3 Widowed 4 Divorce  15. Decede (Specify only high 15. 12. 12. 12. 13. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	arried and arried and arried and arried and arried and arried and arried arrival arried arrival arried arrival arried arrival arrival arried arrival a	Armed Forces? 1 IN Yes 2 IN IT Yes, Give Year or Detes:  on mpleted)  College (1-4or 5 2  DWERS  Print)  evel from State	NoWWI  5+)  20b. Place MAR	1 16e. Deced (Give (Give (Fig. 2)) 19b. Meilin 3809 acc of Disposmetery, crem YLAND	ent's Usekin's Usekin's Usekin's Usekin's Usekin's Usekin's PA g Addres PA sition (National (National or or or or or or or or or or or or or	ecity Cub 2 No uel Occupork done use retire ATE ss (Street RK B eme of other ple	on, Mexican, Specify:  Dation during most of  18. Mother': HATTI and Number BLVD.	of working  s Name (F  E H)  or Rural F  SIL  9, 11	First, Middle, MEISHMA	Special Specia	eck, White, et fyWHIT] Business/Indu ESTAT] me) n, Stete, Zip C	E Sode) 7 4 6
(Specify only high Elementary/Secondery (0-12) 12 17. Fether's Name (First, Middle LUTHER CURT 19a. Informent's Neme/Relation ALICE H. BOW 20a, Nethod of Disposition 4 Donetlon 5 Other (2) 21. Signature of Funeral Service 23e. Perff. Enter the disease, a shock, or heart failure. Lis	riest grade con )  FIS BC  Inship (Type, F  NERS  In 3 □ Remo (Specify)	mpleted) College (1-4or 5 2  DWERS  Print)  wel from State	20b. Ple ce MAR	(Give life. 1) REAL  19b. Meilin 3809 ace of Dispoimetery, crem YLAND	g Addres PA sition (Note to your or VE Nome to Note to your or VE	are defined as a retire are selected as a reti	18. Mother's HATTI end Number BLVD.	s Name (F IE HI or Rural F SILV	First, Middle, M EISHMA Route Number, VER H	REAL Infaiden Sumai AN City or Town	ESTATI me) n, Stete, Zip C MD 20	E (2009) 746
1 2 17. Fether's Name (First, Middle LUTHER CURT  19a. Informent's Neme/Relation ALICE H. BOW  20a. Method of Disposition AD Buriel 2 Cremetion A Donetlon 5 Other (2)  21. Signature of Funeral Smylor  23e. Pehr. Enter the disease, on shock, or heart failure. List  Immediate Cause (Finel disease or condition	ie, Last) FIS BC Inship (Type,	College (1-4or 5 2 2 )  DWERS  Print)  wel from State	20b. Ple ce MAR	19b. Meilin 3809 ace of Dispoimetery, crem YLAND	g Address PA sition (Notory or VE	SS (Street RK F  eme of other ple	18. Mother's HATTI end Number BLVD.	s Name (F IE HI or Rural F SILV	First, Middle, M EISHMA Route Number, VER H	AN  City or Town	me) n, Stete, Zip C MD 20	Code) 746
17. Fether's Name (First, Middle LUTHER CURT  19a. Informent's Neme/Relation  ALICE H. BOW  20a. Method of Disposition  14 Buriel 2 Cremetion  4 Donetion 5 Other (2)  21. Signature of Funeral Survice  23e. Perff. Enter the disease, can shock, or heart failure. List	ris bo	Print)	20b. Pla ce MAR	19b. Meilin 3809 ace of Dispormetery, crem YLAND	g Addres PA sition (National or or or or or or or or or or or or or	ss (Street RK I eme of other ple	HATTI end Number BLVD.	E HI or Rural F SILV	EISHMA Coute Number, VER H	AN  City or Town	me) n, Stete, Zip C MD 20	Code) 746
LUTHER CURT  19a. Informent's Neme/Relation  ALICE H. BOW  20a. Method of Disposition  A Donetion 5 Other (  21. Signature of Funeral Service  23a. Perff. Enter the disease of shock, or heart failure. Lis	ris bo	Print)	MAR	3809 ace of Disposementery, crem YLAND	PA sition (No netory or VE Neme e	RK Benne of other ple	HATTI end Number BLVD.	E HI or Rural F SILV	EISHMA Route Number, VER HI	AN City or Town LL, N	n, Stete, Zip C	746
19a. Informent's Neme/Relation ALICE H. BOW 20a. Method of Disposition 11 Buriel 2 □ Cremetion 4 □ Donetion 5 □ Other ( 21. Signature of Funeral Savid 23e. Perff. Enter the disease, of shock, or heert failure. Lis	nship (Type, F	Print)	MAR	3809 ace of Disposementery, crem YLAND	PA sition (No netory or VE Neme e	RK Benne of other ple	end Number BLVD.	or Rural F	Route Number,	City or Town	4D 20	746
ALICE H. BOW  20a, Nethod of Disposition  12 Buriel 2 Cremetion 4 Donetton 5 Other (2)  21. Signature of Funeral Service  23e. Perff. Enter the disease, on shock, or heart failure. List  Immediate Cause (Finel disease or condition	VERS	evel from State	MAR	3809 ace of Disposementery, crem YLAND	PA sition (No netory or VE Neme e	RK Benne of other ple	SLVD.	SIL'	VER H	LL, N	4D 20	746
21. Signature of Funeral Service 21. Signature of Funeral Service 23e. Perff. Enter the disease of shock, or heart failure. List Immediate Cause (Finel disease or condition	(Specify)	Paels	MAR	ace of Dispos metery, crem YLAND	sition (Note to ry or VE	eme of other ple	<b>J</b> ULY	9,1				
4 Donetion 5 Other (c. 21. Signature of Funeral Service 23e. Perf1. Enter the disease, c. shock, or heart failure. List Immediate Cause (Finel disease or condition	(Specify)	Paels	MAR	YLAND 22	VE Neme e	TERA		1.	221			
23e. Perf1. Enter the disease, c shock, or heert failure. Lis	Det	ons that ceused	1	22	Neme e			IMETI		чет.та	MAHIG	, MARYL
Immediate Cause (Final disease or condition	or complications only one ca	ons that ceused ause on eech lin	d she deeth									C 6633 (
Immediate Cause (Final disease or condition	or complications only one ca	ons that ceused ause on eech iin	d also atomats		TIVA				RD, CI			
Immediate Cause (Final disease or condition	st only one ca	ause on eech iin	a (ne death.	Do not ente	er the mo	de of dvi	na. such es ca	ardiac or re	espiretory erre	st		Approximate ntervel Between
Sequentially list conditions	b		Due to (or	es e conseques es e conseque	uence of	):						Years
Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that Initiated events resulting in deeth) Lest	c											
	d							<u> </u>				
Pert II. Other significant conditi	tlons contribu	ting to deeth bu	ut not resul	ting in the un	dertvina	ceuse aiv	en in Pert I.		23b. Did tol	oecco use co	ontribute to t	he cause of death?
PNEUMONIA												
COPD											eveil	e eutopsy findings able prior to pletion of ceuse seth?
									1 ☐ Ye	s 2 DNo	10	Yes 2□ No
	ai						26. Plece o	f Deeth (C	Check only one			
1 ☐ Yes 2 XNo		Manpatier		R/Outpetient			4 INUIS	ing Home	5 Reside	nce 6 Oth	ner (Specify)	
27. Menner of Deeth  Value 1 5 □ Pendi	ling	Ba. Dete of Injury (Month, Dev)	Year)	28b. Time of Injury					I. Describe ho	w Injury occur	rred	
2 ☐ Accident invest	tigetion				М		Yes 2 □ No					
4 Homicide determ	mined 28	Be. Plece of Inju building, etc.	ury - At hon c. (Specify)	ne, farm, stre	et, fecto	ry, office		281.	City or Town,	eet end Numl State)	ber or Rural F	Route Number,
	CABITITION.	Off the basis of	exemment	iedge, deeth	occurred	f et the tin	ne, dete end p	olece, end	due to the ce	use(s) end me	enner es stet	ed.
Gley		and menner stel	eted.									
zero. Signeture end title of cartific	er 4	211			29		_	10-	29			ey, Year)
7	9	as-	-			Do	1001	8		1.3	70	
30. Neme end eddress of person	n who comple	ted ceuse of de	eeth (Item 2	23e) (Type, P	rint)							
SURESH A. F	D አጥፑፐ.	MD 7	501	SURRA	TTS	RD	#30	7, C	LINTO	V, MD	2073	5
2	Pert II. Other significant conditions are sensiting in deeth Lest  PNEUMONIA  COPD  25. Wes case referred to medic exeminer?  1	PORT II. Other algnificant conditions contributed by the condition of the conditions contributed by the conditions contributed by the conditions contributed by the conditions contributed by the conditions contributed by the conditions are conditionally c	PARTIL Other algnificant conditions contributing to deeth by the property of t	d	d	d	d	d	Pert II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I.  PNEUMONIA  COPD  26. Plece of Deeth (Coperation of Deeth	PARTIN Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I.  23b. Did tot 1	PNEUMONIA  23b. Dld tobecco use of 1 Yes 2 No XX  24e. Was an eutopsy performed?  1 Yes 2 No XX  24e. Was an eutopsy performed?  1 Yes 2 No XX  24e. Was an eutopsy performed?  1 Yes 2 No XX  24e. Was an eutopsy performed?  1 Yes 2 No No North Nor	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I.  23b. Did tobecco use contribute to to the standard conditions contribute to the standard conditions contributed to the standard conditions contributed to the standard conditions contributed to the standard conditions contributed to the standard conditions contributed to the standard conditions contributed to the standard conditions contributed to the standard conditions contributed to the standard conditions contributed to the standard conditions contributed to the standard conditions contributed to the standard conditions contributed to the standard conditions contributed to the standard conditions contributed to the standard conditions contributed to the standard conditions contributed to the standard conditions contributed to the standard conditions contributed to the conditions contributed to the standard conditions contributed to the conditions contributed to the conditions contributed to the conditions contributed conditions contributed to the conditions contributed conditions contributed to the conditions contributed conditions contributed to the conditions contributed conditions contributed to the conditions contributed conditions contributed conditions contributed conditions contributed conditions contributed conditions contributed conditions contributed conditions contributed conditions contributed conditions contributed conditions contributed conditions contributed conditions



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 2

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3 Time of Death Month **Physician** Eleanor Fallon July 11, Barbour 1997 /Medical 11:30am 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Arnold Anne Arundel 1426 Medinah Court If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
Months Deys Hours Min. (Month, Day, Year) 7. Age (In yrs. last birthdey) 5. Sociel Security Number Birthplace (State or Foreign Country) **Funeral** Months Deys 1 ☐ M 2 🖾 F 76 Yrs. 022-18-9791 Director June 28,1921 Mass. Usuel Residence of Decedent the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Madical Examiner must be notified at MD Anne Arundel Arnold Director 1 ☐ Yes 2 ☐ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1426 Medinah Court 21012 **IISA** 2 should be filled within 72 hours after death vand Mantal Hygiena. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 ☐ Yes 2 ☒ No If Yes, Give Year or Detes: 1 ☐ Never Married 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: White Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Education Teacher 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Martin Fallon Katherine Wilbur 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2 st Department of Health and Important: If itsm 27 is m any injury or other traun Charles W. Barbour/husband 1426 Medinah Court, Arnold, MD 20b. Place of Disposition (Name of cemetery, crematory or other plece) 20a, Method of Disposition July 15 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State Davidsonville, MD Lakemont Cemetery 1997 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Fundal Sen 22. Neme end Address of Fecility
Barranco & Sons, P.A. Severna Park Funeral Home 495 Gov. Ritchie Hwy., Severna Park, MD num 21146 Inter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart failure. List only one cause on each line. Approximete **Physician** /Medical Immediate Ceuse (Final diseese or condition resulting in deeth) Sepsis Examiner Due to (or es e consequence of): Examiner enteritie ician and buriel-trensit adiation Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated Due to (or es e consequence of) Box 68760. ettending physician for use as the burie Uterine cancer 99 Physician/Medical that initieted events resulting In death) Lest Due to (or es e consequence of): P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? the signed by 1 ☐ Yes 2 No 3 Probably 4 Unknown Records. by 2 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24a. Wes en eutopsy peed hes pege 2 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No certificate Division of Vital 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpetlent 3 DOA this funeral 27. Menner of Deeth Certification: 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Ne Hospital or Attending P in 24 hours efter death. Ne Funeral Director: After t After Naturel 5 Pending 1 Yes 2 No investigation 2 Accident 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 6 ☐ Could not be 3 ☐ Sulcide Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Certifier (Check only one)

Ce 29a. Certifie within 2 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D385aL numay ND 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) JEA MURRAY, MD 600 Bridgley are 5120 annapolis mo 2140) 31. Dete filed (Month, Dey, Yeer) 32. Registrer's Signeture State

Registrar

JUL 1 4 1997

Trelia Davidson Randall

actor Albana 

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 2 3 4 5

State of Maryland / Department of Health and Mental Hygiene'

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month **Physician** JULY 10 1997 0930 MARTHA BELL /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner FORESTVILLE REGENCY NURSING & REHAB, CENTER PRINCE GEORGE If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Sociel Security Number 6 Sex 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Dey, Year) **Funeral** Days 1 M 2 X F Months Hours Yrs. Director 218-07-9643 JULY 14 1910 MARYLAND Usual Residence of Decedent d 2 should be filed within 72 hours efter death with the Marylan It and Mental Hyglene.
7 Is marked other than "netural", or items 23e or 28e-f show traumatic event, the Marital Examiner mails be notified at 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits XXYes 2□No Director MARYLAND ANNE ARUNDEL LOTHTAN 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Funeral 1147 MARLBORO ROAD 20711 12. Was Decedent Ever in U,S Armed Forces? 14. Rece - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: Specify: BLACK þ 3 Nidowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 7th 0 HOMEMAKER OWN HOME 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) . Pages 1 and 2 should be fill ment of Health and Mental Hant: If Item 27 Is marked oth jury or other traumatic even Be THOMAS WILSON MAGGIE SOLLERS 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Relationship (Type, Print) MAGGIE SMITH (COUSIN) 1400 MARLBORO RD. LOTHIAN, MD. 20711 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State Date 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) permit. Page Department of Important: If sny Injury on once. MOSES CEMETERY 7/15/97 DRURY, MARYLAND 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility WM. REESE & SONS MORTUARY, P.A. elaq 821 WEST ST. ANNAPOLIS, MD. 21401 23a. Part1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Death Physician Immediate Ceuse (Final disease or condition resulting in death) /Medical Coronary Artery Disease YRS. Examiner Due to (or es e consequence of) Examiner -tran Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last end Due to (or es a consequence of) buriel physician Box 68760 Physician/Medical the Due to (or as e consequence of): for use es 80 Part II. Other eignificent conditiona contributing to death but not resulting in the underlying cause given in Part I. ed by the detached P.O. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Ischemic Cardiomy grathy. Diubetes Mellitus P Records, 24b. Were eutopsy findings evailable prior to completion of ceuse of death? 24e. Was an autopsy performed? Completed peen Chronic anemia pege 2 1□ Yes 2□No 1 Tyes 2 No Division of Vital funeral director, 25. Was cese referred to medicel examiner? Be 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 28a. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Matural 5 ☐ Pending or Attendin efter death. Director: Aft 1 TYes 2 TNo Investigation 2 Accident 3 Suicide 6 Could not be 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital within 24 hours or To the Funeral Completely filled Medical 29a. Certifier (Check only one) 1 Sertifying Physician: To the best of my knowledge, death occurred at the time, date and plece, and due to the cause(s) end manner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end menner stated. 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) 039550 (. 6 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) Ji. m.O. 4850 Forbes Blvd. Lanham, md. 20706 ec. Haylar Georg 31. Date filed (Month, Day, Year) 32. Registrer's Signeture Julia Davidour JUL 1 4 1997

2 10 5 countries out regular house and rest where any countries are delicated as 2012 1 gg, 1. and the state of t

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 2 2 3 4 6

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** AM Qui 1300W K 10 /Medical 4e. Fecility Neme (f not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner BAltimore BAltimore RIDGE Nursing and Rehab WINDSOR If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthday) **Funeral**  Birthplece (Stete or Foreign Country) Months Deys 1 □ M 2 ☑ F Hours Yrs Director 213-22-0476 84 MARYLAND JAN. 10 1913 the Maryland 10a. Stete 10b. County 10c. City, Town or Location a or 28a-f show 10d. Inside City Limits MARYLAND ANNE ARUNDEL Director GAMBRILLS 1√ Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? r than "natural", or itams 23a 1188 SUMMERFIELD ROAD Funeral 21054 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. filed within 72 hours after 1 Never Merried 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 21215-0020 1 ☐ Yes 2 ☐No þ Specify: 3 □ Widowed 4 □ Divorced BLACK Completed 15. Decedent's Education (Specify only highest grade completed) Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry I Hygiane. HOUSEKEEPING Elementary/Secondary (0-12) College (1-4or 5+) 12th FT. GEORGE MEADE SUPERVISOR lyr. 7 is marked other traumatic event, Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be 1 and 2 should be Health and Mental Pages 1 and 2 should ANDREW PINDELL MARY WILLIAMS 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) t: if item 27 is n LAWRENCE BROWN (SON) 1188 SUMMERFIELD RD, GAMBRILLS, MD. 21054 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, Stete ŏ XXBuriel 2 ☐ Cremetion 3 ☐ Removel from State permit. Page Department of important: if any injury or TABOR CHURCH CEMETERY 7/16/97 ANNAPOLIS, MD. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility WM. REESE & SONS MORTUARY, P.A. 23a. Pent1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete arvel Beh Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel SRT months disease or condition resulting in deeth) Examiner Due to (or es a consequence of) HTN The law requires that the death certificata be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest burial-trar Due to (or es e consequence of) of Vital Records, P.O. Box 68760. physician Physician/Medicai Due to (or es a consequence of): for use as the Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. datached 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ ate has been sign page 2 should be 24b. Were eutopsy findings avellable prior to Completed 24e. Wes an eutopsy completion of ceuse of deeth? certificate has 2 UNO Attending Physician: Be 25. Wes cese referred to medicel examiner? 26. Place of Deeth (Check only one) Other: ASNursing Home 5 ☐ Residence 6 ☐ Other (Specify) 5 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Yeer) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After Division 5 Pending Investigation 1 Naturel s after death. if Director: A ed in by the fu death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital within 24 hours a To the Funeral Completaly filled TEX Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) and menner es steted.

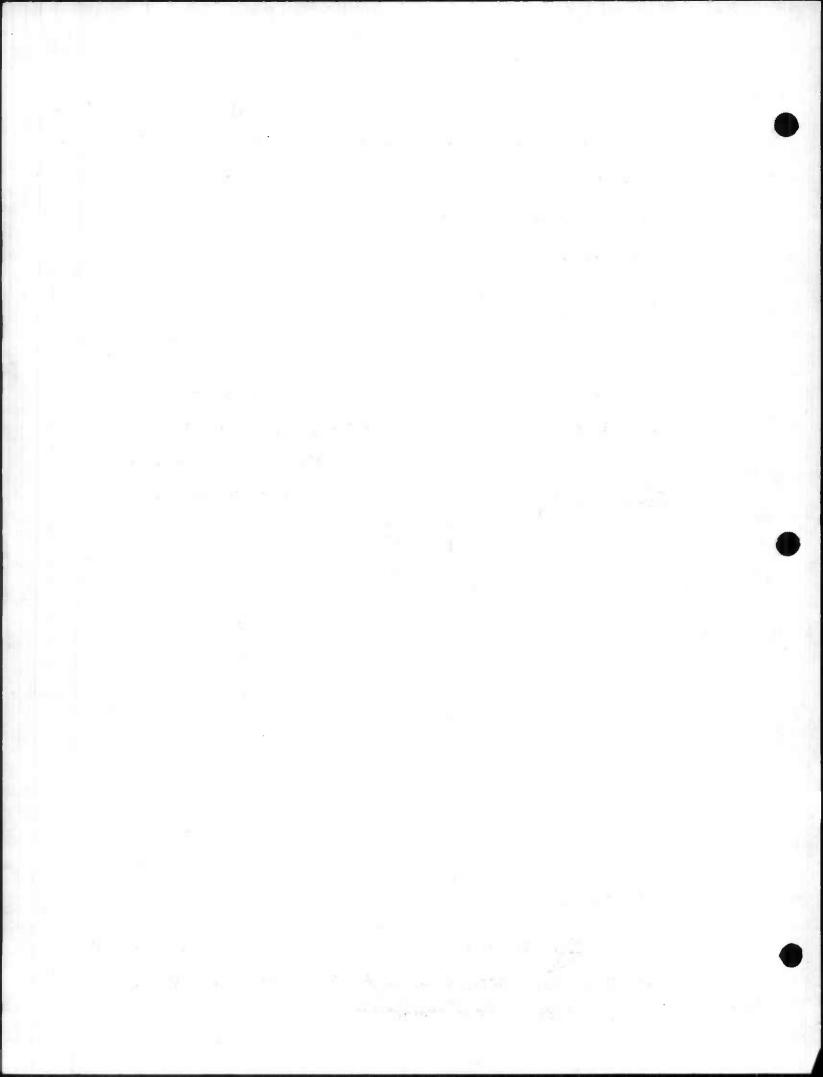
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) end menner steted. Medicai (Check only one) 29b. Signeture end title of certifie 29c. License number 29d. Date signed (Month, Dey, Year) 11,1997 1737573 30. Neme end eddress of person w impleted ceuse of deeth (Item 23a) (Type, Print) Ave Baltman MD 7220 Park Heights ZIDELL MD

Registrar

31. Date filed (Month, Day, Year)

JUL 1 4 1997

32. Registrar's Signature



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible of 347

Type o	Fill in black indelible lik.	Assure All Copies Are	realnie	99	
State	of Maryland / Department of H	ealth and Mental Hygiene	21	4	-

						Ce	rtificat	e of	Death		1	eg. No.		
н	Physic	ian	Decedent's Neme (First, Middle, Last	•							2. Date of Dee	th Dey	Year	3. Time of Death
	/Medi		Richard A.	Bruinsma	a						July		1997	2:17AM
	Exami	ner	4e. Fecility Neme (If not institution, give		)			4			ocation of Deeth		y of Deeth	
			North Arundel Ho	•			T M11	4.77			urnie		ne Ar	
	Funeral		5. Sociel Security Number 6. S	ex OXM 2□F	ge (In yrs. le	st birthday) Yrs.	If Under Months	Deys	If Under :	Min.	8. Date of Birth (Month, Dey	Year)		lace (Stete or Foreign try)
	Director		Usuei Residance of Decedent		65	113.					March 5	1932	Mass	achusetts
	and we		10e. State 10b. County		10c. City,	Town or Lo	ocation		_				1	0d. Inside City Limits
	Manylan f show	ō	1470	. 1 . 1		0								1 ☐ Yes 2 🔯 No
	h tha Marylar r 28a-f show	Je C	MD Anne Aru  10e. Street end Number	indel		Crown	10f. Zip				1	0g. Citizen of	What Coun	itry?
	death with the Maryland rms 23a or 28a-f show ir must be notified at	Funeral Director	1252 Generals Hig	huan			20.	21	.032			United	Stat	96
	ter death thems 2	Jera	11. Menitel Stetus	12. Wes Deceden	t Ever In U,S	. 13.	Was Deced			pin? (Sp	ecify Yes or No- Rican, etc.)	14. Re	ce - Americ	an Indien,
0	or he	F	1 Never Merried 2 Merried	Armed Forces 1) Yes 2 ☐ If Yes, Give						, Puerto	Rican, etc.)		ck, White,	etc.
02	ENE	þ	3√DWidowed 4 □ Divorced	If Yes, Give Yeer or Detes:	:		1□ Yes	SX XIVO	Specify:			Speci	whi	te
21215-0020	72 hours aftar "natural", or ite	Be Completed	15. Decedent's Ed (Specify only highest gra	lucation		16e. Dece	dent's Usue kind of wor DO NOT us	ol Occup	etion	of work	ina	16b. Kind of E	Business/Inc	dustry
7	c .	npie	Elamantary/Secondary (0-12)	College (1-4or	5+)	life.	DO NOT us	se retired	i)	Or WORK	ang .			
2	* 9 5 4	Co		2		M	linist	er				Reli		
Maryland	2 should be filed withing and Mental Hygiana. Is marked other than aumatic svent, the M		17. Fether's Neme (First, Middle, Last)						18. Mothe	r's Nem	e (First, Middle, I	Me <i>idan Sum</i> a	me)	
Ya	should be ind Mental I	2	Edward John Brui								ca Marcu			
Nar	2 sh and is m		19e. Informent's Neme/Reletionship (7				_				ral Routa Number			
	ss 1 and 2 should be filed of Haalth and Mental Hyg item 27 is marked othe other traumatic svent,		Deayon Bruinsma	(Neice)	lear Di		Cairn		d Mi	11e	rsville,			
0	H ite		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐	Removei from State	00	metery, cre	osition (Ner metory or o	ne or ther plea	;e)	1	Dete	20c. Location	- City or To	wn, Stete
ŧ	tman tant:		4 □ Donetion 5 □ Other (Specify		For	t Lin	coln	Crem	atory	71	11/97 B	rentwo	od, M	aryland
Baltlmore,	permit. Pages Department of H Important: If ite any injury or of	(	21. Sgneture of Funerel Servica Ligen	500	/	2:	2. Neme en	d Addre	ss of Fecility	John	n M. Tay	lor Fu	neral	Home, Ind
	00200		trald A.	Lus To		1	47 Du	ke c	f Glo	uce	ster St.	Annap	olis,	MD 21401
			23a. Pert1. Enter the diseese, or comp shock, or haart tailure. List only	olicetions thet cause one cause on aach	d the deeth. lina.	Do not en	ter the mod	e of dyin	g, such es	cardiec	or respiretory err	est,		Approximete tntarval Between
	Physician			44	Α.	. /			, 1				į	Onset and Deeth
1	/Medical Examiner		Immediete Cause (Finel diseese or condition resulting in death)	· Myo	card	Lal	J A	far	ctio	1			. i	hours
н		-	resulting in dealin)	1	Due to (or		400							
	pe isc	nin ni		b. Atv	rul		villa	tio	1					years
	cate be executed physician and the buriat-transit	dicai Examiner	Sequentielly list conditions, if eny, leeding to immediate	Λ :	Due to (or	es e conse	quence of):							•
09	be e lcian buris	ie m	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or injury  Couse (Diseas											years
68760,		de	thet initieted events resulting in deeth) Last		Due to (or	es e consec	quence of):						į	
_	certifi nding usa a	/Me		d									1	
Вох	ires that tha death certif signed by the ettanding d be detached for usa a	by Physician/M							7014 75 75		1			
P.O.	y the	ysi	Pert II. Other significant conditions co	_		_	4 4						/	the cause of death
	that ned b	y P	Hypertensio.	1 , pas-	+Ac	ute-	Alle	ult	-		101	es 2 No	3   Proi	bably 4 🗆 Unknow
Records,	uires n sign	Q D	Hypertension respiratory o	0.							24a. Wes a	n eutopsy	24b. W	ere autopsy findings
000	require should		respiratory o	distress	57	n doro	mel	983	5,		perfor	med?	CO	eilable prior to mpletion of cause death?
Re	The law sata has b paga 2 s	E C	Deep vein thromb								1 🗆 Y	OF 1	-	
Vital	ician: The cartificata rector, pag		25. Wes casa referred to medical	19511 1443	-100	umas	din C	ess					1	Yes 2□ No
>		To Be	examiner? 1 ☐ Yes 2 ☑ No	Hospitai: 1 ☐ Inpat	iont 2DE	P/Outpatio	nt 30000	Oth			th (Check only or ome 5 Reside		her (Specif	v)
o	Phys or this arai di		27. Menner of Deeth	28e. Dete of Inj (Month, De		28b. Time o		8c. Injur		ising ric	28d. Describe h			//
Division	Attending r death. actor: After by the fune	atio	1		ey Year)	Injury	М		k? Yes 2∐I	No.				
S	After das	HC	3 Suicide 6 Could not be determined 28a. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify)								28f. Location (S		ber or Rura	l Route Number,
Ö	o affe	Certification:	4 L) nomicige	building, e	tc. (Specify)						City or Town	i, Siele)		
	hour hour mera y fille		29a. Certifiar Certifying Phy	ysician: To the best	of my know	ledge, daat	h occurred	et the tin	na, date end	piece,	end due to the c	ause(s) and m	enner as si	ated.
	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi complataly filled in by the funeral	edical	(Check only 2 Medicat Exam	inar: On the basis of end mennar s	of examinetic teted.	on end/or in	vestigation,	, in my o	pinion, deet	h occur	red et the time, d	ete end piece	, end due to	the cause(s)
	Vithi To the	Σ	29b. Signeture and title of certifier		2		290	. Licens	e number		2	9d. Dete sign	ed (Month,	Dey, Year)
D			gracis	4 14			1.	24	330	3		7-10	0-8	7
			30. Neme end eddrass of person who of	completed cause of	daeth (Itam :	23e) (Type.	Print)			-				

30. Neme and addrass of person who completed cause of daeth (Itam 23e) (Type, Print)

Jeffrey & Atkinson MD 470-D Ritchie Hry Severna Park M3

31. Dete tiled (Moritin, Dey, Year)

JUL 11 1997

32. Registrer's Signature

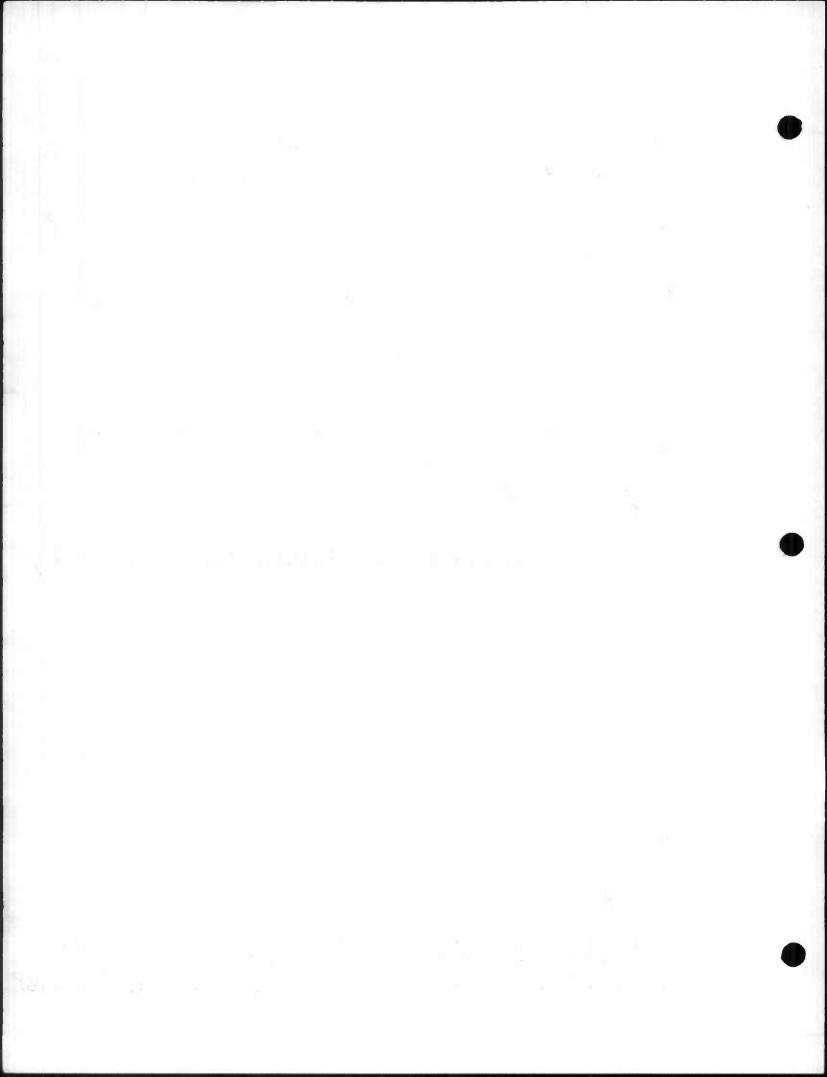
Andere

State Registrar

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

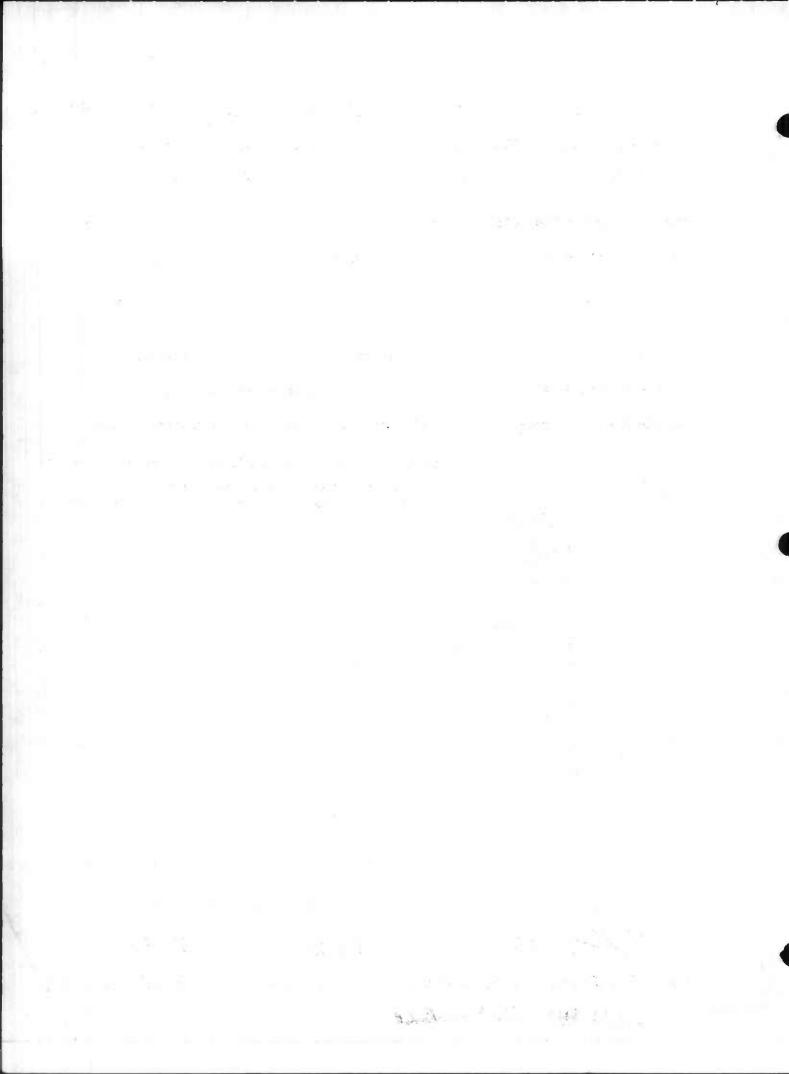
			,	Certificate of	Death	Re	g. No.	
	Diam'r.		Decedent's Name (First, Middle, Last)			2. Date of Death		3. Time of Death
U	Physici /Medi		William Russell Brown			July	3 1	997 1525
	Examir		4e. Facility Neme (If not institution, give street and number)		4b. City, Town, or Lo		4c. County	
			Genesis Elder Care		Randalls			imore County
	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs, last	Months Days		8. Date of Birth (Month, Day,	Year)	Birthplace (Stete or Foreign Country)
	Director		215-88-8103 /	Yrs.		2/28/6	4	Maryland
	and **		Usuel Residence of Decedent           10e. State         10b. County         10c. City. T	own or Location				10d. Inside City Limits
	Aaryli F sho	ō						1 Ves 2 No
	the h	Director	MD Baltimore Esse	X 10f. Zip Code		4/	o Citizon of M	
	with so	ā	212 Riverdale Court	2120	2		og. Citizen of W	
	ns 23	Funeral	11. Marital Status 12. Was Decedent Ever in U.S.			ecify Ves or No-	U.S.	A . - American Indian.
	fter d	표	Armed Forces?  1 ■ Never Married 2 ■ Married 1 ■ Yes 2 ■ No	13. Was Decedent of If Yes, specify Cut	oan, Mexicen, Puerto	Rican, etc.)		k, White, etc.
070	ould be filed within 72 hours effer death with the Maryland Martal Hyglens. arked other than "natural", or items 23e or 28e-f show atte event, the Medical Examiner must be notified at	by	3 ☐ Widowed 4 ☐ Divorced If Yes, Give Year or Dates:	1 ☐ Yes 2 No	Specify:		Specify:	White
Ö	2 ho	be	15. Decedent's Education 1	6a. Decedent's Usual Occu	pation	1	6b. Kind of Bu	siness/industry
Maryland 21215-0020	hin 7	Completed	(Specify only highest grade completed)  Elementery/Secondary (0-12) College (1-4or 5+)	(Give kind of work done life. DO NOT use retin	during most of work d)	ing		
7	giens giens	Con		None			None	
nd	al Hy	Be	17. Father's Name (First, Middle, Last)		18. Mother's Name	e (First, Middle, M	ta <i>iden Surna</i> me	9)
yla	Mant Mant mrked atic	Tol	Clarence E. Brown		Nancy	R. Snyd	ler	
a	2 should end Man is marke		19a. Informant's Name/Reletionship (Type, Print)	19b. Mailing Address (Stree	t and Number or Run	al Route Number,	City or Town,	State, Zip Code)
2	1 and 2 Haalth am 27 I		Nancy Bell / Mother	4317 Sycamo	ore Dr.	Hampste	ad, MI	21074
ore	of Har		20a. Method of Disposition   20b. Place	e of Disposition (Nam <i>e of</i> etery, crema <i>tory or other pl</i> a		Dete 2	0c. Location - 0	City or Town, State
Ξ	Peges mant of I ant: if Ite ury or of		4 □ Donation 5 □ Other (Specify) Ham	pstead Ceme	etary	7/7/97	Hamps	stead, MD
Baltimore,	permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryian Depertment of Haaith end Mantal Hygiana. Important: if Itam 27 is merked other than "natural", or Items 23e or 28a-f show any figury or other traumatic event, the Medical Expriner must be notified at 900ce.		21. Signature of Funerei Service Licensee	22. Name and Addr	ess of Facility			
10	2015		Steven W. Elmi	-3:		934	S. Ma	ain St
Т	1111		23a. Pert1. Enter the disease, or complications that caused the deeth. Eshock, or heart failure. List only one ceuse on each line.	Do not enter the mode of dy	ing, such as cerdiac	ome Ham or respiratory arre	pstead	d, MD 21074
	Physician		Control of the state of the sta					Onset and Death
	/Medical Examiner		Immediate Cause (Finel disease or condition	SIVE M	11 Hofor	ALLEU	KOENIC	phalopathy
ш	Examiner		resulting in death)  Due to (or es	e consequence of):	(5.111.00	/ /	-OCIGE	MINICPITALY.
	ad sit	ine	h h					
	The law requiras that the death certificata be executed ate has been signed by the attanding physician end page 2 should be detached for use es the buriel-transit	Examiner	Sequentially list conditions,	a consequence of):				
68760,	be ey ician burie		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause, (Disease or injury					
387	cata phys the	Medical		e consequence of):				
OX	ding		d					
B	aath cer attandir for use	cian						
o.	ras that the da signed by the a I be detached I	Physician/	Part II. Other algnificant conditions contributing to death but not resulting	g in the underlying ceuse gi	ven in Part I.	23b. Did to	acco use con	tribute to the cause of death?
<u>a.</u>	that the ed by deta					1 □ Ye	2 No	3 Probably 4 Unknown
Records,	sign d be	d by				24a. Was an	autone.	24b. Were autopsy findings
Ö	v require been si should I	ete				perform		available prior to completion of ceuse
ě	The law ate has page 2	Completed					2.0	of deeth?
						1 ☐ Ye	s all no	1 ☐ Yes 2 ☐ No
<u> </u>	Physician: The rhis certificate and director, pag	Be	25. Wes case referred to medical examiner?  Hospital:	_ Ot	26. Place of Deetl		-	
Division of Vital	S S D	٢.	1 Inpatient 2 ER	Outpatient 3 DOA	4 Nursing Ho	me 5 Resider		
0	ding h. After funer	F	1 Netural 5 ☐ Pending (Month, Day Year)	Injury Wo	rk? ]Yes 2 □ No	200. Describe no	w injury occurre	90
S	daat daat ctor: y the	lica	3 Suicide 6 Could not be			28f Location (Str.	eet and Numbe	er or Rural Route Number,
2	after Dire	Certification:	4 Homicide determined building, etc. (Specify)	, raini, stroot, ractory, onice		City or Town,	State)	or ristal riodic ridition,
	spita nours nerai		29a. Certifier 1 Certifying Physician: To the best of my knowled	ige, deeth occurred at the ti	me, date and place.	and due to the ca	use(s) and mar	nner as stated
	To the Hospital or Attanding PI within 24 hours after death. To the Funeral Director: After the completely filled in by the funeral completely filled in by the funeral process.	edical	(Check only one)  2 Medical Examiner: On the basis of examination and manner steted.	and/or investigation, in my	opinion, death occurr	ed at the time, da	te and place, a	nd due to the cause(s)
	Vithin Fo th	Me	29b. Signature and bit-opt certifier 0	29c. Licen	se number	29	d. Date signed	(Month, Day, Year)
	->-0		Le Relation Land		307	8		1/2/92
		1	30. Name and eddress of person who completed ceuse of death (Item 23)	a) (Type Print)	00 10	0		11/11
			Shellen II. CARBOL UNI	10000	ourt L	AAN R	a HAIR	or Un 7 170
	Sta	te	31. Date filed (Month, Day, Year)  32. Begistrar's Signature		JUI J	JU M	11111	A PID CICU
	Registr		JUL 09 1997 The Shudson	Radall				•
			22-01 1001	V				

DHMH 16 Rev 6/95



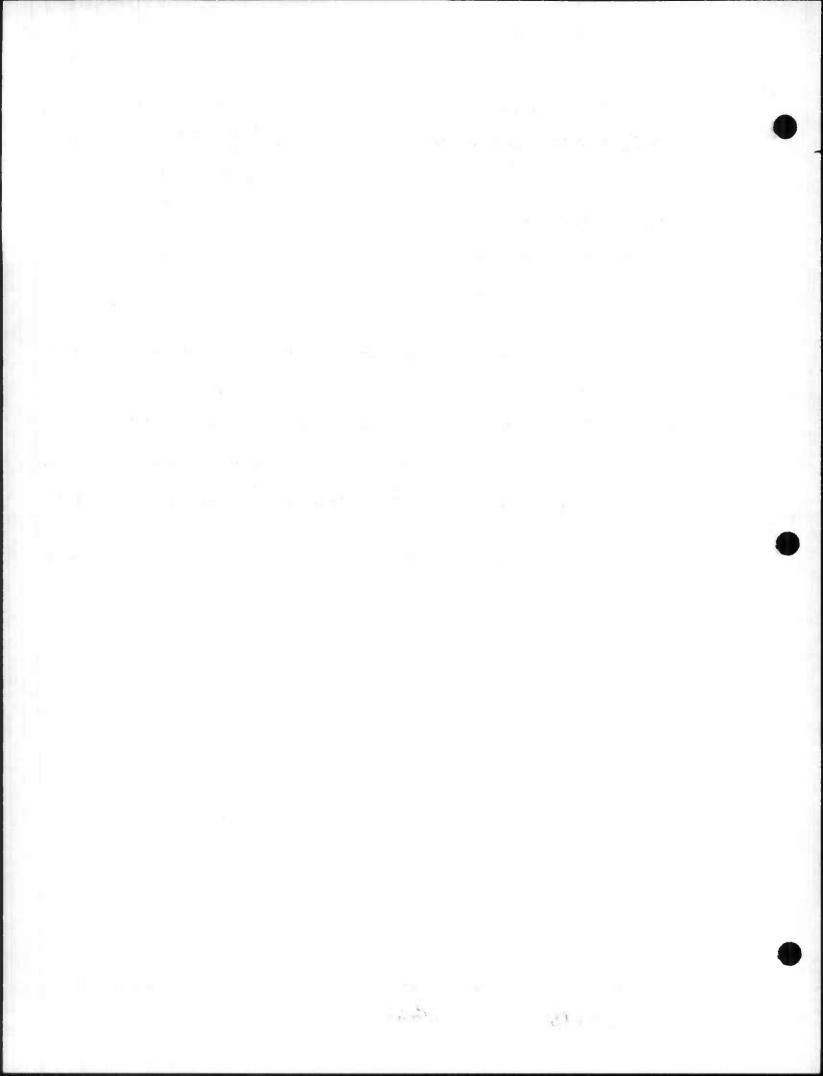
## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 22349

					Ce	rtificate	of i	Death			Reg. No.		
11 14 5		1. Decedant's Nama (First, Middle, L	ast)							2. Data of De			3. Tima of Death
Physic /Med		MARTIN		1.		/	SE	ck		Month Tuly	Day	1997	4:20 An
Exami		4e. Facility Neme (If not institution, g	ive straat and numbe	or)					n, or Loc	cation of Death	h 4c. (	County of Dea	
		Washington Adver	ntist Hosp	ital				Takoma	a Pa	rk	Mo	ntgome	erv
Funeral			Sax 7.	Age (In yrs. la	st birthday)			If Under 24		8. Date of Bir (Month, Da			irthplaca (State or Foraign Country)
Director		377-24-7672	1∭M 2□F	68	Yrs.	WORKES	ays	Hours	Min.	Jan. 1	6, 19	29 Oh	io
D >		Usual Rasidance of Decedant  10a. Stata 10b. County		40- 00-	T								
show at at	2			Too. City,	Town or Lo	cation							10d. Insida City Limits 1 ☐ Yes 2 📉 No
the Maryla 28a-f shon	ecto	Maryland Prince	George's	Large	<u> </u>								
M or	급	10a. Street end Number				10f. Zip Co					10g. Citiz	an of What C	country?
death with the Maryland ms 23a or 28a-f show crives be notified at	era	24 Cable Hollow		of Francis II O	40	207			0.10	M M - N	U.S.		
	Funeral Director	11. Marital Status  1 □ Nevar Married 2 ☒ Married	12. Was Decedar Armed Force: 1 \( \text{Yas} \) 22	ş?		Was Decedant If Yas, specify	Cuba	ispanic Origin in, Maxican, F	Puarto F	Rican, etc.)	1	Black, Whi	arican Indian, ite, etc.
9 9 5	by F	3 Widowed 4 Divorcad	If Yas, Giva Year or Datas			1□ Yes 2🛚	No	Specify:			5	Specify: W	hite
2 hou	8	15. Dacadant's E			16a Dece	dent's Usual O	ccun	etion			16h Kin	d of Businass	
n n	Completed	(Specify only highast gi	rade complated)		(Giva lifa.	dant's Usual O kind of work o DO NOT usa r	tona d	during most o	f workin	9	100.11	d of Dusilias	arridually
filed within Hygiena. other than "	E	Elamantary/Secondary (0-12)	Collaga (1-4o			t Press					Prin	ting	
office Hyg	BeC	17. Fethar's Neme (First, Middle, Las	t)				T		s Nama	(First, Middla,			
ould be f Mantal H arked or	To B	George Martin Be	ck					Alber	ta i	Philome	ena B	eester	1
2 should end Man Is marke aumatic		19a. Informant's Name/Raiationship		7	19b. Mailir	ng Addrass (S	traat	-					
Haalth earn 27 learn		Bonnie Beck - Da	ughter			King J							
of Ha of Ha f Itam r oth		20a. Method of Disposition		20b. Pla		sition (Nama o				Data			r Town, Stata
Pege mr:#		1 ☐ Buriai 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Spec.		a		itan Cr			07	/02/97	Alex	andria	, Virginia
permit. Pages 1 and 2 should be filed within 72 hours Department of Hauth end Mantal Hygiena. Important: if Item 27 is marked other than "natural", any Injury or other traumatic event, the Madical Exponse.		21. Signatura of Funeral Service Lice	nsaa		22	. Nama and A	ddras	s of Facility					
Depariment of the popular of the pop			M O	11	/	rancis							
		23a. Part1. Entar tha disaase, or conshock, or haert failura. List only	nplications that caus	ad tha daath.	Do not ant	ar tha mode of	f dvin	more A	veni	raspiretory e	attsv rrest.	ille,	MD 20781
Physician		shock, or haert failura. List only	ona causa on aach	lina.	· ·						120		Approximate Interval Batween Onset end Death
/Medical		immediate Ceusa (Final disaasa or condition	CONGE	CTIVE	HCA	DT TA	7/1	105					6 months
Examiner		rasulting in daath)	a. CON U.	Dua to (or a			111	JICE					Omorung
n =	ner		SEVERE	C ADI	2Tic	STEN	au	R					1 YEAR
cuted nd ransi	Examiner	Sequentially list conditions.	b. 00000	Dua to (or a			20	7					I IDAC
e axe lan a urial-		Sequantially list conditions, if eny, laading to immadiata cause. Entar Undarlying Causa (Disaasa or injury that initieled evants	CORONA	ev AD:	780x	DISEA	55						5 YEARS
sermicete be axecuted ding physician and se as the burial-transit	/Medical	that initieted evants rasulting in daath) Last	c	Dua to (or a	s a conseq	uenca of):							1011.
ing p	Me												1
The law requires that the death certificete be axecuted ite has been signed by the ettending physician and paga 2 should be detached for use as the bunal-transit			d										
the eff	sic	Part ii. Other eigniftcant conditions	contributing to death	but not resuit	ing in tha u	ndarlying caus	a giva	an in Part I.		23b, Did 1	lobacco u	se contribut	e to the cause of death?
nat the de ad by the detached	Physician	ACUTE DENAI 1	FAILURE							1100	Yes 2	No 3□F	robably 4 Unknown
signed d be de	by	10015 10071716 1	Mover								`		
peen s	Completed	DIABETER MEL	11701							24a. Was perfo	an autops med?	y 24b.	Ware autopsy findings available prior to
has b	npie	7 10 3 7 10 -											complation of cause of death?
	ခြ									101	(as 2/2)	No	1 Yes 2 No
Physician: The this certificate ral director, pag	Be	25. Was casa rafarrad to medical axaminar?						26. Place of	Death	(Check only o	na)		
this co	၉	1 ☐ Yas 2 No	Hospital: 1 Ninpat	iant 2 E	R/Outpatien	t 3D DOA	Otha	ar: 4 Nursi	ng Hom	a 5 🗆 Resid	dence 6	□Othar (Spe	ecify)
a ge		27. Mannar of Daath 1 Natural 5 ☐ Panding	28a. Data of Inj (Month, D	ay Year) 2	8b. Tima of injury	28c.	Injury	at c?	28	d. Dascribe l	now injury	occurred	
after deeth.  Director: After In by the fune	Certification:	2 Accidant invastigatio						Yas 2□No					
after deeth Director:	E	3 Suicida 6 Couid not b 4 Homlcida datarmined	28a. Place of if	njury - At hom tc. (Spacify)	e, ferm, stra	aat, factory, off	fice		28	3f. Location (S City or Tox	Straat and vn, Stata)	Number or R	lural Routa Number,
within 24 hours after To the Funeral Directory Completally filled in the													
To the Hospital within 24 hours a four the Funeral completaly filled	edicai	29a. Cartifiar 1 ✓ Certifying Pt (Check only one) 2 ☐ Madical Exam	nysician: To the best miner: On the basis	ot axaminatioi	edga, daath n and/or inv	occurred at the	na tim	a, data and pointon, daath o	olaca, an	d dua to tha d	cause(s) a	nd mannar a	s stated. a to the causa(s)
thin the	ĕ.	29b. Signatura and title of certifier	and mannar s	tated.				number					
2 ± 5 8		A Signatura and what was a second	MD				_				290. Dete	/· C -	th, Dey, Year)
5		West C					101	83			1-	7/	
2		30. Nama and address of person who	complated causa of	daath (itam 2	3a) (Type, I		1. 10		110-	an AC	n con	Dave .	A 240.
		31. Dete filed (Month, Day, Year)	y MU 113	UNIVE	16211X	BWD	WE	31 #	405	SILIE	( )/1	ING M	D 20902
Sta Registr			- /A . 1	rar's Signetur	P								
Registr 	ui	JUL 10 199	Just a	indian.	Markell								



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 22350

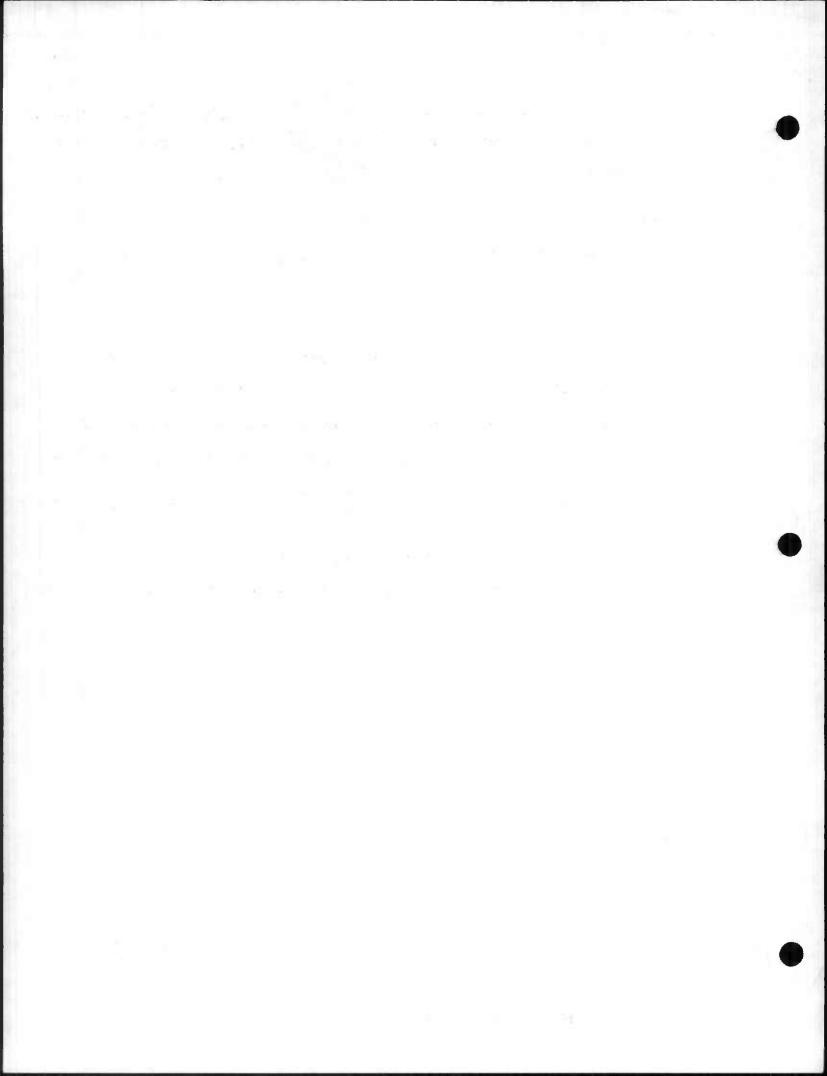
						Ce	ertifica	te of	Death			Reg. No.			
			1. Decedent's Neme (First, Middle,	Last)	511						2. Deta of De		V	3. Time	of Deeth
8	Physici		Eleanor Ruth	Bergsten	L						Month July	Day 5,	Yeer 1997	8:5	3 pm
	/Medic Examir		4e. Facility Nama (If not institution,	give street end n	umber)		·		4b. City, To	wn, or Lo	cation of Deel		y of Death		- F
	Exami		6511 Princess G	arden Pa	rkwav	#4			Lanha	am		Prin	ce Ge	orge	S
	Funeral			S. Sex		rs. last birthday		r 1 Yaar	If Under	24 Hrs.	8. Dete of Bi	rth			
	Director		048-12-1729	1□M 2ŬF	71	Vm	Months	Deys	Hours	Min.	(Month, Do	ey, Year) , 1925		achus	e or Foreign
			Usual Residence of Decedent		/ .						Dec. J	, 1923	riass	aciius	SELLS
	dand Mand		10a. State 10b. County		10c.	City, Town or I	ocation						1	0d. fnside	City Limits
	Man,	ō	Maryland Prince	George!	s I.	anham								1 🔯 Yε	as 2 No
	the 288	Director	10e. Street and Number	000280			10f. Zi	p Code			1	10g. Citizen of	Whet Cour	ntry?	
	with a or	Ö	6511 Princess G	ardon Da	rkway	# /.		706				U.S.A.			
	eath	Funeral	11. Meritel Stetus		cedent Ever in				Hienanic Ori	iain? (Sne	cify Yas or No		ce - Americ	en Indien	
_	iten d	ä	1 Never Merried 2 Marria	Armed F		70,0.	If Yes, spe	cify Cub	en, Mexicen	n, Puerto F	Ricen, etc.)		ck, White,		
20	rs a	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, G	ive		1 Tes	2X No	Specify:			Speci	y: Whi	te	
Maryland 21215-0020	72 hours after death with the Maryland naturel', or items 23a or 28a's show dical Examinet must be nouted	8	15. Decedent's	Education		16e. Dec	edent's Usu	el Occur	pation			16b. Kind of E	Business/In	dustry	
5	in 72	Completed	(Specify only highast	grede completed		(Giv	B kind of wo	ork done	during mos	t of working	ng			accity	
72	with the	E	Elementery/Secondery (0-12)	College 4	(1-4or 5+)	Admir	istra	ntiv	e Assi	istan	t	Colleg	e / E	ducat	ion
D	Hyg Hyg Ther	Ö	17. Fathar's Nama (First, Middle, La	·								, Meiden Sume		dacae	1011
an	d be	o Be	George Bergsten						Clar	ca Mi	11or				
2	d Me	2	19e. Informant's Name/Relationshi	n (Tuno Print)		10h Mai	ina Addenn	n /Ctmn				er, City or Town	State 71	Codel	
Ma	han Is I			, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3		_								
	of Health and Itam 27 is		Alda T. Kumfert 20a. Mathod of Disposition	- Frien						CL, L		Maryla			
0	ges F lie		1 X Burial 2 ☐ Cremation 3	Removel fron	7 Stete	o. Plece of Disp cemetery, cri				1	Dete	20c. Location			
altimore,	man tant: jury		4 Donetion 5 Other (Spe	• • • • • • • • • • • • • • • • • • • •	I	orrain						Baltim			land
Bai	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryfan Department of Health and Mental Hygiena. Important: if Itam 27 is marked other than "natural", or items 23s or 28s-4 show any injury or other traumatic svent, the Medical Examinet must be noted an annual.		21. Signeture of Funerel Service Li	censee		i	2. Name e	nd Addre	ess of Fecilit	ty Son	s Fune	ral Hom	e. P.	Α.	
ш	20 E 8 9		W.B.G	0112								attsvil			81
			23a. Pert1. Enter the disaese, or construction shock, or heart feilure. List or	omplications that	ceused the de									Approxim	reta
E.	Physician			.,	0001111101								1	Onsat en	
	/Medical		Immediete Ceuse (Final disease or condition	Cano	er, Ov	arian								4 Yea	re
ш	Examiner		resulting in deeth)	e. Canc		o (or es e cons	auence of)	:						4 Ica	113
-		ner					,								
	certificate be axecuted ding physician and se as the burial-transit	Examiner	Sequentially list conditions	b	Dua to	o (or as a conse	auence of)	:					1		
o Î	axex an ar nial-tr		Sequentially list conditions, if eny, leeding to immadiate ceuse. Enter Underlying			(4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4	,								
68760,	se be	/Medical	Ceuse (Diseese or Injury thet initiated avents	C	Due to	o (or as a conse	quance of)								
9	ificat g phy as th	ed	resulting in deeth) Lest		500 (0	(01 45 4 001150	quarios oi,	•					i		
XO		2	•	d									<u> </u>		
$\mathbf{\omega}$	The law requiras that the daath of the atten atten been signed by the atten page 2 should be datached for u	Physician	Part II. Other significant conditions	e contributing to a	leath but not	reculting in the	undodulna	oguee ai	iven in Pert I		23h Did	tobacco use c	ontribute to	o the caus	e of death?
P.O.	the ay the	hys	t art ii. Ottor arginiloant oonattori.	a contributing to t	JOSSETT DOC TOCK	rasolting in the	and entyling	cause gi	1401)   11   011	1.		Yes 2 No	3 □ Pro		Unknow
	that ned b	by P									'-	108 2/4/10	JUNIO	Daibly 4	_ OHKHOWI
ds	uiras n sigi										24e. Wes	en eutopsy	24b. W	ere eutops	y findings
8	v require been si should I	lete									perf	ormed?	CO	reilable prio impletion o	
Re	has ge 2	Completed										75		deeth?	-
a												Yas 2⊠No	11	☐ Yes 2	∐No
Ĭ	Attending Physician: Ir daath. ector: After this certific by the funeral director,	Be	25. Was cese referred to medical exeminer?	Hospitel:				Ot	her:		(Check only				
ō	this aldi	To	1 ☐ Yes 2 ☒ No 27. Menner of Deeth	1		ER/Outpation		UA	4 L NU			idence 6 0		<i>y)</i>	
5	ding I h. After funer	lon	1 XNaturel 5 ☐ Pending		nth, Dey Year	28b. Time Injury		28c. Inju Wo			od. Describe	how injury occu	irred		
Sic	tend laath lor: / the f	cat	2 Accident investiga 3 Suicide 6 Could no	t he			М		Yes 2			10		15	
Division of Vital Records,	or Attendi aftar daath Director: A d in by the f	Certification:	4 Homicide determin	ed 286. Plac	e of Injury - A ling, etc. <i>(Spe</i>	t home, farm, s ecify)	treet, factor	ry, office		2		(Street end Nurr wn, Stete)	ber or Hure	3/ Houte Nu	umber,
	To the Heapital or Attending Phwithin 24 hours aftar daath. To the Funeral Director: After the completely filled in by the funeral		37												
	Hosp 4 hou Fune sely fi	edicai	(Check only 2) Medical Ex	Physician: To the transfer on the transfer on the transfer on the transfer or the transfer or transfer	e best of my k	nowledge, dee	th occurred	let the ti	ime, dete en opinion, dea	nd plece, e	nd due to the	ceuse(s) end n	enner es s	teted.	e(s)
	the hin 2 the l		one)	end mei	nner steted.										
	이 사람이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이	Σ	29b. Signature and title of certifier	/			29	c. Licen	sa nu <i>m</i> ber			29d. Date sign	ed (Month,	Dey, Year,	)
	~		· VUM					D38	108			01019	1		
	(6)		30. Neme end eddress of person wi	no completed ceu	se of deeth (I	tem 23e) (Type	, Print)								
			Elise Kohn, M.D	. Natio	nal In	stitute	of F	leal	th, C1	linic	al Cen	ter, Be	thesd	a, MD	)
	Sta	-	31. Date filed (Month, Day, Year)						-						
	Registr	ar	JUL 10 1	37 Jul	at hurd	anature London	Ц								
DH	UH 16 Rev 6/0	5	005												



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month Vaar Flossie Brown 1997 July 8, 8:14 AM /Medical 4e. Fecility Nema (If not institution, giva street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth **Examiner** Prince George's Hospital Cheverly Prince George's If Under 1 Year If Under 24 Hrs. 8. Deta of Birth (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (Stete or Foraign Country) **Funeral** Deys 1□M 2DXF 90 264-09-8775 Yrs. Director 05-18-07 Georgia Usual Rasidanca of Dacedant the Maryland 10b. County 10c. City, Town or Location 10d. tnsida City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examinar must be notified at Prince George's 1 Yas 2 No Maryland **Bladensburg** Directo 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? with 5999 Emerson Street #701 20710 USA death 12. Wes Decedent Ever in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indien, Black, Whita, atc. 1 Yas 22 No If Yas, Giva Yaar or Datas: 1 □ Navar Marriad 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2X No Specify Specify: Black \$ 3 C Widowed 4 □ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 3rd Private Housekeeper permit. Pagas 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked other any lightry or other traumatic event, 2008. 17. Fathar's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maldan Sumeme) Anthony King Margaret Bell 19e. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rurel Routa Number, City or Town, Steta, Zip Coda) 1184 Cromwell Avenue #4M, Bronx, NY Carolyn Washington/Granddaughter 20b. Place of Disposition (Nema of cematary, cramatory or other placa) Data 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Crametion 3 ☐ Ramoval from Stata Harmony Memorial Park 7/14/97 Landover, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licenses 22. Nama and Addrass of Fecility J.B. Jenkins Funeral Home Percontie 7474 Landover Road, Landover, Maryland 20785 23a. Part1. Entar tha disaasa, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiretory errast, shock, or heart failure. List only one cause on each line. Physician /Medical Immediate Ceusa (Final disaasa or condition resulting in deeth) CUTE RESPORATORY INSUFFICIETY Examiner OBSTRUCTIVE PULMONARY DISORS Examiner CHRONIC buriel-trensit Sequentially list conditions, if eny, laading to immediata causa. Entar Underlying Cause (Diseese or Injury thet initiated avants rasulting in death) Last and Dua to (or as e consequence of) physician s tha buriel Physician/Medical Due to (or es e consaquence of): Part II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Dtd tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown HEART FAILURE Division of Vital Records. à 24b. Wara eutopsy findings availabla prior to complation of cause of death? Completed 24a. Was en autopsy performed? peen has 1 Yas 2 No 1 Yas 2 No cartificata 26. Placa of Deeth (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 ☐ Inpatiant 2 DER/Outpetiant 3 ☐ DOA funeral 27. Mannar of Death 28e. Data of Injury (Month, Day Yaar) 28b. Time of 28c. Injury et Work? Certification: 28d. Describe how injury occurred Aftar 1 Natural 2 Accidant 5 Pending Invastigation To the Hospital or Attendir within 24 hours after death. To the Funeral Director: Al completaly filled in by the fo death. 1 ☐ Yas 2 ☐ No 6 Could not be datarmined 3 Suicida 28e. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rurel Route Number, City or Town, Stata) 4 I Homicida Certifying Physician: To the best of my knowledge, daath occurred at the tima, data and place, and due to the ceusa(s) and mennar as stated.

| Medical Examinar: On the basis of examination end/or invastigation, in my opinion, daath occurred at the time, data and place, and due to the ceusa(s) end mannar statad. 29a. Certifian 29b. Signatura and titla of certifie un 30. Name and addrass of person who complated causa of death (Item 23e) (Type, Print) 4203 QUEENSBURY RD. HYATTSVILLE HAND LENNIS 31. Date filed (Month, Day, Yaar) 32, Ragistrar's Signatura State Juli Shucker Radall JUL 1 0 1997 Registrar



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are pible 2352 State of Maryland / Department of Health and Mental Hygiene

		Certificate	of Death		Reg. No.	
Physicia	'n	1. Decedant's Name (First, Middla, Last)		2. Data of Das Month		3. Tima of Death
/Medic		MARY W. BIGSBY		JULY	3, 1997	2:10 AM
Examine	er	4a. Facility Nama (If not institution, giva straat and number)  NATIONAL LUTHERAN HOME	4b. City, Town, or I		4c. County of Dea	
Funeral Director		213-03-2130 10 Vrs.	faar If Undar 24 Hrs. Pays Hours Min.	8. Data of Birth (Month, Day DEC • 6	9. Bi (1896 SC	rthplaca (Stata or Foraign ountry) OTLAND
pud *		Usual Rasidance of Decadant  10a. Stata 10b. County 10c. City, Town or Location				10d facide City Limits
or 28a-f show	Director	MD. BALTIMORE CITY BALTIMORI	C			10d. finsida City Limits 1
th with th	al Dire	10e. Street end Number 513 - E. 38th STREET 2123			10g. Citizan of What C	
urs a	by Funeral	1 Navar Marriad 2 Marriad 1 Vac 2 XNo	t of Hispanlc Origin? (S Cuban, Maxican, Puart No <i>Specify:</i>	pecify Yas or No- o Rican, atc.)	14. Raca - Am Black, Whi	ta, atc.
A I A I S-00 A O	Completed	15. Dacedant's Education (Spacify only highast grada completed)  Elamantary/Secondary (0-12)  Collega (1-4or 5+)	occupation fona during most of wor atirad)	king	16b. Kind of Businass	Andustry
filed w Hygien ther th	So	12 SALES PI			NOT AVA	ILABLE
Maryianu a 12 d 2 should be filed within th end Mental Hygiene. 7 is marked other than traumetic event, the M	To Be	17. Fathar's Nama (First, Middla, Last)  JAMES EWAN		na (First, Middla, RY W • E	Maidan Sumama) ELDER	
2000		19a. Informant's Name/Ralationship (Type, Print) REV.DR. REICHARD 19b. Mailing Addrass (S	treet and Number or Ru RS DR., RO	ral Routa Numbe	r, City or Town, Stata, LE, MD • 208	Zip Code) 50
permit. Peges 1 and 1 bepertment of Health Important: If Item 27 any injury or other if peges.		20a. Mathod of Disposition  1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata  4 ☐ Donation 5 ☐ Other (Spacify)  20b. Place of Disposition (Nama cematary, crematory or othe GLENWOOD CEM	r placa)	Data 7/7/97	20c. Location - City of WASH . , D	
permit. Peges Depertment of Important: If It any injury or o	Ì	21. Signature of Funeral Service Licensee 22. Nama and A HYSONO	ddrass of Facility			
	-	23a. Part1. Enter the disease, or complications that caused the death. Do not antar the mode of shock, or heart failure. List only one cause on each line.	N ST NW	WASH.	DC	Approximata Intarval Batween
Physician /Medical Examiner	ner	Immadiata Causa (Final disaasa or condition rasulting in death)  Dua to (or as a consequence of):				6 num/ly
	ledical Examiner	Sequentially list conditions, if any, laading to immediate causa. Entar Undarlying Cause (Diseasa or Injury that initiated evants rasulting in daath) Last  b. Due to (or as a consequence of):  c. Dua to (or es a consequenca of):				Jogath
5 00	9	d				
that the deened by the el	Physician/	Pert II. Other significant conditions confributing to death but not resulting in the underlying cause	a givan in Part I.		4 .	to the cause of death?
requires been sign should be	Completed by	Stral Filmlation, Cardiomeyor	ally	24a. Was a perfor	an autopsy 24b.	Wara autopsy findings availabla prior to compiation of causa of death?
		18chemie,		1 🗆 Y	as 20 No	1 ☐ Yas 2 ☐ No
Physician: The this certificate ral director, pe	o Re	25. Was casa refarred to medical axaminer?	26. Place of Dee			
	- 1	27. Menne of Death  Naturaf 5 Panding  1 Inpatiant 2 ER/Outpafient 3 DOA  28a. Data of Injury (Month, Day Year)  28b. Tima of Injury	Injury at Work?		ance 6 □Othar (Spe ow injury occurred	ecify)
deal ctor: y the	Certification:	2 ☐ Accidant 3 ☐ Suicida 4 ☐ Homicide  invastigation Could not be datermined  28a. Place of Injury - At home, farm, straat, factory, o building, atc. (Specify)	1 ☐ Yas 2 ☐ No	28f. Location (S City or Tow	itraat and Number or Fi n, State)	ural Routa Number,
	edical	29a. Certifiar (Check only one)  1 ★ Certifying Physician: To the best of my knowledge, death occurred et to the desired of t	ne tima, data and plece, my opinion, death occur	end dua to tha c rad at the time, d	ausa(s) end manner a dete end placa, and du	s steted. a to tha cause(s)
Within To the compl	_		censa number	2	29d. Data signed (Mon	th, Day, Yaar)
		· Sahim	036612	8	July 30	1997
0		30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print)  DR • CHRISTOPHER SCHEMM- 9701- VEI	RS DR., F	ROCKVIL	LE,MD.	
State Registra	~	31. Data filed (Month, Day, Year)  32. Registrar's Signatura				

nach and the second

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 2 3 5 3 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death Month

**Physician** /Medical Examiner

**Funeral** Director

the Maryland 28a-f show mant be notified at ò itams 23a death should be filed within 72 hours efter ond Mental Hygiane.

marked other than "natural", or ital

The law requires that tha death certificate be axecuted sician end buriel-trans tha 8 USa for deteched ste has been signed by paga 2 should be detec cartificete has or Attending Physician: this funeral After s after daath. If Director: Af

Baltimore, Maryland 21215-0020 Pagas 1 and 2 should be nant of Haalth and Mental permit. Pagas 1 and 2 sh Department of Health and Important: If Item 27 is m any injury or other traum once. **Physician** /Medical Examiner P.O. Box 68760. of Vital Records, Division To the Hospital
within 24 hours a
To the Funeral C pelli

1. Decedent's Name (First, Middle, Last) 3. Time of Death JULY 9, EVELYN L. BRITTAIN 1997 8:40 PM 4a. Facility Name (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Death MARINER HEALTH CARE OF SILVER SPRING SILVER SPRING
If Under 24 Hrs.
Hours Min.
8. Data of Month MONTGOMERY COUNTY If Undar 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Months Days 1 M 2 X F Yrs 218-12-6744 74 AUG. 26, 1922 WASHINGTON, DC Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 ☐ Yes 2 No MARYLAND | MONTGOMERY SILVER SPRING 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 9118 SUDBURY ROAD Funeral 20901 UNITED STATES 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2∑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian. Black, Whita, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No by Specify. 3 ☐ Widowed 4 X Divorced WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 12 CLERICAL BANKING INDUSTRY 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be 2 FRANKLIN KLEINDIENST HARRIET HELVIN 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) JAMES F. BRITTAIN, SON 9118 SUDBURY ROAD, SILVER SPRING, MARYLAND 20901 20b. Piace of Disposition (Nama of cometery, crematory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, State 1 N Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) MOUNT OLIVET CEMETERY 7/12/97 WASHINGTON, D.C. 21. Signatura of Funeral Sarvice Licensee 22. Name and Address of Facili FORT LINCOLN FUNERAL HOME 3 une lain 3401 BLADENSBURG RD., BRENTWOOD, MD 20722 23a. Part1. Enter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heert failure. List only one cause on each line. Approximate Interval Between Onset end Death Immediate Cause (Finel diseese or condition resulting in death) e RESPIRATORY FAILURE SUDDEN Due to (or es a consequence of): Examine DAYS FEVER Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): SEPSIS DAYS Physician/Medical Due to (or as a consequence of): AMYOTROPHIC LATERAL SCLEROSIS MONTHS Part II. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 📉 Unknown þ Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was cese referred to medical 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Panding investigation 1 XNatural 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide Medical 29a. Certifier 🕊 Certifying Physicien: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) end manner as stated. (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 07/11/91 D32332 JULY 11, 1997

20902

State Registrar

31. Date filed (Month, Dey, Year) JUL 11 1997

30. Name and eddress of person who completed ceuse of death (Item 23a) (Type, Print)

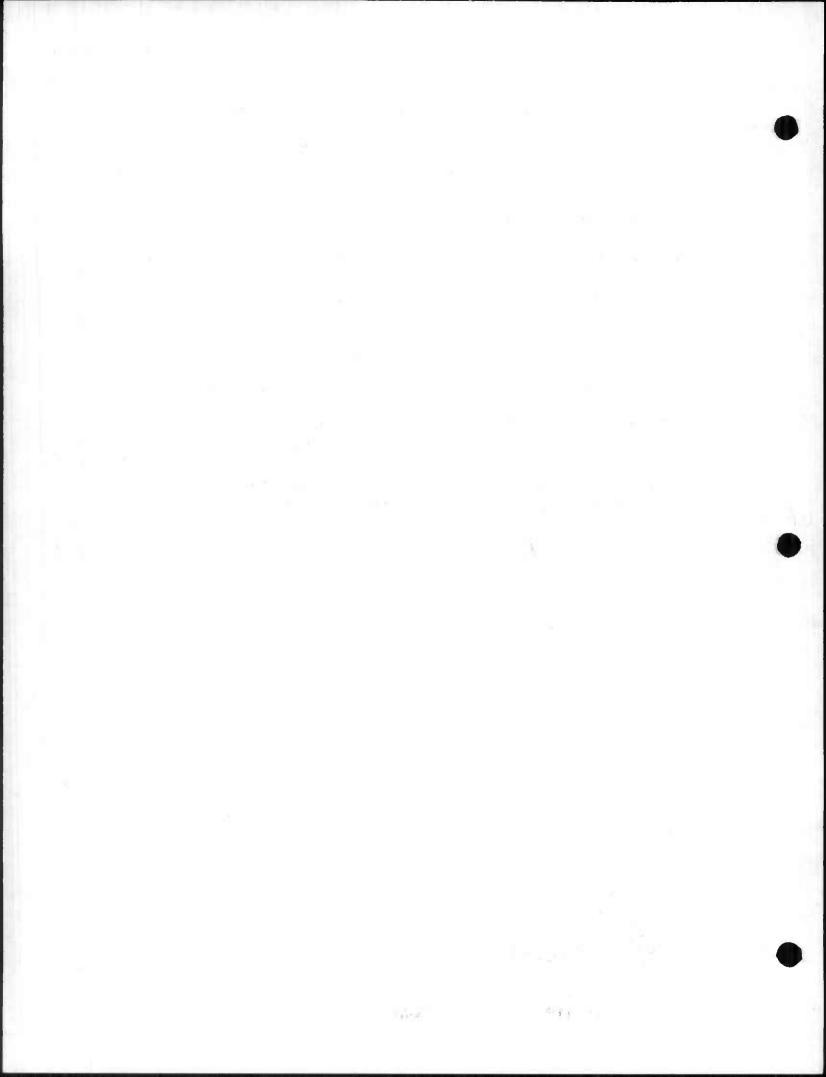


# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 2 3 5 4

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Daath 3. Time of Death Month Day Yeer **Physician** 2 1997 11:30 A.M. Hilda Diana Beiber July /Medical 4a. Facility Name (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince George's 3111 Sedgwick Lane Bowie If Undar 24 Hrs. Hours Min. March 20,1929 If Undar 1 Yaar 5. Social Security Number 9. Birthplece (State or Foreign Country) New York 7. Age (In yrs. lest birthday) **Funeral** Days 1 ☐ M 280F Director Yrs. 68 109 20 3241 Usual Residence of Decedent the Maryland 10e Stete 10b. Counts 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notified at Maryland Prince George's Bowie XXX Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20715 3111 Sedgwick Lane United States death Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yas or No If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 ☐ Yes 2√∑√No If Yes, Giva Yeer or Dates: 1 Navar Marriad Married Baltimore, Maryland 21215-0020 1 Yes 2⊟No Specify: Specify: White þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry should be filed within 72 and Mental Hygiene. (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own Home permit. Pages 1 and 2 should be file Department of Health and Mental Hy important: if Item 27 is merked othe any Injury or other trauments 17. Father's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Lew Ringelheim Gussie Ehrenreich 19e. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) David Beiber Husband 3111 Sedgwick Lane Bowie Maryland 20b. Place of Disposition (Name of cematery, cremetory or other place) July 7, 1997 20a. Method of Disposition 20c. Location - City or Town, Stete ABuriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Lakemont Memorial Gardens Davidsonville Md. Funeral Sen 22. Name and Address of Facility Robert E. Evans Funeral Home, Inc. 16000 Annapolis Rd. Bowie Md. 20715 23a. Pert1. Enter the diseasa, or completely shock, or heart failure. List only onthat caused the deeth. Do not anter tha mode of dying, such es cardiac or respiretory errest, as on each lina. Approximete Intervel Between Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting In death) /Medical Examiner Due to (or as a consequence of): Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Box 68760. physician Physician/Medical 4 Due to (or as a consequence of): 8 atte. ò P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? å 2 No signed by 3 Probably 4 Unknown Records, þ 8 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? 2 E 9090 94 certificate Division of Vital 26. Place of Death (Check ogly one) Be 25. Was case referred to medical examiner? 1□ Yes No Other: 4 Nursing Home Residence 6 Other (Specify) To 1 ☐ Inpatient 2 ☐ EP/Outpatient 3 ☐ DOA # 27. Manner of Death Natural Certification: 28b. Time of 28c, Injury at Work? 28d. Describe how injury occurred After Attending 5 Pending i or Attendin after death. I Director: An 1 ☐ Yes 2 ☐ No Accident Investigation 3 C Suicide 6 ☐ Could not be 281. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ET Homicide To the Hospital within 24 hours a To the Furieral C Hospital Medical 29a. Certifier (Check only one) 29b. Signatu 29c. License number 29d. Data signad (Month, Day, Year)

State Registrar

31. Date filed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene 97

'Amend #7, 7/10/97, BMW, Montg. Co.per F.H. Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Dev **Physician** 8, JAMES JULY CLIPPER 1997 9:55 a. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 20820 Slidell Road MONTGOMERY Boyds 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 6 Sex Birthplece (Stete or Foreign Country) **Funeral** 1**№** M 2□ F 578-01-4214 76 77 Yrs. Director 1920 Maryland Usual Residence of Decedant with the Maryland 10a State 10b. County 10c. City, Town or Location 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Medical Examinor must be notified at 10d. Inside City Limits Yes 2 No Director MD Montgomery Boyds 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20841 U.S.A. 20820 Slidell Road death 12. Wes Decedent Ever In U,S. Armed Forces?

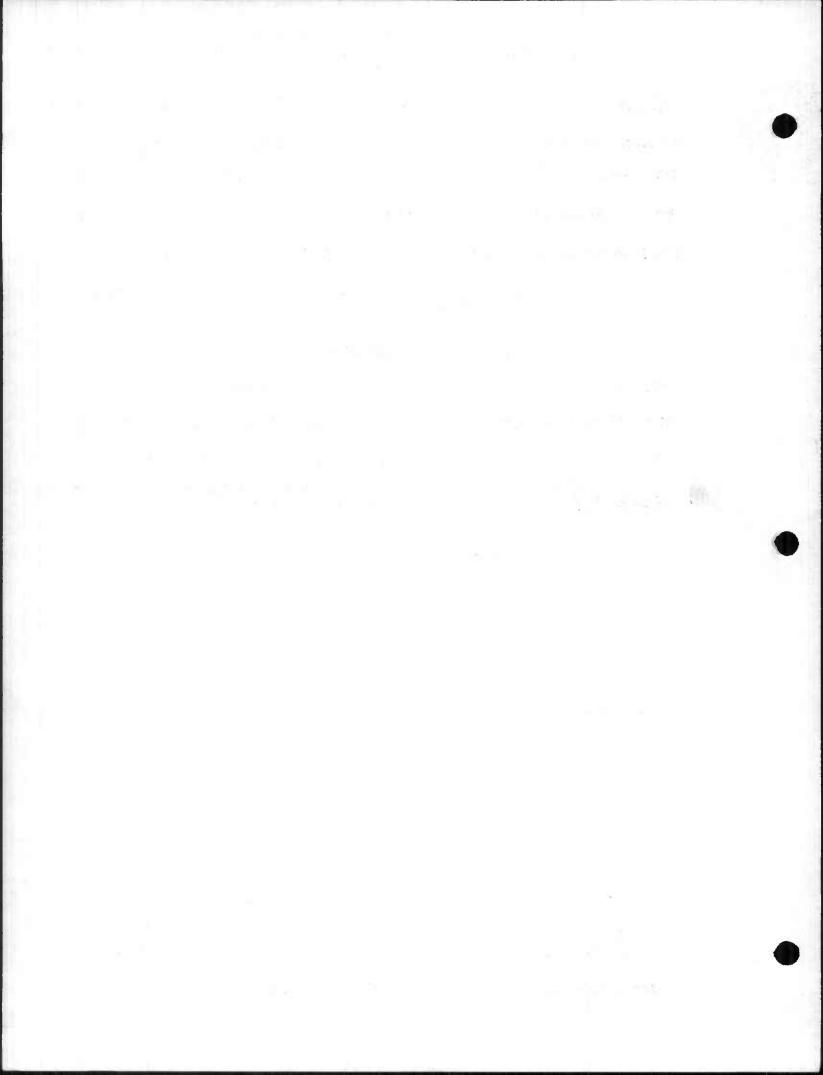
M∑Yes 2 □ No
If Yes, Give
Year or Dates: 44-46 11. Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, Whita, etc. permit. Pages 1 and 2 should be filed within 72 hours effer a Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "natural", or fler any Injury or other traumatic avanta. 1 Never Married 28 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: Specify: Black þ 3 Widowed 4 Divorced Completed 15. Decedent's Education 16e. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT usa ratired) (Specify only highest grade completed) Elementary/Secondary (0-12) Collega (1-4or 5+) Concrete Finisher Construction 8th 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Sumeme) Be Martha Clipper Unknown 19a. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Coda) 20820 Slidell Rd., Boyds, MD 20841 Bernice Clipper (Wife) 20b. Place of Disposition (Name of cemetery, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State ₩Surial 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Othar (Specify) Marks Church Cem 7/14/97 Boyds, MD 21. Signature of Funerel Service Licensee 22. Name end Address of Fecility SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850 ROCKVILLE, MD 23a. Pert1. Enter the disaase, or complications thet caused the deeth. Do not enter the mode of dylng, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in daeth) **Examiner** Examiner ancev ettending physician end for use es the bunel-transit the death certificate be executed Sequentielly list conditions, if eny, laading to immediate ceusa. Entar Underlying Cause (Disease or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760, Physician/Medical Due to (or es e consequenca of) Pert II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobecco use contribute to the cause of deeth? signed by 1 Ves 2 No 3 Probably 4 Unknown Records, by page 2 should b 24b. Wara autopsy findings eveilable prior to Completed 24a. Was an eutopsy completion of cause of deeth? certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Was cese referred to medical axaminer? 26. Pleca of Daath (Check only one) Hospital: 1 | Inpatient 2 | ER/Outpetient 3 | DOA Othar: 4 ☐ Nursing Home 5 12 Aesidenca 6 ☐ Other (Specify) 1 Yes 2 No 2 this funeral 27. Mannar of Deeth 28e. Data of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: After Attending 1 Diveturel 5 Pending deeth. 1 ☐ Yes 2 ☐ No To the Hospital or Attendi within 24 hours efter deeth. To the Funeral Director: A completely filled in by the fu Investigation 2 Accident 6 Could not be datarmined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, atc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Steta) 4 Homlcida 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medicel Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and menner stated. 29a. Certifier Medical 29b. Signetura and title of certifier D 4/866 29d. Data signed (Month, Dey, Yaer) 30. Name end eddress of person who complated cause of deeth (Item 23e) (Type, Print) 481 N. Frederick Ave, Suite 230, Gaithersburg, MD 20877 KANAN HUDHUD, MD 0 1997 32. Registre's Signeture Junia Davidson-Randell 31. Dete filed (Month, Day (Var) State Registrar

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple. 2 2 3 5 6

State of Maryland / Department of Health and Mental Hygiene

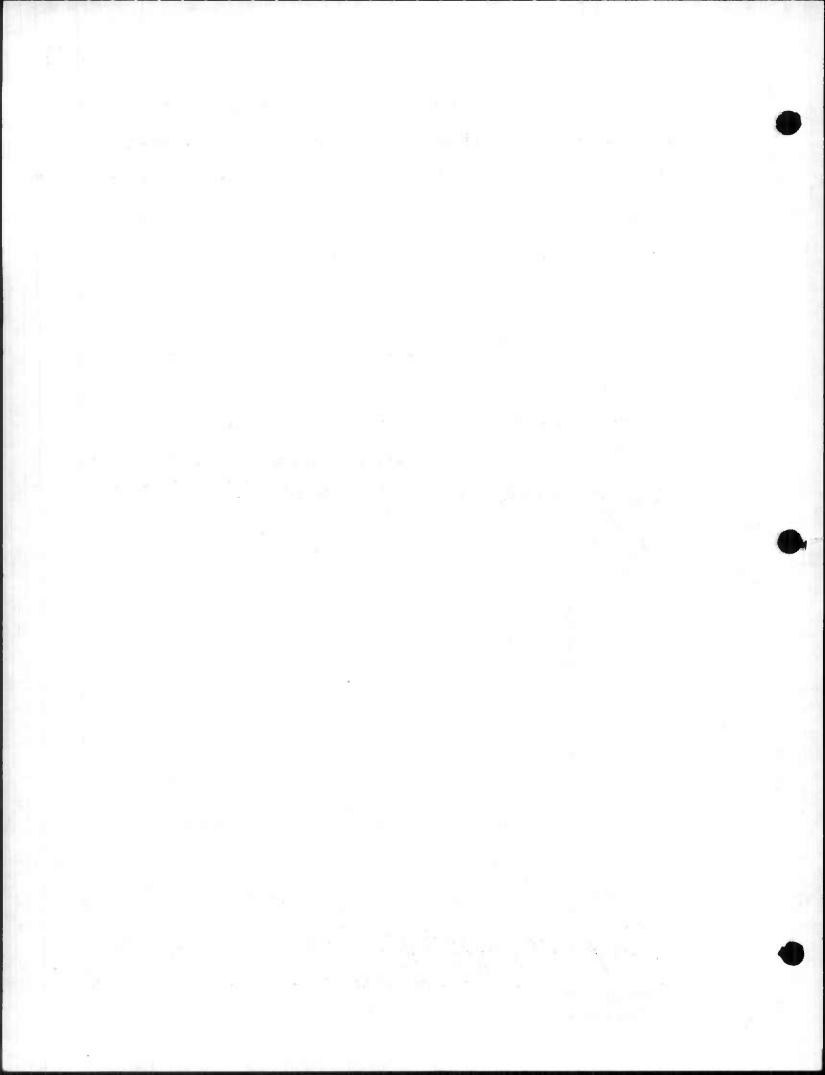
Depertment of Heelth and Mentel Hygiene. Information of Heelth and Mentel Hygiene. The Medical Examiner must be not read any injury or other traumatic event, the Medical Examiner must be not read any injury or other traumatic event, the Medical Examiner must be not read any injury or other traumatic event, the Medical Examiner must be not read any injury or other traumatic event, the Medical Examiner must be not read any injury or other traumatic event, the Medical Examiner must be not read any injury or other traumatic event, the Medical Examiner must be not read any injury or other traumatic event, the Medical Examiner must be not read any injury or other traumatic event, the Medical Examiner must be not read any injury or other traumatic event, the Medical Examiner must be not read any injury or other traumatic event, the Medical Examiner must be not read any injury or other traumatic event, the Medical Examiner must be not read any injury or other traumatic event, the Medical Examiner must be not read any injury or other traumatic event, the Medical Examiner must be not read any injury or other traumatic event, the Medical Examiner must be not read any injury or other traumatic event and the notice of the must be not read and the must be not read and the notice of the must be not read and the notice of the must be not read and the notice of the not	MD  10e. Street end Num  10301 Gro  11. Marital Status  1 Nevar Marrie  3 Widowed  (Specifi Elementery/Secon  17. Fether's Name (F  Harry Col  19e. Informent's Ner  Helene An  20e. Method of Dispon  1 Reuriel 2	HOSPITA: Imber 6. S 333 1 Decedent 10b. County Montgome ber DSVENOT I  dd 25 Merrled 15. Decedent's Ecty only highest gra ddary (0-12) First, Middle, Last) nen me/Reletionship (inbrosino- position 1 Cremetion 3 1 1 Cremeti	e street and num  Nex  M 2 F  Place #8  12. Wes Deced Armad Ford 17 Yes 2 17 Yes Give Yeer or Da't  Illucation de completed)  College (1-5+  Type, Print)  -Daughte  Removal from S	7. Age (In yrs 76  10c. C R0  804  dent Ever In teles: WWI  4or 5+)	I 16e. Dece (Give life. I Ph	If Under Months Docation  Wes Decetif Yes, spender I Yes with the second of the second	p Code 20 dent of Hickory Cuba 2 X No el Occupark done of se retired	Detheso If Undar 24 Hr Hours Mir  0852  Spanic Origin? ( n, Mexican, Pue Specify: ation furing most of we	Specify Yes or Norto Rican, etc.)	Dey 1997  4c. County Montg  1, 1921  10g. Citizen of USA  14. Rac Bla  Specift  16b. Kind of B  Own S	9. Birthp Coun New 1 Whet Coun ce - Americ ok, White, iy: Whit	lace (State or try) YOYK  Od. Inside Cit 1  Yes  Itny?  en Indien, etc.
Depertment of Heelth and Mentel Hygiene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.  To Be Completed by Funeral Director	4a. Facility Name (If Suburban 5. Social Sacurity No 088–20–88 Usuel Residence of 10e. Stete MD 10e. Street end Num 10301 Ground 11. Marital Status 1 Nevar Marrie 3 Widowed 4 (Specific Elementery/Secon 17. Fether's Name (If Harry Col 19e. Informent's Ner Helene An 20e. Method of Disponsion 1 Survey 1 Col 19 Suriel 2 4 Donetion 5	Hospita:  Imber 6. S  B33 1  Decedent 10b. County  Montgome  ber 0svenor 1  dd 25 Merrled 15. Decedent's Ecty only highest graduary (0-12)  First, Middla, Last)  nen 1  me/Reletionship (1  mbrosino-  psition 3    Cremetion 3    Composition 1  Composition 2    Composition 3    Composition 4    Composition 4    Composition 5    Composition 5    Composition 6    Composition 6    Composition 7    Composition 7    Composition 8    Composition 8    Composition 9    C	Place #8  12. Wes Deceded Armad Form 12. Wes Deceded Armad Form 14. Wes Deceded Armad Form 15. Wes Deceded On 15. Wes Control of the Complete	7. Age (In yrs 76  10c. C R0  804  dent Ever In teles: WWI  4or 5+)	J.S. 13.  16e. Decer (Give life.)  19b. Mallir	If Under Months Docation  Wes Decetif Yes, spender of which will be spended by the spender of which will be spended by the spender of the spe	p Code 20 dent of Hickory Cuba 2 X No el Occupark done of se retired	Betheso If Undar 24 Hr Hours Mir  0852 spanIc Origin? ( n, Mexican, Pue Specify: ention funing most of we	July 7 r Location of Deeth la s. 8. Date of Birt (Month, De April 2  Specify Yes or Norto Rican, etc.)	, 1997  4c. County  Montg  1, 1921  10g. Citizen of  USA  14. Rac  Bla  Specift  16b. Kind of B  Own S	y of Death OMERY 9. Birthp Coun New 1 Whet Coun ce- Americ ck, White, yy Whit	r Ilace (State or try) YOFK  0d. Inside Cit 1 □ Yes  try?  en Indien, etc.
Department of Heelth end Mentel Hygiene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show an important: if Item 27 is marked other than "natural", or items 23a or 28a-f show an important: if Item 27 is marked other than "natural", or items 23a or 28a-f show an important if Items 27 is marked other than "natural processing of the contract of the con	Suburban  5. Social Sacurity Nu  088-20-88  Usuel Residenca of I  10e. Street end Num  10301 Gro  11. Marital Status  1 Nevar Marrie  3 Widowed  (Specif Elementery/Secon  17. Fether's Name (F  Harry Col  19e. Informent's Ner  Helene An  20e. Method of Dispon  1 Suriel 2 4 Donetion	Hospita:  Imber 6. S  B33 1  Decedent 10b. County  Montgome  ber 0svenor 1  dd 25 Merrled 15. Decedent's Ecty only highest graduary (0-12)  First, Middla, Last)  nen 1  me/Reletionship (1  mbrosino-  psition 3    Cremetion 3    Composition 1  Composition 2    Composition 3    Composition 4    Composition 4    Composition 5    Composition 5    Composition 6    Composition 6    Composition 7    Composition 7    Composition 8    Composition 8    Composition 9    C	Place #8  12. Wes Deceded Armad Form 12. Wes Deceded Armad Form 14. Wes Deceded Armad Form 15. Wes Deceded On 15. Wes Control of the Complete	7. Age (In yrs 76  10c. C R0  804  dent Ever In teles: WWI  4or 5+)	Yrs.  ity, Town or Lo  OCKVIII  J.S. 13.  I 16e. Deced (Give life. I	Months  coation  e  10f. Zi  Wes Dece if Yes, spi  1  Yes  dent's Usi kind of who NOT ( larma)	p Code 20 dent of Hickory Cuba 2 X No el Occupark done of se retired	Betheso If Undar 24 Hr Hours Mir  0852 spanIc Origin? ( n, Mexican, Pue Specify: ention funing most of we	Specify Yes or Norto Rican, etc.)	Montg h, Year) 1, 1921  10g. Citizen of USA  14. Rac Bla Specifi  16b. Kind of B	9. Birthp Coun New 1 Whet Coun ce - Americ ok, White, iy: Whit	lace (State or try) YOYK  Od. Inside Cit 1  Yes  Itny?  en Indien, etc.
Depertment of Heelth and Mentel Hygiene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.  To Be Completed by Funeral Director	5. Social Sacurity Nu  088-20-88 Usuel Residence of 1 10e. Stete  MD  10e. Street end Num  10301 Gro  11. Marital Status  1 Nevar Marrie  3 Widowed 4  (Specifi Elementery/Secon  17. Fether's Name (F  Harry Col  19e. Informent's Ner  Helene An  20e. Method of Dispon  1 Street end Num  20e. Method of Dispon  1 Street end Num  20e. Method of Dispon	mber 6. S  B33  Decedent  10b. County  Montgome  ber  DSVENOT I  dd 25 Merrled  Conty only highest gradary (0-12)  First, Middle, Last)  nen  me/Reletionship (1)  nbrosino-  psition  Cremetion 3   Composition  Cremetion 3   Composition	Place #8  12. Wes Deceder Armad Ford 179 yes 2	76  10c. C RC  804  dent Ever in total No. Stes: WWI  40r 5+)	Yrs.  ity, Town or Lo  OCKVIII  J.S. 13.  I 16e. Deced (Give life. I	Months  coation  e  10f. Zi  Wes Dece if Yes, spi  1  Yes  dent's Usi kind of who NOT ( larma)	Days  Double Code  20  Ident of History Cuba 2 X No  el Occupink done of se retired  Cist	18. Mother's Na	Specify Yes or Norto Rican, etc.)	th, Year) 1, 1921  109. Citizen of  USA  14. Rac Bla  Specift  16b. Kind of B  Own S	9. Birthp Coun New 1  Whet Coun ce - Americ ck, White, white, white cusiness/inc	lace (State or try) YOYK  Od. Inside Cit 1  Yes  Itny?  en Indien, etc.
Depertment of Heelth and Mentel Hygiene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.  To Be Completed by Funeral Director	Usuel Residence of 1 10e. Stete MD  10e. Street end Num 10301 Gro 11. Marital Status 1 Nevar Marrie 3 Widowed (Specifi Elementery/Secon 17. Fether's Name (F Harry Col 19e. Informent's Ner Helene An 20e. Method of Dispo	B33 1 Decedent 10b. County Montgome ber DSVenor I  d 25 Merried 1 Divorced 15. Decedent's Ecty only highest gradary (0-12)  First, Middle, Last) nen me/Reletionship (1 mbrosino- position 1 Cremetion 3   10 10 10 10 10 10 10 10 10 10 10 10 10	Place #8  12. Wes Deced Armad Ford 1979s 2 1179s, See Tollage (1-5+  Type, Print)  -Daughte  Removal from S	76  10c. C RC  804  dent Ever in total No. Stes: WWI  40r 5+)	Yrs.  ity, Town or Lo  OCKVIII  J.S. 13.  I 16e. Deced (Give life. I	Months  coation  e  10f. Zi  Wes Dece if Yes, spi  1  Yes  dent's Usi kind of who NOT ( larma)	Days  Double Code  20  Ident of History Cuba 2 X No  el Occupink done of se retired  Cist	Nors Mir  Nation  Nati	Specify Yes or Norto Rican, etc.)	th, Year) 1, 1921  109. Citizen of  USA  14. Rac Bla  Specift  16b. Kind of B  Own S	9. Birthp Coun New 1  Whet Coun ce - Americ ck, White, white, white cusiness/inc	lace (State or try) YOYK  Od. Inside Cit 1  Yes  Itny?  en Indien, etc.
Depertment of Heelth and Mentel Hygiene. Important: If Item 27 Is merked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.  To Be Completed by Funeral Director	10e. Stete MD  10e. Street end Num 10301 Gro  11. Marital Status  1 Nevar Marrie 3 Widowed 4  (Specific Elementery/Secon  17. Fether's Name (F Harry Col  19e. Informent's Ner Helene An  20e. Method of Dispon 1 Buriel 2 4	Montgome ber  Svenor I  d 25 Merrled  d 25 Merrled  d 15 Decedent's Ec  fy only highest gra dary (0-12)  First, Middle, Last)  nen  me/Reletionship (1)  nbrosino-  sition  Cremetion 3   G Other (Specify	Place #8  12. Wes Deced Armad Ford 112 Yes 2 11 Yes, Give Yeer or Da's lucation de completed)  College (1-5+  Type, Print)  -Daughte  Removal from S	Rodent Ever in topes? 2 \( \text{No} \) 3 (es: WWI) 4 (or 5+)	J.S. 13.  I 16e. Decer (Give life. Ph	Per 10f. Zi	20 dent of Hi crify Cuba 2 No el Occupior done de ese retired	spanIc Origin? (n, Mexican, Pue Specify: ation funing most of we	Specify Yes or Norto Rican, etc.)  orking  ame (First, Middle,	USA  14. Rac Bla  Speciff  16b. Kind of B  Own S	Whet Counce - Amaricock, White, White usiness/incetore	1 ☐ Yes  try?  en Indien, etc.  te
Department of Heelth and Mentel Hygiene. Important: If Item 27 is marked other than " any injury or other traumatic event, the Me once.  To Be Comple	10e. Street end Num 10301 Gro 11. Marital Status 1 Nevar Marrie 3 Widowed 4 (Specific Elementery/Secon 17. Fether's Name (F Harry Col 19e. Informent's Ner Helene An 20e. Method of Dispon 1 Buriel 2 4 Donetion	DSVENOR I  ad 25 Merried  b Divorced  15. Decedent's Ec fy only highest gra dary (0-12)  First, Middle, Last)  nen  me/Reletionship (1)  nbrosino-  psition    Cremetion 3     Cremetion 4     Cremetion 4     Cremetion 5	Place #8  12. Wes Deced Armad Ford 112 Yes 2 11 Yes, Give Yeer or Da's lucation de completed)  College (1-5+  Type, Print)  -Daughte  Removal from S	dent Ever in toes?  Self No stees: WWI  4or 5+)	J,S. 13.  I 16e. Dece (Give life. I	Wes Dece If Yes, spo 1 ☐ Yes dent's Usu kind of w DO NOT	20 dent of Hi crify Cuba 2 No el Occupior done de ese retired	spanIc Origin? (n, Mexican, Pue Specify: ation funing most of we	Specify Yes or Norto Rican, etc.)  orking  ame (First, Middle,	USA  14. Rac Bla  Speciff  16b. Kind of B  Own S	ce - Amaric ck, White, iy: Whit iusiness/inc	en Indien, etc.
Department of Heelth and Mentel Hygiene. Important: If Item 27 is marked other than " any injury or other traumatic event, the Me once.  To Be Comple	10301 Gro	osvenor I  d 25 Merriad d Divorced  15. Decedent's Ec y only highest gra dary (0-12)  First, Middla, Last)  nen  me/Reletionship (1)  nbrosino-  psition    Cremetion 3     Cremetion 3     Composition     Cremetion 3     Composition     Co	12. Wes Deced Armad Ford 117 Yes 2 If Y	dent Ever in toes? 2 □ No ites: WWI 4or 5+)	I 16e. Dece (Give life. I Ph	Wes Dece If Yes, spo 1 Yes dent's Usu kind of w DO NOT U	20 dent of Hi crify Cuba 2 No el Occupior done de ese retired	spanIc Origin? (n, Mexican, Pue Specify: ation funing most of we	Specify Yes or Norto Rican, etc.)  orking  ame (First, Middle,	USA  14. Rac Bla  Speciff  16b. Kind of B  Own S	ce - Amaric ck, White, iy: Whit iusiness/inc	en Indien, etc. te
Department of Heelth and Mentel Hygiene. Important: If Item 27 is marked other than " any injury or other traumatic event, the Me once.  To Be Comple	1 Never Marrie 3 Widowed 4  (Specific Elementery/Second) 17. Fether's Name (Fourty Cold) 19e. Informent's Nernet Helene And 100 Seco	B Divorced  15. Decedent's Ecc by only highest gra  dary (0-12)  First, Middla, Last)  nen  me/Reletionship (1)  nbrosino-  position    Cremetion 3     5 Other (Specify	Armad Form 112 Yes 117 Yes If Yes Give Yeer or Dail lucation de completed)  College (1- 5+  Type, Print)  -Daughte  Removal from S	ces?   No   les: WWI   4or 5+)	I 16e. Dece (Give life. I Ph	dent's Usu kind of w DO NOT u	el Occupion done conservation c	Specify: etion funing most of wi	orking ame (First, Middle,	Specifi 16b. Kind of B	ck, White, by: Whit dustness/Inc store	etc. te
Department of Heelth and Mentel Hygiene. Important: If Item 27 is marked other than " any injury or other traumatic event, the Me once.  To Be Comple	Elementery/Secon  17. Fether's Name (F Harry Col  19e. Informent's Ner Helene An  20e. Method of Dispo	ry only highest gradury (0-12)  First, Middle, Last)  nen  me/Reletionship (1)  mbrosino-  position    Cremetion 3      Cremetion 3      Colorer (Specify)	de completed) College (1-5+  Type, Print) -Daughte  Removal from S	r	Ph	kind of w DO NOT	ork done d se retired Cist	furing most of we ) 18. Mother's Na	ame (First, Middle,	Own S	tore	dustry
Department of Heelth and Mentel Fingoritant: If Item 27 is marked off any injury or other traumatic ever once.  To Be	17. Fether's Name (F Harry Col 19e. Informent's Ner Helene An 20e. Method of Dispo 1 \$\frac{1}{2}\text{Buriel} 2 \$\square 4 \$\square\$ Donetion \$\frac{1}{2}\text{Suriel} 2	First, Middle, Lest)  nen me/Reletionship (1 nbrosino- position 1 Cremetion 3   5   Other (Specify	5+  Type, Print)  -Daughte  Removal from S	r	19b. Mallir							
Department of Heelth and Mentel Fingoritant: If Item 27 is marked off any injury or other traumatic ever once.  To Be	Harry Col  19e. Informent's Ner  Helene An  20e. Method of Dispo  1 38 Buriel 2   4 □ Donetion	nen me/Reletionship (1 nbrosino- position   Cremetion 3   5   Other (Specify	Type, Print)  -Daughte  Removal from S			na Addres				Meiden Sumer	ne)	
Depertment o Important: If any injury or once.	19e. Informent's Ner Helene An 20e. Method of Dispo 1 Ruriel 2  4 Donetion	ne/Reletionship (Inbrosino- position   Cremetion 3   5   Other (Specify	-Daughte			na Addres		Rose Sa	1+zman			
Depertment o Important: If any injury or once.	Helene An 20e. Method of Dispo 1 3 Buriel 2 2 4 Donetion	nbrosino- osition  Cremetion 3    S   Other (Specify	-Daughte			na Addres		TIODE DO	T CZUICKII			
Depertment o Important: If any injury or once.	Helene An 20e. Method of Dispo 1 3 Buriel 2 2 4 Donetion	nbrosino- osition  Cremetion 3    S   Other (Specify	-Daughte				s (Street e	and Number or F	Rural Route Numbe	ar City or Town	State Zin	Code)
Depertment o Important: If any injury or once.	20e. Method of Dispo 1 ∰Buriel 2 ☐ 4 ☐ Donetion	osition  Cremetion 3   Other (Specify	Removal from S		10121				Silver S	-		
Depertment o Important: If any injury or once.	1 Buriel 2 □ 4 □ Donetion 5	Cremetion 3 5 Other (Specif)							Date Date	20c. Location		
	21. Signature of Fun	aral Service Light	()	late	Pleca of Dispo cemetery, crer th Davi				7/13/97			WII, GIGIG
		10	<b>Z</b> 08		E	dwar	d Sag		ral Dire	ction 1	091 R	ockvi1
	23a. Part1. Enter the shock, or heart	e disease, or comp feilure. List only	olications that ca	used the dea	th. Do not ent	er the mo	de of dyln	MD 2085 g, such es cardie	2 oc or respiratory ar	rast,		Approximete Intervel Betw
	Immediate Cause (F disease or condition resulting in death)	inal	e. Corona	ary Ar	tery Di	iseas	е					Onset end D
ii luer		-	L	Due to (	or es e consec	quence of)					j 1	
of for use es the buriel-transit	Sequentially list condification, leading to immoduse. Enter Underlouses (Disease or In that Initiated events	ditions, nediate ying njury	с		or es e conseq							
	resulting in deeth) Le	est	d	Due to (	or as a conseq	uenca of)				_		
d for sicial	Pert II. Other algnific	ent conditions co	ontributing to dea	th but not re-	sulting In the w	nderlying	ceuse nive	en in Pert I	23h Did t	obacco uae co	ntribute to	the cause of
igned by the ettendir to be detached for use by Physician/	Insulin								10			pably 4 🗆 L
should should				_						en eutopsy rmad?	eve	ere eutopsy fir pileble prior to apletion of ca deeth?
pege Com									1 🗆 Y	es 2000	1 🗆	Yes 2001
Be Be	25. Wes case referre exeminer?	-						26. Plece of De	eth (Check only o	ne)		
Jo dire	1 ☐ Yes 2 R	lo	Hospital: 1 In	patient 2	ER/Outpetien	n ak D	OA Othe	er: 4 Nursing	Home 5 Resid	lenca 6 🗆 Oth	ner (Specify	1)
DO:	27. Menner of Deeth	5 Pending	28a. Dete of (Month)	Injury Day Year)	28b. Time of Injury		28c. Injury Work	et ?	28d. Describe h	ow injury occur	red	
atic	2 Accident	investigation		, buy tour,	injury	М		res 2 □ No				
rs effer deeth.  al Director: Affer t led in by the funera  Certification:	3 ☐ Suicida 4 ☐ Homicide	6 Could not be determined	200. PIECE C	of Injury - At h g, etc. <i>(Speci</i>	ome, ferm, str	eet, factor	y, office		28f. Location (5 City or Tow	Street end Numb m, Stete)	ber or Rure	Route Numb
3 5 5	29a. Certifier 4 (Check only 2 one)	Certifying Phy	reician: To the b	is of examina	owledge, deeth	occurred vestigation	et the tim	e, date end pled inion, deeth occ	e, end due to the durred et the time, d	cause(s) end mo date end pleca,	enner es st end due to	eted. the cause(s)
omple of the omple	29b. Signature ang/ti	tile of certifier	,	/		29	c. Licansa	number	T:	29d. Dete signe	d (Month, L	Dey, Year)
<b>10</b>	DA	300	2//	8			D30	797		July 7		
3	30. Neme end eddres							/				
	Alan So 31. Dete filed (Month	cheff 102	215 Fern	- hoow	load E	Bethe	sda,	MD 208:	7			



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 22357

						Certificate d	of Death	Reg	, No.	22331
п	Physic	ian	1. Decedent's Name (First, Middle, La					2. Date of Death Month	Day Yaar	3. Time of Death
	/Med			Betty Ja	ine Cook			July 1,	1997	10:30 PM
	Exami		4a. Facility Nama (If not institution, gir				4b. City, Town, or L	ocation of Death	4c. County of De	ath
			Shady Grove Adve	entist Hos	pital		Rockvill	Le	Montgo	mery
15	Funeral			Sex 7. A 1 □ M 2 ဩ F	lga (In yrs. lest b	Months Da		8. Date of Birth (Month, Dey, )	(eer) 9. B	irthplace (State or Foreign Country)
	Director		215-26-3/3/	TO W EQ.	68	Yrs.			1928 Was	shington, DO
	and *		Usual Residence of Decedent  10a. State 10b. County		10c City Toy	wn or Location				10d Inside City Limite
	Aaryl sho	5	Maryland Montgo	.m o 2517						10d. Inside City Limits 1 ☑ Yas 2 ☐ No
	28a	Director	10e. Street and Number	mery		Gaithersbur	<u> </u>	- 10	000 (100 )	
	with o	ā	75 Longmeadow Di	cirro		10f. Zip Cod			. Citlzen of What C	- 1
	eath	era	11. Marital Status	12. Was Dacaden	t Ever le LL C		1878		Jnited St	
20	be filed within 72 hours efter death with the Maryland tital Hyglena.  diother than "natural", or flems 23e or 28e-f show event, the Medical Exerciting must be notified at	by Funeral	1 Never Marriad 2 Married 3 Widowed 4 Divorced	Armed Forcas 1 ☐ Yes 2 ☑ If Yes, Give	? ] No	If Yes, specify C	of Hispanic Origin? (Sp suban, Mexicen, Puerto No <i>Specify:</i>	Rican, etc.)	14. Raca - Am Black, Wh Specify:	ita, atc.
21215-0020	hour	D D		Yaar or Dates						White
5	n 72	Completed	15. Decedent's E (Specify only highest gr	ducetion ade completed)	168	a. Decedent's Usual Oc (Give kind of work do life. DO NOT use re	cupation ne during most of work	cing 16	b. Kind of Busines	s/Industry
12	filed within Hygiena. ther than	E G	Elementary/Secondary (0-12)	College (1-4or	3+)	Dental Assi			Donto 1	
0	Hygi ther ant,		17. Father's Name (First, Middle, Last	*)		Dental ASSI		e (First, Middle, Ma	Dental	
Maryland	S should be filed withing and Mantal Hygiena. s marked other than aumstic event, the Manage aumstic event, the Manage aumstic event, the Manage aumstic event, the Manage aumstic event, the Manage aumstic event, the Manage aumstic event, the Manage aumstic event, the Manage aumstic event, the Manage aumstic event, the Manage aumstic event, the Manage aumstic event, the Manage aumstic event, the Manage aumstic event, the Manage aumstic event, the Manage aumstic event, the Manage aumstic event ev	Be C	George Payter Bu					Palmer	iden Sunleme)	
2	d 2 should th and Man 7 is marke traumatic	2	19a. Informant's Name/Relationship		140	h Mailian Addans (Ch				
<u> </u>	5 - S G		Jane M. Baldwin/D			b. Mailing Address (Str				
ď.	- 9 E E		20a. Method of Disposition	augnter	20b. Place of	of Disposition (Neme of	KHOII CL.	, Germant	c. Location - City o	yland 20874
galtimore,	Se to		1 ☐ Burial 2 ☑ Cremation 3 ☐		camete	of Disposition (Neme of ery, cremetory or other p	plece July 3,			
	rtme rtant		4 □ Donation 5 □ Other (Special 21 Signature of Funeral Service Lice		Mont	gomery Crem			thesda,	
a a	pemit. Pege Department of Important: If any injury or once.		Rout Fo	ruh	M00198	Robert A.	Pumphrey Montgomer	Funeral H	Home/Rock	ville, Inc.
			23a. Part1. Enter the disease, or comshock, or heart allure. List only	plications that couse		not entar the mode of	dylng, such as cardiac	or raspiratory arres	1,	Approximate Interval Between
	Physician /Medical Examiner	ner	Immediate Cause (Final disaase or condition resulting in death)	a. M.	ACI6,	WAW To	LYMB	HomA		Onsat and Death  3 years
o î	icate be axecuted physician end s the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	b. ————	Due to (or as a	consequence of):				
x 68/60,	5 0 0	Medical	that initiated events rasulting in death) Last	d	Due to (or as a	consequence of):				
J. Box	ne daath ce the attendii hed for use	Physician/	Part II. Other algnificant conditions of		but not rasulting	n the underlying cause	given In Part I.	23b. Did tobe	cco uae contribut	e to the cause of death?
7.	that the ed by detac	by Phy						1 □ Yes	2⊠ No 3□ I	Probably 4 Unknow
ec	ew requir as been s 2 should	Completed t						24a. Was an a performa	autopsy 24b.	Were autopsy findings available prior to completion of cause of death?
-	E age	S						1□ Yes	2⊠ No	1 ☐ Yas 2 ☒ No
	iclan: The certificate rector, pag	Be	25. Was cese referred to medical examiner?					h (Check only one)		
5	Physician: this certific ral director,	2	1 ☐ Yes 2 No	Hospital: 1 2 Inpati		utpatient 3□ DOA	Other: 4 I Nursing Ho	me 5 Residenc	e 8 Other (Spe	ecify)
	Attending P r death. sctor: Aftar ti by tha funera	Certification:	27. Manner of Death  1 ⊠Natural 5 □ Pending  2 □ Accident investigation	28a. Date of Inju (Month, De	ary Year) 28b.	Time of Injury M 1	jury at Vork? □ Yes 2 □ No	28d. Describe how	Injury occurred	
5	efter deatl offector: d in by tha	ertific	3 ☐ Suicide 6 ☐ Could not b. 4 ☐ Homicide determined	28e. Place of in	jury - At home, fa tc. (Specify)	arm, street, factory, offic	:e	28f. Location (Stree City or Town, S	et end Number or F State)	lurel Route Number,
	To the Hospital or Attending Physician: within 24 hours after death of the Funeral Director. After this certific completely filled in by the funeral director,	edicai C	29a. Certifier (Check only one) 10d Certifying Ph	yaician: To the best niner: On the basis o and manner st	of examination an	e, death occurred at the	tima, date and place, y opinion, death occurr	and due to the caus	se(s) and manner a and placa, and du	s stated. e to the ceuse(s)
	To the within 2 To the comple	¥ E	29b. Signatuse and title of certifier	and maritor st		29c. Lice	ense number	29d	Date signed (Mon	th, Day, Year)
	12		> / Anda ala	M. Ha	agost,	A	2407		ıly 3, 19	
		Ī	30. Name and address of person who	completed cause of	Math (Itam 220)	pra		0.0	, -, -,	
			Joseph M. Haggert			oncord Stre	et. Kensin	oton Mar	vland 2	0895
	Sta	te	31. Data filed (Month, Day, Yaar)				ce, Kensin	Scon, Hal	Jianu Z	0073
	Registr		JUL 0 8 19	397 Jul	ia Davidson	-Randoll				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 22358

						C	ertific	ate of	Death			Reg. No			
			1. Decedant's Nama (First, Middle	a, Last)							2. Data of D	aath		11.002	3. Tima of Death
	Physic		Estela Cruz								July	6 <sup>Da</sup>	y 1	1997	9:40 AM
1	/Medi		4a. Facility Nama (If not institution	nive street and n	imbar)	-			4h City To	wn orla	ocation of Dea			of Death	3.10
Į.	Examir	ner	And the second s									40.			
			Mariner Health				4 1 1	ades 1 Ve o	Kens	-			Mor	ntgome	
н	Funeral		5. Social Security Number	6. Sax 1 ☐ M 2 🕱 F		rs. last birthde	Mon	hs Day		Min.	8. Data of B (Month, D	irth ay, Year)		Coun	ace (Stata or Foraign try)
ш	Director		349-48-8561		96	Yrs					June 3	0 190	)1	Cuba	
	pu >		Usuai Rasidance of Decedant  10a. Stata 10b. County		100	Chi Taum a	Landina								
	aryta Pho		Toa. Stata Tob. County		100.	City, Town or	Location							10	Od. Insida City Limits
	N I	cto	MD Montge	omery	В	ethesd	a								1 ☐ Yas 2 ☑ No
	5 d	lire	10e. Street and Number				10f.	ZIp Coda				10g. Cit	izen of V	What Coun	try?
	h wi	aic	4521 East West	Highway				208	314			U	SA		
	filed within 72 hours after death with the Maryland Hygiena. ther than "natural", or ferms 23a or 28a-f show ent, the Medical Examinet must be notified at	Funeral Director	11. Marital Status	12. Was Dec	edant Evar ir	1 U,S. 1	3. Was D	ecedant of	Hispanic Ori	gin? (Sp	ecify Yas or N Rican, atc.)	0-		e - Amaric	
0	after N	F	1 Navar Married 2 Marr	led 1 ☐ Yas	2 ▼ No						rican, atc.)			ck, Whita, a	
02	urs u	by	3 ☐ Widowad 4 ☐ Divorced	If Yas, G Yaar or D	iva Datas:		1 KJ Ya	s 2 No	Specify:		Cuban		Specify	Whit	:e
9	2 ho	Completed	15. Decedant	t's Education		16a. Da	cedant's l	Jsuai Occi	upation			16b. K	ind of Bu	usinass/Ind	lustry
7	n n	plet	(Specify only highas			(G.	iva kind of a. DO NO	work don Tuse ratir	a during mos.	t of work	ing				
21,	the state	E	Elamantary/Secondary (0-12)	Collaga (	(1-4or 5+)	Tea	cher						Ec	lucat	ion
P	E T E T		17. Fathar's Nama (First, Middla,			100	.01101	-	18. Moths	ar's Nam	a (First, Middle	a. Maidan			
an	od all be	Be c									d Garci				
2	2 should be filed within 72 hours and Mental Hygiena. Is marked other than "natural". aumatic event, the Medical Exa	2	Miguel Marrero			401 14	900 - 0.44	(0)						etal la la la la la la la la la la la la l	
Maryland 21215-0020	s 1 and 2 should be filed within 72 hours after death with the Marylan I Health and Mental Hygiena. I Health and Mental Hygiena. I have 23 or 28 or 28 or 28 or show then 27 is marked other than "natural; or liems 23 or 28 or 28 or show other traumatic event, the Weddall Examiner must be notified at		19a. Informant's Name/Raiations	nip ( <i>Type</i> , <i>Pfint)</i>							al Routa Num				
	Health Health John 27 I		Agustin Cruz		T and	1				ghwa	y, Beth	T	-		814
0	of T		20a. Mathod of Disposition 1 ☐ Burial 2 ☑ Cramation	3 □Ramoval from	State	o. Place of Discomatary, o	ramatory	or other pi	lace)	į	Data	20c. Lo	cation -	City or To	wn, Stata
3	Pag nent int: I		4 Donation 5 Other (S			etropo]	itan	Cre	natory	7	/7/97	Alex	kand	ria,	VA
Baltimore,	permit. Pages 1 and 2 Department of Health a Important: If Item 27 is any injury or other tra once.		21. Signatura of Funaral Sarvice	Licansee			22. Name	a and Add	rass of Facilit	y Fr	ancis S versity	J. Co	11ii	ns Fu	neral
m	Depariment Department of the police of the p		May	when ,								, Blv	d. V	Vest	
	_		23a. Part Entar the disease, or	complications that	calmod the de	eath Do not	11ve	r Spr	ing, N	AD .	20901	arroet			Anarovimata
			23a. Part Entar tha disaasa, or shock, or haart failura. List	only ona causa on	aach lina.	auti. Do not	aritar tria i	noou or aj	ying, suon as	cardiac	or raspiratory	arrost,		1	Approximata Intarval Batween Onset and Death
	Physiclan /Medical		Immediate Course /Final											ł.	Onder and Dourn
	Examiner		Immediata Causa (Final disaasa or condition resulting in daath)	a. Acu	ite Myc	cardia	ıl In	farct	ion						Instant
н			resulting in Gaatily			o (or as a con								i	
	P #	ine		Art	erioso	leroti	.c Ca	rdiov	ascula	ar D	isease				Years
	certificate be axecuted iding physician and ise as the burial-transit	Examiner	Sequantially list conditions,	<b>7</b> 0.	Dua to	o (or as a cons	sequance	of):		,					
Ó	an a urial-		Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Disaasa or Injury												
68760,	ysic ysic	/Medical	that initiated evants rasulting in death) Last	C	Dua to	(or as a cons	equance	of):							
	iffica g ph as ti	9	rasulting in death) Last											i	
ŏ				d										i	
0	death de atten	Physician	Part II. Other cignificant condition	no contribution to d	la ath hut ant		a complete de de de		han In Dawl		non Di-	l tabais s			Ab
0	res that the designed by the a	ys	Part II. Other significant condition	THE CONTRIBUTING TO O	HARTH DUT HOT I	rasulting in the	undanyii	ig causa g	jivan in Part i						the cause of death?
Δ.	that the led by th detache										1	Yes 2	₩ No	3 Prob	ably 4 Unknown
Records,	sign ad b	l by									0			04h W-	and a second second
0	v requires been sign should be	Completed										s an autor lormed?	osy	ava	ra autopsy findings illabia prior to inpletion of cause
ec	2 S	pid													death?
8	0 - 5	0									1□	Yas 2	<b>⊉</b> No	1 🗆	Yas 2□ No
Vital	ician: The certificate rector, pag	0	25. Was casa rafarred to medical						26. Place	of Daat	h (Check only	ona)			
>	Physician: this certific	To B	axaminar? 1 ☐ Yas 2 ☒ No	Hospital:	Inpatiant 2	ER/Outpat	ient 3	DOA O	thar		ma 5□Ras		e Clork	ar (Specifi	d
of			27. Mannar of Daath	28a. Data		28b. Time					28d. Dascribe				/
Division	Attending in death.	Certification:	1 XNatural 5 Panding	g (Mon	oth, Day Year,	) Injur		28c. in	onk? ⊒Yas 2.⊟∣				,		
S	i or Attendi after death. Director: A d in by the fo	Ica	3 Suicida 6 Could r	not be	n of Indian . At	hama farm		1		-	20f Location	/Ctrant on	of Alcomb	acas Dues	Doute Mumber
<u>&gt;</u>		in in	4 ☐ Homicida datarmi	ined 208. Field	ling, atc. (Spe	t homa, farm, ecify)	Streat, rat	story, office	ð			own, State		er or nura	Routa Number,
	ospital hours a uneral C														
	Hospital 24 hours Funeral stely filled	edicai	(Check only 2 Medical E	g Physician: To the Examiner: On the b	a best of my k	nowledga, da ination and/or	ath occur invastiga	red at tha I	tima, data an	d place, th occur	and dua to the red at tha tima	a cause(s)	and ma	annar as st	ated. tha causa(s)
	To the He within 24 To the Fu		one)	and man	nnar stated.							,			
	To the Hospital o within 24 hours at To the Funeral Di completely filled it	Σ	29b. Signatura and titla of certifiar	(Ca)	17			29c. Licar	nsa number			29d. Da	ta signe	d (Month, I	Day, Year)
	4		Mention a	Mrs. C	14			D089	944			July	7.	1997	
	1		30. Nama and addrass of person v	who complated caus	sa of death (it	tam 23a) (Tvr	e, Print)		-						
			Martin C. Sharg	U	•	arragut		nue	Kenst	noto	n. MD	2089	15-2	110	
	Cha	10	31. Data filed (Month, Der Wear)	1 Q 100 E	Registra/s Sir	nature	. Ave	nue,	VCH2T	IIGCO	rr 9 LID	2005		110	
	Sta Registr			0 1931	Julia	onature Davidson	-0-	1.00							
			7 101		U	1700	- 101	ME							

'§

TV

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 / Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth June 29, 1997 Fredricka Frances Carlton 3:00 A.M. 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Hill Haven Nursing Center Prince Georges Adelphi If Under 24 Hrs. Hours Min. If Under 1 Year 9. Birthplece (State or Foreign Country) 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Yeer) 1□M XXF Deys 85 Yrs Nov. 25, 1911 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits XXYes 2 No Montgomery Takoma Park 10f. Zip Code 10g. Citizen of Whet Country? 7051 Carroll Ave. 20912 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ŽŽNo If Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11X Never Married 2 Merried 1 ☐ Yes 2 X No Specify: Specify: white 3 Widowed 4 Divorced 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) U.S. Government secretary 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Charles Jacquis Carlton Myrta Olive Warner 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) James Fisher/cousin 1410 Oakbluff Rd. Edgewater, MD 21037 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) 20c. Location - City or Town, Stete Date 1 2 □ Cremetion 3 □ Removel from State Arlington National Cemetery 7/7/97 Arlington, VA 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Fecility Takoma Funeral Home, Inc. 31 Signeture of Funeral Servica Licanse 254 Carroll St. NW Washington, DC 23e. Pert1. Enter the dis se, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart felli re List only one cause on each line. Due to (or es e consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings evaileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? 1 ☐ Yes 2 ☐ No 26. Piece of Deeth (Check only one)

**Physician** /Medical Examiner

Department of Health at Important: If Itam 27 is any Injury or other trau stics.

**Physician** 

/Medical

Examiner

**Funeral** 

Director

r 25a-f show a notified at

ö

the Medical Examiner must be "natural", or liams 23s

Hygiene.

Pages 1 and 2 should be front of Health and Mental Fett. If Nem 27 is marked of

2

Baltimore, Maryland 21215-0020

Director

Funeral

à

Completed

5. Social Security Number

579-20-8779

Maryland

11. Maritai Status

10e. Street end Number

12

20e. Method of Disposition

Immediete Ceuse (Final disease or condition resulting in death)

10a State

Examiner pue physicien e Physician/Medical esn been signed t ð Completed page 2 To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certifica completely filled in by the funeral director, Be Certification: To

The law requires that the death certificate be executed

P.O. Box 68760,

Records,

Division of Vital

Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 25. Wes case referred to medical Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 ☐ Yes 2 ☐ No 28e. Date of Injury (Month, Day Year) 27. Manner of Deeth 28b Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturel 5 Pending 1 TYes 2 □ No investigation 2 Accident 6 Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifie Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the ceuse(s) end menner es stated. (Check or one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29d. Date signed (Month, Dey, Year)

11251 Lockwood Dr. Silver Spring, MD

20901

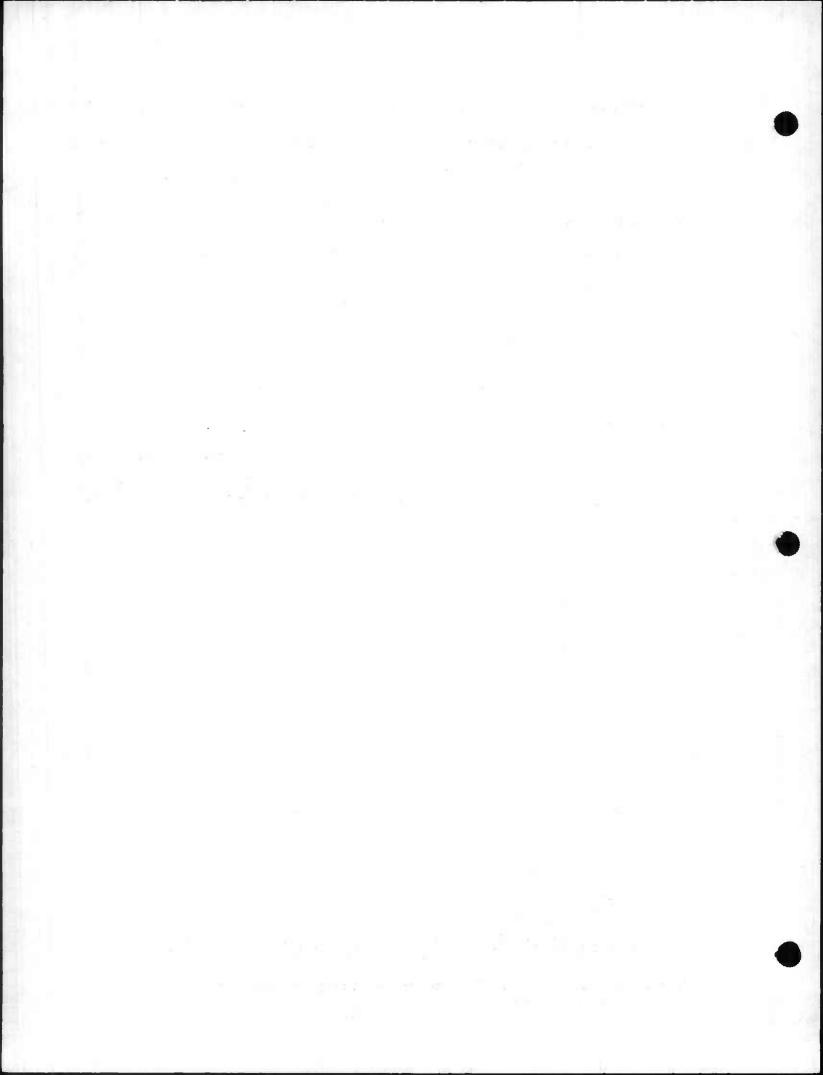
State Registrar

Medicai

30. Neme end eddress of person who completed cause of death (Item 23e) (Type, Print)

Pamela Mulshine, M.D.

2

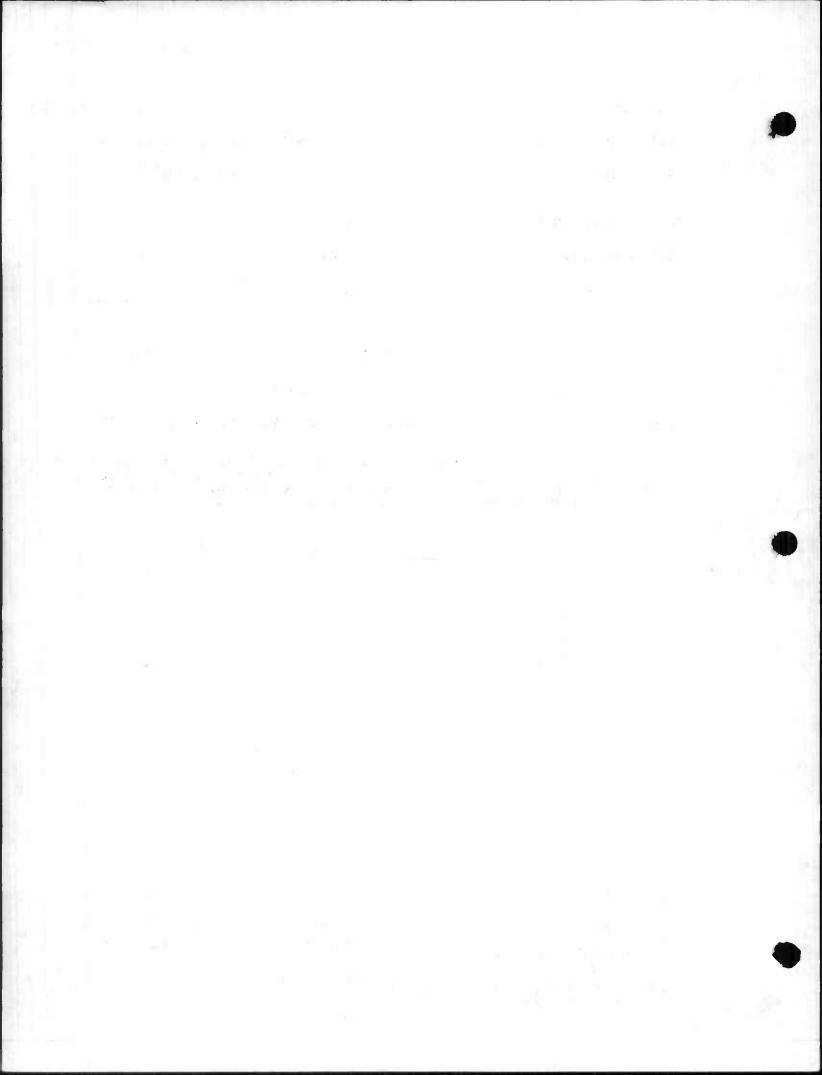


## Please Type or Print in Black Indelible Ink. Assure All Copies Are Segible 2 2 3 6 0 State of Maryland / Department of Health and Mental Hygiene

					Certifica	ite oi	Death		Reg. No.			
		1. Decedent's Neme (First, Middle,	Last)			0		2. Deta of Das	ath		3. Time of	f Deeth
Physici		DEBORA	H CH	AMB	ERL	-AI	N	JULY	Dey 10	394	210	20
/Medi Examir		4e. Facility Neme (If not institution,					4b. City, Town, or				0,0	
Lxaiiii	ici	Howard County G		tal			Columb	ia		loward		
Funeral				(In yrs. lest birt	thdey) If Und	er 1 Yaa						or Foreign
Director		215-58-9360 Usuel Residence of Decedent	1□M 2⊠F	46	Yrs. Months	s Dey	s Hours Min.	8. Deta of Birt (Month, De June 17	y, Year) , 1951	Illin	piece (Stete c ntry) 1015	
yand yand		10a. Stete 10b. County	1	Oc. City, Town	or Location					1	0d. Inside C	ity Limits
Man H	Ö	MD Prince	Georges	T.	aurel						1 🗆 Yas	2 ☑ No
ath with the Marylar 23a or 28a-f show ust be notified at	9	10e. Street and Number				ip Coda			10g. Citizen of	What Cour	ntry?	
A S	ō	9206 Ispahan Loo	<b>n</b>			2070	18			USA		
the oath	era	11. Maritai Status	12. Was Decedant Ev	er in U.S.	13. Was Dec		Hispanic Origin? (S	inecify Yes or No-	14. Be	ce - Americ	an Indien	
filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f show ord, the Medical Examiner must be notified at	by Funeral Director	1 ☑ Navar Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forcas?		If Yes, sp	ecify Cu	ben, Maxican, Puan Specify:	to Rican, etc.)		ck, Whita,		
"netural",	8	15. Decedent's		16e.	Decedent's Us	uel Occi	upation		16b. Kind of B	usinass/in	dustry	
in 7	Completed	(Specify only highest			(Give kind of w life. DO NOT	vork don use retir	e during most of wo	rking				
filed within Hygiene. Ather than sent, tre H	E	Elementery/Secondery (0-12)	College (1-4or 5+) 5+		hysicia	ın			Medical			
should be filed wand Mental Hygie smarked other the	BeC	17. Fethar's Nema (First, Middle, La	st)		7		18. Mother's Ne	me (First, Middle,				
id be ental ked c	ToB	Theodore K. Cha	mberlain				Mary A	. Taylor				
d 2 should the and Ment 7 is marked traumatic e	1	19a. tntormant's Name/Reletionship		19h	Meiling Addre	ss (Stre	et end Number or Ri		er City or Town	State 7ir	Code)	
		Mary A. Chamberl		_	- 550						20012	
-110		20a. Method of Disposition	ain	20b. Place of	Disposition (N	ame of	Court, N	Date Date	20c. Location			
0 = H 5		1 ☐ Burial 2 ☑ Cremation 3			y, crematory or		1	7/10/07		25/10/100	WHENCH CHILD	
artmer ortant: injury 8.		4 □ Donation 5 □ Other (Spe	717	Metrop	olitan		natory	7/10/97				
permit. Pa Departmen Important: any injury stres.		21. Signature of Funeral Service Lic	a Cole		Home,	Inc.	. 500 Un	iversity 20901	Blvd.	West	erai	
Physician		23a. Part1. Enter the disease, or or shock, or heart failure. List on	mplications that caused the cause on each line.	e death. Do n				or respiratory an	rest,		Approximati Interval Bet Onset and I	ween Death
/Medical		Immediate Cause (Final disease or condition	Insul	i 0	jordos	.0	(self in	Hirted	1	1	421	1
Examiner		resulting in death)	0.		onsequence of	-		10000		-+		
	Jer.		Depne	Constitution of the state		-				- 3	7200	
patro para para para	Examiner	Sequentially list conditions	0.		onsequence of	<b>V</b>				-	,	1-
be executional contracts	Ğ	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying				,,,,,				- 3		
cate be execu physician and i the burial-tra	edical	Cause (Disease or injury that initiated events	C. Du	e to for es a co	onsequence of	ý.				-		_
£ 5.0	2	resulting in death) Last		e to (or an a c	or inoquerate or	ft.						
種質な	Physician/	Part II. Other significant conditions	contributing to death but i	not resulting in	the underlying	cause g	iven in Part I.	23b. Did t	obecco use co	entribute to	the cause r	of death'
# 69	Phy							101	res 200-No	3 Prof	bably 4	Unknow
20.00	by								10.011111111111111111111111111111111111			
v requires been sign should be	Completed by								an autopsy med?	24b. We	ere autopsy f allable prior t	indings
	plet	_						printer	1110021	000	mpletion of a death?	ause
0 48	E							+DY	es 281No	40	Yes 20	No
		25. Was case referred to medical	T				20 Dines of Day		Section Company	7.6	J.100 ECJ	2000
Physician: This carific ral director,	o Be	examiper? 1⊟Yes 2□ No	Hospital: 1 Empatient	«Перю»		0	there	ath (Check only o				_
	1: To	27. Manner of Death	28s. Date of Injury (Month, Day Y			28c. Inj		dame 5 Resid			0	
ding Ph h. Alter th funeral	to	1 □Natural 5 □ Pending 2 □ Apcident investigat	March 1997 Company of the Company of	(S)(1)	OP M		ork? □Yes 2□N0	selfinfl			overd	se.
Attending ar death. ector: Afte by the fune	Certification:	3 Suicide 5 □ Could not	2007 7119	7.4		ev affice		28t. Location (S				
Sign of the state	뒾	4 ☐ Homicide determine	d 28e. Place of Injury building, etc. (			7, 4,110		City or Tow	vn, Steta)			
To the Hospital or Attend within 24 hours after death To the Funeral Director; completely filled in by the		29e. Certifiar 1□ Certifying I	Mustalan T. H. L. L. A. of	1100	otel	4 - 4 - 4			1, Lan			
Hos Fundador	edical		Physician: To the best of r aminer: On tha basis of a	camination and	deeth occurre Vor investigetion	detthe n, in my	time, dete end plece opinion, daeth occu	e, end due to the curred at tha tima, c	cau <i>se</i> (s) end m data and place,	enner es si and dua to	leted. the cause(s	5)
To the Hos within 24 h To the Fun completely	Med	J. 1270/Ki	and manner state	d.	h la	0. 11		1	and Date day	1.000	D. WI	
	-	29b. Signature and little of certifier	1	vep	M_ 2		nsa number		29d. Data signe			
15		Vatage	A 1-	M	100	DE	31473	-	July	2110	197	
(\$5)	İ	30. Name end eddress of person wh							1			
-		PATRICE A.T	HEMP 4	565 H	embol	L Co	ne way	Ellicall	at u	10 2	1042	
Sta	te	31. Dete tiled (Month, Day Leaf 9	1007 32. Registrar's	Signature			9		1			-
Registr		00103	1997 32. Registrar's	Davidson	-Randell	2						

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Segible 2 2 3 6 | State of Maryland / Department of Health and Mental Hygiene

							of Death			Reg. No.			
hysician	_	1. Decedent's Name (First, Middle, Las	t)						2. Dete of Dee Month	oth Day	Yeer	3. Time o	f Deeth
/Medical	al -	Hung Choi							July	9	1997	6:30	AM
xaminer	r	le. Fecility Name (If not institution, give		)			4b. City, T	own, or Lo	ocation of Deeth	4c. County	y of Death		
		Holy Cross Hospi	tal				Si	lver	Spring	Mont	gomer	y	
ineral rector		5. Sociel Security Number 6. Security Number 15. Sociel Security Number 15. Security N	9x 7. Ag	ge (In yrs. lest		if Under 1 Y Months De	ear If Unde eys Hours	Min.	8. Date of Birth (Month, Dey June 1,	1928	9. Birthp Coun Hong	lace (Stete itry) Kong	or Foreig
MO 18	-	10e. State 10b. County		10c. City, T	own or Loc	cetion					1	Od. Inside C	ity Limits
28a-f show coffind at	ior	MD Montgome	ry		Silve	er Spri	ne					1 🗆 Yes	2 <b>⊠</b> No
be notified Director	lre	I Oe. Street end Number				10f. Zip Cod			1	log. Citizen of	Whet Coun	itry?	
23a	ā	12421 Loft Lane				209	04			Hons	g Kon	g	
then 'natural, or hams 23s or 28s-f show the Madical Examiner must be notified at ompleted by Funeral Director	Fune	Maritel Status     Never Married 2  Married	12. Was Decedent Armed Forces? 1  Yes 2 If Yes, Give	?		Vas Decedent f Yes, specify ( I □ Yes 2区			ecify Yes or No- Rican, etc.)	14. Rac Bla	ce - Americ ck, White,	an Indien, etc.	
d by	0 0	3 ☐ Widowed 4 ☐ Divorced	Year or Dates:					,		Specif	y Asia	an	
r, the Medical	ere	15. Decedent's Edu (Specify only highest great	ucetion de completed)	11	(Give I	lent's Usuel Ocklad of work do	one during mo	st of work	ing	16b. Kind of B	usiness/ind	dustry	
raumatic evant, the Marraumatic evant, the Ma	Ē	Elementary/Secondery (0-12)	College (1-4or	5+)		<i>00 NOT</i> use <i>r</i> e Cailor	atirea)			0	4		
evant, I		7. Father's Neme (First, Middle, Lest)				allul	18. Moth	er's Neme	e (First, Middle, I	Garı Meiden Sumer			
To Be	0	Unknown						knowr			,		
traumatic To		19e. Informent's Neme/Reletionship (7)	ype, Print)	1	19b. Mailin	g Address (St			el Route Number	r. City or Town	. Stete. Zio	Code)	
		Chau Tong							er Spri		2090		
or other	1	Oa. Method of Disposition			of Dispos	sition (Neme onetory or other	f			20c. Location			
any injury or		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)			-			ry 7	//11/97	Silver	Spri	no MI	)
모		21. Signeture of Funerel Service Licens		Jace	22.	. Neme end Ad	ddress of Facil	lity Fra	incis J.	Collin	ns Fu	neral	
								0 1		- 1	T T .		
E 8 8		M 66	~O.		Но	ome, In				Blvd.	West		
ician dical niner		231. Purtt. linter the disease, or complete the complete that a line is a complete that a line is a complete that a line is a complete that a line is a complete that a line is a complete that a line is a complete that a line is a complete that a line is a complete that a line is a line is a line is a line is a line in the complete that a line is a line i	e. Colon		Ho Si Do not ente	ilver Ser the mode of	pring, dying, such es	MD s cardiec o	20901 or respiretory erro	rest,		Approxime Intervel Be Onset and	ween Deeth
ician dical niner Examiner	CARIMIE	mmediate Ceuse (Final disease or condition esulting in deeth)  Sequentially list conditions, leny, leeding to Immediate cause. Enter Underlying Jeuse (Disease or Injury	e Colon	ca	Si Do not ente	ilver Ser the mode of	pring, dying, such es	MD s cardiec o	20901 or respiretory erro	rest,		Onset and	ween Deeth
s as the burial-transit and the burial-transit and the burial-transit and the burial-transit and the burial-transit and the burial buri	wedical Examiner	mmediate Ceuse (Final disease or condition esulting in deeth)  Sequentially list conditions, fery, leeding to Immediate eause. Enter Underlying Jeuse (Disease or Injury het initieted events esulting in deeth) Last	e Colon	Due to (or as	HC Si	ilver S er the mode of uence of):	pring, dying, such es	MD s cardiec o	20901 or respiretory erro	rest,		Onset and	ween Deeth
or use as the burial-transit aurille as the burial-transit alan/Medical Examiner	wedical Examiner	mmediate Ceuse (Final disease or condition esulting in deeth)  Sequentially list conditions, fery, leeding to Immediate eause. Enter Underlying Jeuse (Disease or Injury het initieted events esulting in deeth) Last	e. <i>Colon</i> b. c.	Due to (or es	HC Si Do not ente	ilver S er the mode of  uence of):  uence of):	pring, dying, such es	MD s cardiec o	20901 or respiretory error	rest,	rkas	Intervel Be Onset and	ween Deeth
ached for use as the bural-transit to proper ached for use as the bural-transit to bural-tr	Tilysicialymedical Examiner	mmediate Ceuse (Final disease or condition esulting in deeth)  Sequentially list conditions, leny, leeding to immediate euse. Enter Underlying Jeuse (Disease or Injury het inflieted events esulting in deeth) Last	e. <i>Colon</i> b. c.	Due to (or es	HC Si	ilver S er the mode of  uence of):  uence of):	pring, dying, such es	MD s cardiec o	20901 or respiretory error	metal	ntribute to	Intervel Be Onset and	ween Deeth
be datached for use as the burial-transit  and in its property of the property	by ritysicial wedical Examiner	mmediate Ceuse (Final disease or condition esulting in deeth)  Sequentially list conditions, leny, leeding to immediate euse. Enter Underlying Jeuse (Disease or Injury het inflieted events esulting in deeth) Last	e. <i>Colon</i> b. c.	Due to (or es	HC Si	ilver S er the mode of  uence of):  uence of):  uence of):	pring, dying, such es	MD s cardiec o	20901 pr respiretory error  4 Se  23b. Did to	obacco use co	ontribute to	Intervel Be Onset and	ween Deeth  Veq y  of death Unknow
page 2 should be datached for use as the burial-transit  a page Completed by Physician/Medical Examiner	by ritysicial wedical Examiner	mmediate Ceuse (Final disease or condition esulting in deeth)  Sequentially list conditions, leny, leeding to immediate euse. Enter Underlying Jeuse (Disease or Injury het inflieted events esulting in deeth) Last	e. <i>Colon</i> b. c.	Due to (or es	HC Si	ilver S er the mode of  uence of):  uence of):  uence of):	pring, dying, such es	MD s cardiec o	20901 or respiretory error	obacco use co	ontribute to 3 □ Protection 24b. We every correction of a	Intervel Be Onset and the cause below 4 — ore eutopsy sileble prior of molestion of the cause below the cause of the cause	of death Unknow
page 2 should be datached for use as the burial-transit  a p property of the p	A THE STATE OF THE	Gequentially list conditions, leny, leeding to Immediate Susse. Enter Underlying Susse. Chier Underlying Susse. Chier Underlying Susse. Enter Underlying Susse. Enter Underlying Susse. Enter Underlying Susse. Enter Underlying Susse. Chief devents esulting in deeth) Last  Fert II. Other significent conditions con the Chief Sussessing in deeth Sussessing in deeth Sussessing in Sus	e. Colon b. c. d. It lee	Due to (or es	HC Si	ilver S or the mode of  uence of):  uence of):  uence of):  uence of):  uence of):	pring, dying, such es	MD s cardiec of	23b. Did to 1 Ye  24a. Wes e perforr	obacco use co es 20 No on eutopsy med?	ontribute to 3 □ Protection 24b. We every correction of a	the cause sably 4 ore europsy sileble prior of cleeth?	of death Unknow
director, page 2 should be datached for use as the bural-transit to be completed by Physician/Medical Examiner	a completed by righted Examiner	Equentially list conditions, leavy, leeding to Immediate owns. Sequentially list conditions, leavy, leeding to Immediate owns. Enter Underlying Cause. Enter Underlying Seuse. Enter Underlying Seuse. Enter Underlying Seuse. Enter Underlying Seuse. Enter Underlying Seuse. Enter Underlying Seuse. Enter Underlying Seuse. Select Seuse. Enter Underlying Seuse. Select Seuse Seuse Seuse Seuse Seuse. Select Seuse. Seuse Seuse Seuse Seuse. Select Seuse. Seuse Se	e. Colon b. c. d. Tributing to deeth b  Rec  Rec  OPE CI	Due to (or es	HC Si Do not ente	ilver S er the mode of  uence of):  uence of):  uence of):  uence of):  uence of):	pring, dying, such established by the discontinuous discontinuous desired by the discontinuous disco	MD s cardiec of	23b. Did to 1 Ye  24a. Wes e perform	obacco use co es 20 No in eutopsy med? 20 No	ontribute to 3 Prob	the cause the cause pably 4 properties of cleen?	of death Unknow
director, page 2 should be datached for use as the burial-transit  talian  talian  to be Completed by Physician/Medicai Examiner	a completed by righted Examiner	Sequentially list conditions, leavy, leeding to Immediate Seuse. Enter Underlying Deuse (Disease or Injury het initieted events esulting in deeth) Last  Sert II. Other significent conditions conditions conditions conditions conditions are seaminer?  1 Yes 2 No 7  Menner of Deeth  1 Neturel 5 Pending investigation	e. Colon b. c. d. ntributing to deeth b ive Ca ive Ca colone	Due to (or es	HC Si Do not ente	ilver S er the mode of  uence of):  uence of):  uence of):  uence of):  uence of):  uence of):  uence of):  uence of):	pring, dying, such es dying, such es discount la discount la la discount la di	MD s cardiec of Death ursing Hor	23b. Did to 1 Ye  24a. Wes e perform 1 Ye	obacco use co es 20 No en eutopsy med?  20 No en eutopsy med?	ntribute to 3 Prote  24b. We eve cord of a light of the control of	the cause the cause pably 4 properties of cleen?	ween Deeth  Veq v  of death' Unknow
in by the funeral director, page 2 should be datached for use as the bunal-transit and properties of the properties of t	a completed by righted Examiner	immediate Ceuse (Final disease or condition esulting in deeth)  Gequentially list conditions, leny, leeding to Immediate susse. Enter Underlying Deuse (Disease or Injury het initieted events esulting in deeth) Last  Fert II. Other significent conditions conditions in deeth of the length of the l	e. Colon b. c. d. Tributing to deeth b  Rec  Rec  OPE CI	Due to (or es  Due to (or es  Due to (or es  Due to (or es  Due to (or es  Due to (or es  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)	HC Si Do not ente	ilver S er the mode of  uence of):  uence of):  uence of):  uence of):  uence of):  uence of):  uence of):  uence of):	pring, dying, such established by given in Pert dise and LL 26. Plec Other: 4 North North?	MD s cardiec of Death ursing Hor	23b. Did to 1 Ye  24a. Wes e perform 1 Ye  1 (Check only on me 5 Reside 28d. Describe ho	obacco use co es 20No en eutopsy med?  ses 20No en eutopsy med?	ontribute to 3 Prob  24b. We ever correctly formed	the cause the cause substy 4  ore eutopsy sileble prior inpletion of ofeeth?  Yes 2	of death Unknow
in by the funeral director, page 2 should be detached for use as the bunal-transit and in page 2 should be detached for use as the bunal-transit and in page 2 should be detached for use as the bunal-transit and in page 2 should be detached for use as the bunal-transit and in page 2 should be detached for use as the bunal-transit and in page 2 should be detached for use as the bunal-transit and in page 2 should be detached for use as the bunal-transit and in page 2 should be detached for use as the bunal-transit and in page 2 should be detached for use as the bunal-transit and in page 3 should be detached for use as the bunal-transit and in page 3 should be detached for use as the bunal-transit and in page 3 should be detached for use as the bunal-transit and in page 3 should be detached for use as the bunal-transit and in page 3 should be detached for use as the bunal-transit and in page 3 should be detached for use as the bunal-transit and in page 3 should be detached for use as the bunal-transit and in page 3 should be detached for use as the bunal-transit and in page 3 should be detached for use as the bunal-transit and in page 3 should be detached for use as the bunal-transit and in page 3 should be detached for use as the bunal-transit and in page 3 should be detached for use as the bunal-transit and in page 3 should be detached for use as the bunal-transit and in page 3 should be detached for use as the bunal-transit and in page 3 should be detached for use as the bunal-transit and in page 3 should be detached for use as the bunal-transit and in page 3 should be detached for use as the bunal-transit and in page 3 should be detached for use as the bunal-transit and in page 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached for use 3 should be detached	Socialization of the completed by tripsicial programmer and the complete of th	mediate Ceuse (Final disease or condition esulting in deeth)  Gequentially list conditions, leny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury het initiated events esulting in deeth) Last  Fert II. Other significent conditions conditions in the conditions conditions of the conditions conditions of the conditions conditions of the conditions conditions of the conditions conditions of the conditions conditions of the conditions conditions of the conditions conditions of the conditions conditions of the conditions conditions of the conditions conditions of the conditions conditions of the conditions condition	e. Colon b. c. d. ntributing to deeth b le Colon lospitel: 1 Departer 28e. Dete of Inju (Month, De) 28e. Plece of Inju building, etc	Due to (or es  Due to (or es  Due to (or es  Due to (or es  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)	HC Si Do not ente	ilver S er the mode of  uence of):  uence of):  uence of):  uence of):  uence of):  uence of):  uence of):  uence of):  oderlying ceuse  uo de la la la la la la la la la la la la la	pring, dying, such established by dying, such es	MD s cardiec of	23b. Did to 1 Ye  24a. Wes e perform 1 Ye  24a. Wes e perform 24b. Describe ho  28f. Location (St. City or Town	obacco use co es 2DNo on eutopsy med? es 2 DNo one) ence 8 Oth ow Injury occur treet end Numb on, Stete)	anner as sta	the cause seably 4 the cause seably 4 Route Num	of death* Unknow findings o peuse
in by the funeral director, page 2 should be datached for use as the bunal-transit and properties of the properties of t		Sequentially list conditions, leavy, leeding to Immediate Susses. Enter Underlying Jouse, (Disease or Injury het initiated events esulting in deeth) Last  Sert II. Other significent conditions conditions in the conditions conditions are sustained by the conditions conditions on the conditions conditions on the conditions conditions are sustained by the conditions conditions conditions are sustained by the conditions condition	e. Colon  b	Due to (or es  Due to (or es  Due to (or es  Due to (or es  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)	HC Si Do not ente	ilver S er the mode of  uence of):  uence of):  uence of):  uence of):  uence of):  uence of):  uence of):  oderlying ceuse  uence of):  occurred et the estigation, in modern of the ceuse	pring, dying, such established by dying, such es	MD s cardiec of	23b. Did to 1 Ye  24a. Wes e perform 1 Ye  24a. Wes e perform 28d. Describe ho  28f. Location (St. City or Town and due to the ceeded at the time, de	obacco use co es 2DNo on eutopsy med? es 2 DNo one) ence 8 Oth ow Injury occur treet end Numb on, Stete)	ntribute to 3 Prob  24b. We eve corror of control of the control o	the cause leably 4 ore eutopsy sileble prior mojetion of deeth?  If Route Num  If Rout	of death? Unknow! findings openies ber,
in by the funeral director, page 2 should be detached for use as the burial-transit  a b b b b b b b b b b b b b b b b b b		disease or condition esulting in deeth)  Sequentially list conditions, leny, leeding to Immediate susse. Enter Underlying Deuse (Disease or Injury het initieted events esulting in deeth) Last  Sert II. Other significent conditions conditions in deeth Last  Sert II. Other significent conditions conditions conditions in deeth Last  Sert II. Other significent conditions conditions conditions in deeth Last  Sert II. Other significent conditions conditions conditions in deeth Last  Sert II. Other significent conditions conditions conditions in deeth Last  Sert II. Other significent conditions conditions conditions in deeth Last  Sert II. Other significent conditions conditions conditions in deeth Last  Sert II. Other significent conditions conditions conditions conditions in deeth Last  Sert II. Other significent conditions conditions conditions in deeth Last  Sert II. Other significent conditions conditions conditions in deeth Last  Sert II. Other significent conditions conditions conditions conditions in deeth Last  Sert II. Other significent conditions conditions conditions conditions conditions conditions in deeth Last  Sert II. Other significent conditions co	e. Colon  b	Due to (or es  Due to (or es  Due to (or es  Due to (or es  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)  Due to (or es)	HC Si Do not ente	ilver Ser the mode of uence of):  uence of	pring, dying, such es pring, dying, such es pring, dying, such es principle of the principl	MD s cardiec of	23b. Did to 1 Ye  24a. Wes e perform 1 Ye  24a. Wes e perform 28d. Describe ho  28f. Location (St. City or Town and due to the ceeded at the time, de	obacco use co es 2DNo n eutopsy med? es 2 DNo es 2 DNo reet end Numb reet end Numb este end plece,	ntribute to 3 Prob  24b. We eve corror of control of the control o	the cause leably 4 ore eutopsy sileble prior mojetion of deeth?  If Route Num  If Rout	of death? Unknow findings opense
director, page 2 should be datached for use as the bunal-transit and properties of the bunal-transit a		disease or condition esulting in deeth)  Sequentially list conditions, leny, leeding to Immediate susse. Enter Underlying Deuse (Disease or Injury het initieted events esulting in deeth) Last  Sert II. Other significent conditions conditions in deeth Last  Sert II. Other significent conditions conditions conditions in deeth Last  Sert II. Other significent conditions conditions conditions in deeth Last  Sert II. Other significent conditions conditions conditions in deeth Last  Sert II. Other significent conditions conditions conditions in deeth Last  Sert II. Other significent conditions conditions conditions in deeth Last  Sert II. Other significent conditions conditions conditions in deeth Last  Sert II. Other significent conditions conditions conditions conditions in deeth Last  Sert II. Other significent conditions conditions conditions in deeth Last  Sert II. Other significent conditions conditions conditions in deeth Last  Sert II. Other significent conditions conditions conditions conditions in deeth Last  Sert II. Other significent conditions conditions conditions conditions conditions conditions in deeth Last  Sert II. Other significent conditions co	e. Colon b. c. d. mtributing to deeth b live Ca live C	Due to (or es  Due to	HC Si Do not ente	ilver Ser the mode of the mode	pring, dying, such es dying, such es dying, such es dying, such es dying, such es dying, such es dying, such es diverse de time, dete en dy opinion, dec ense number 26767	MD s cardiec of cardiec of Death ursing Horizontal No	23b. Did to 1 Ye  24a. Wes e perform 1 Ye  24a. Wes e perform 28d. Describe ho  28f. Location (St. City or Town and due to the ceeded at the time, de	obacco use co es 2DNo	ntribute to 3 Prob  24b. We eve corror of control of the control o	the cause leably 4 ore eutopsy sileble prior mojetion of deeth?  If Route Num  If Rout	of death' Unknow lindings o peuse



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 3 / Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death July 4<sup>Dey</sup> **Physician** 1997 Charles Henry Campbell 12:40p.m. /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 500 Richards Lane Aberdeen Harford 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) 6. Dete of Birth (Month, Dey, Yeer, Birthpiece (State or Foreign Country) **Funeral** Months 1 MM 2□ F Hours 165-03-0879 Director 94 Nov. 23, 1902 Pennsylvania Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Heelih and Mental Hyglene. Important: If them 27 is marked other than "returel", or items 23a or 23a-f show any injury or other traumatic event, the Madical Experiment must be notified at 10e. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits Director Maryland Harford Aberdeen 1 Yes 22 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 500 Richards Lane 21001 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 XNo Specify: White by 3 Widowed 4 Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Collaga (1-4or 5+) Elamentary/Secondary (0-12) Electrical Engineer Phila. Electric 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be William J. Campbell Mary Agnes Hastings 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) Marjorie R. Campbell 500 Richards Lane, P.O. Box 643, Aberdeen, 20b. Plece of Disposition (Neme of cametery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) Ignatius Church Cemetery Hickory, Maryland 21. Signature of Funeral Service Lice <sup>22. Neme and Address of Facility</sup>
Tarring-Cargo Funeral Home, P.A.
Aberdeen, Maryland 21001-3399 ADETGEEN, MARYLANG 21001-33

Part. Enter th disease, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory errest, thock or hours hillura. List only one cause on each line. Approximete Intervel Between Onset end Death Physician /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Examiner law requires that the death certificate be executed physician and the buriel-transit Sequentially list conditions, if eny, leeding to immediate cause. Entar Underlying Ceuse (Disease or injury thet initiated events resulting in daath) Lest Due to (or es e consequença of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es a consequence of): USB BS signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Unknown à Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? peeu hes certificate 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No To the Hospital or Attanding Physician: within 24 hours efter death.

To the Funeral Director: After this certifica funeral director, Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only ona) Hospitel: 2 1 Yes 2000 Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpetient 3 DOA 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of Certification: 28c. Injury et Work? 28d. Describe how injury occurred Neturel 5 Pending investigetion 1 Yes 2 No 2 Accident 6 Could not be datamined 3 Suicide 28a. Place of Injury - At home, ferm, street, factory, office building, atc. (Specify) 26f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida 29a. Certifiar (Check only one) Excartifying Phyeician: To the bast of my knowledge, deeth occurrad at tha time, date end pleca, end dua to tha cause(s) and manner es steted. Medical 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, and dua to the cause(s) end menner stated. 29b. Signeture end titla of certifier 29c. License number 30. Neme end eddress of person who of deeth (Item 23e) (Type, Print) 31. Dete filed (Month, Day, Year)

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 22363 Certificate of Death Decedent's Name (First, Middle, Last) 2: Date of Death 3. Time of Death Month OSTELL 210 JUN 4b. City, Town, or Location of Deeth 4e. Fecility Name (If not institution, give street end number) 4c. County of Deeth NURSING HOME Columbia Howard 6 Sex 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) 1□ M 250 K Months Days Hours 87 Yrs. Oct, 16, 1909 Maryland 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Howard Sykesville 10f. Zip Code 10g. Citizen of Whet Country? 21784 U,S,A,

ORIEN 5. Social Security Number **Funeral** 220-12-9412 Director Usual Residence of Decedent the Maryland 10e State r than "natural", or Itams 23a or 28a-f show the Medical Examiner must be notified at Director Maryland 10e. Street end Number with 1015 Taylor Park Road deeth 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give 14 Race - American Indian 11. Maritel Status Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours effer inent of Health end Mental Hygiene. Int: If Itam 27 Is marked other than "natural", or Ita 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify: White 20 3 ☐ Widowed 4 ☐ Divorcad Year or Dates: 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 11 Homemaker n/a 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) John Stocktill Grace Moore 19e Informent's Neme/Relationship (Type Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 Depertment of Health el Important: If Itam 27 Is any Injury or other trat 1015 Taylor Park Road - Sykesville, MD Ralph H; Costello - Husband 20a. Method of Disposition 20b. Plece of Disposition (Name of 20c. Location - City or Town, Stete 7 - 14 Cherry HIII Methodist 1 Burial 2 □ Cremation 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 1997 Cemetery Cherry Hill, Maryland 21. Signature of Funerel Service Licensee 22 Name end Address of Fecility Funerals, P.A. 103 W. Stockton Street - Elkton, MD 21921-5521 حدد 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only one ceuse on eech line. Approximete Intervet Between Onset end Deeth **Physician** Immediate Ceuse (Finel disease or condition resulting in death) /Medical Sepsis Examiner Due to (or es e consequence of): Examiner neunouia Bud burial-tran Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury Due to (or es e consequenca of): certificate be exec Records, P.O. Box 68760, physiclan Physician/Medical thet initieted events resulting in death) Last the Due to (or es e consequence of): 80 ettending Pol ed by the e Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by d be detect 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings eveilable prior to Completed 24a. Wes en eutopsy performed? peeu completion of cause of deeth? certificate has 1 Tyes 2 No 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes case referred to medical examiner? Be 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 10 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred Certification: After 1 Waturel 5 Pending Investigation death. 1 Yes 2 Accident ofter death 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) filled in by 4 Homicide Hospital 6 To the Hospital within 24 hours e To the Funeral C 29a, Certifier 1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and menner as stated. Medical 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end mention end/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end manner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) 1 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Twoknoll North DR. MD State Registrar

**Physician** 

/Medicai

Examiner

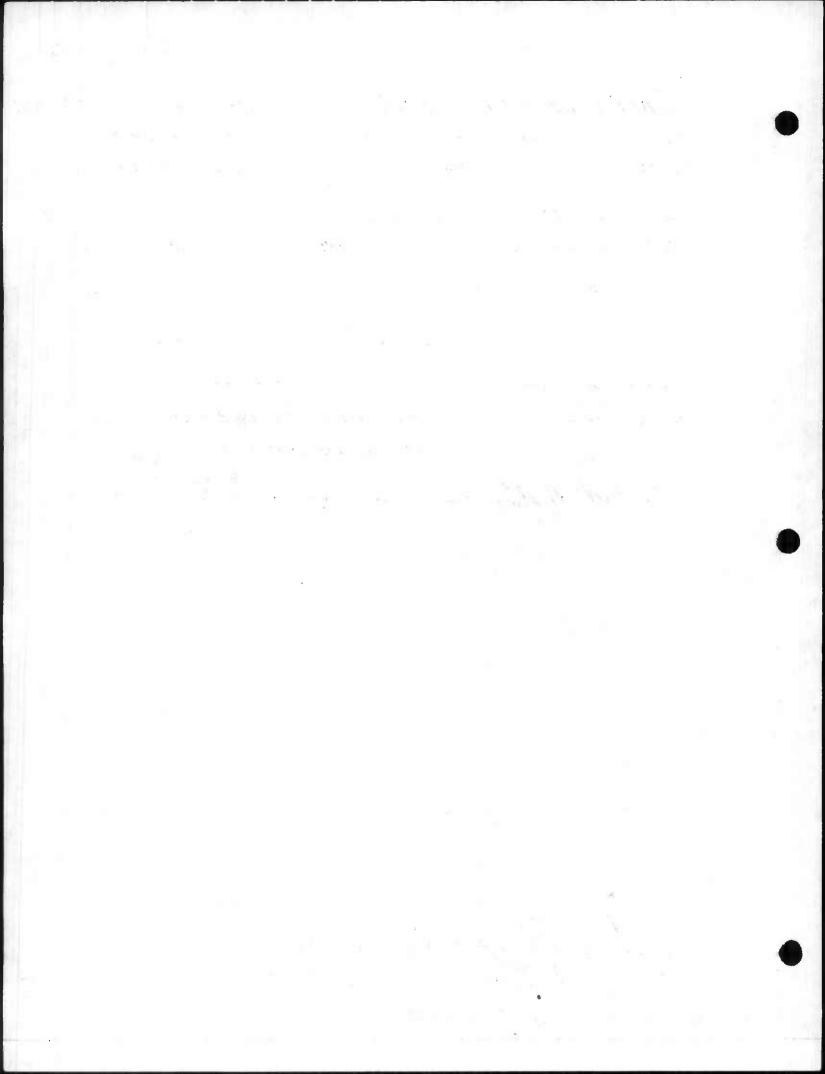
	Items:28	3a-1	per MEO G-749 7/29/9	97 dh	- Indi yidi idi			of Death			eg. No.	limp.	
п	Physici	an	Decedent's Neme (First, Middle, I	Last)						2. Defe of Dee	Day	Year	3. Time of Deeth
	/Medi	cal	Jeffrey nmi 4e. Fecility Neme (If not institution, g	n Cast	anon			4b City T	own or loc	07 ation of Deeth	T	997	2330 hrs
7	Examir	ıer	205 Meadow Cree		7017			E1k		ation of Deetin	4c. County		
	Funeral Director		5. Social Security Number 103-60-2509		. Age (In yrs. lest	birthday) Yrs.	If Under 1 Months			8. Date of Birth (Month, Dey,	7, 1964		lece (State or Foreig fry) York
	and		Usual Residence of Decedent  10a. State 10b. County		10c. City, T	own or Lo	cation					1	0d. Inside City Limit
	Maryl	tor	Maryland Cecil			h Ea						'	1X Yes 2 □ N
	with the Maryland a or 28a-f show	Director	10e. Street end Number 120 Red Toad Ro	ad			10f. Zip C			1	0g. Citizen of \	What Coun	fry?
	heath w	Funerai	11. Marital Status	7	ent Ever in U,S.	13.1			rlain? (Spec	ify Yes or No-	U; S; A;	e - Americ	an Indian
21215-0020	within 72 hours after death with the Maryland ane. then "natural", or items 23a or 28a-f show to Macical Experience roughed at	by	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forc	es? □ No			of Hispenic O Cuban, Mexica No Specify		ican, etc.)	Bled	White,	efc.
5-0	72 hours "natural",	Completed	15. Decedent's (Specify only highest g	Education	1	6e. Deced	dent's Usual	Occupation done during mo retired)	et of working	2	16b. Kind of B	usiness/inc	lustry
121	within ene. than "	mple	Elementery/Secondary (0-12)	College (1-4	or 5+)				si oi working				
	Hygiel Hygiel ther ti	CO	12 17. Father's Neme (First, Middle, La.	nt)		Trı	ick Dr		. I. Ne		Transpo		lon
Maryland	s i and 2 should be filed within thealth and Mental Hygiene. fem 27 is marked other than other traumetic event, the M	Be	Benjamin	·				18. Moth	ers Name (		<i>Malden Sumen</i> ansa Ma		17
Z	should nd Me mark metic	J.	19a. Informent's Neme/Relationship			9h Mailir	na Address (	Street and Numb	or or Burel	-			
	nd 2 suith ar		Lux M; Castanor					w Creek					
Baltimore,	permit. Pages 1 and 2 Department of Health Important: if Item 27 is any injury or other tra		20e. Method of Disposition  1  Burial 2 Cremation 3  4  Donetion 5 Other (Special Control of Contro		ate ceme	itery, cren	sition (Neme	of er plece) Company	1 1	-15	20c. Location -		
altir	nit. Partme ortan injur		21. Signature of Funeral Service Lic		K)A)					1997	West C	heste	er, PA
ä	Depa Impo any i			0 11				Address of Facil		-		m 210	21-5521
	-		23e. Part 1. Enfer the disease, or co	mplications that cau	ised fhe deeth. D	1						D 215	Approximete
	Physician /Medical		shock, or heert feilure. List online Immediate Ceuse (Final disease or condition	y one ceuse on eed	n shot			,				Ī	Intervel Between Onset end Deeth
п	Examiner		resulting in death)	е. С	Due to (or es			10 /				1	,,,,,,
-	Si 9d	ine	_	ı h									
	death certificate be executed e attending physician and od for use as the burial-transit	хап	Sequentially list conditions, if env. leading to immediate		Due to (or es	e conseq	uence of):						
68760,	be es sician buria	aiE	Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events	C									
687	tificate ng phys as the	edic	resulting in deeth) Lest		Due to (or es	e conseq	uence of):					i	
Box	nding use a	M/u		d									
	death e atte	icia	Pert II. Other significant conditions	contributing to deat	h but not resulting	in the ur	aderlying cer	ee aiven in Part		23h Did to	hacco use co	atributa to	the cause of death
P.0	v requires that the death cer been signed by the attendir should be detached for use	by Physician/Medical Examiner	Total Significant conditions	CONTRIBUTING TO COM	TI DOL TIOL TESUILITY	y in the ur	idenying ceu	sa givan in reit			s 2 No		1.
Records,	requires been sign									24a. Wes e	n eutopsy ned?	eve	re eutopsy findings ileble prior fo appletion of ceuse
	sician: The law cartificate has b lirector, page 2 s	Completed								1 □ Ye	s 20 No		léeth? ]Yes 2□ No
/ita	ysician: s cartific director,	Be	25. Wes case referred to medical examiner?					26. Pled	e of Death	Check only on	e)		
5	Physician: r this cartific rral director,	2	1 Yes 2 No	Hospital: 1 Inp		Outpetien		-		-	nce 6 Oth		)
u o	Ing P	on:	27. Menner of Death 1 □ Naturel 5 □ Pending		Injury 28t Dey Year)	. Time of Injury		. Injury et Work?		ld. Describe ho	w Injury occur	ed	
Division of Vital	Attending ir death. ector: After by the fune	Certification:	2 Accident investigeti 3 Sulcide 6 Could not	bo buly 12,		:30	М	1 Yes 2)()	Se		ted gun		
N	or A	ertif	4 Homicide determine	d 286. Piece of building	Injury - At home, etc. (Specify)	term, stre	eet, factory, o	ffice				Mea dov	Route Number, Creek Dr.,
_	To the Hospital or Attending Phys within Ed hours after death. To the Fureral Director: After this completaly filled in by the funeral director.		29a. Certifier 1☐ CertifyIng P	W1TE'S Y	residence	ge, deeth	occurred et	the time dete e		lkton, Mo		nner as et	eted
	n 24 h	Medical		miner: On the basi and menner	s of exeminetion	end/or inv	restigetion, in	my opinion, dea	ath occurred	et the fime, da	afe end place,	end due to	the cause(s)
	To th Within To th comp	×	29b. Signature end tile of certifier	1			29c. l	icense nu <i>m</i> ber		2	9d. Defe signer	d (Month, L	Dey, Yeer)
	1.16		Histor	Nos M	D			1153	14	3	uly 13	, 19	97
	34114	Ī	30. Name end eddress of person who	completed cause	of deeth (Item 23)	) (Type, I	Print)	/	~		/	1	,
	9		HEGKES, M	70 6	luion	Hos	p. Tal	EIK	Ton,	MD	2192	-/	
	Sta Registr		31. Date filed (Month, Day, Year)		istrer's Signeture	7		-	,				

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 2 2 3 6 5 State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Deta of Deeth 3. Tima of Death **Physician** Month CRABBS 7:45 AM uly /Medical 4b. City. Town, or Location of Deeth 4c. County of Deeth 4a. Fecility Neme (If not institution, give street end number) Examiner Carroll County General Hospital Carroll Westminster | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth | 9. Birthplace (State of Months | Deys | Hours | Min. | July 28,1907 Mary 1 and 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign **Funeral** 1XM 2□ F 705-10-4913 89 Yrs. Director Usual Residence of Decedant 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Carrol1 Finksburg 1 ☐ Yes 2 No Director 10e. Street end Number 10g Citizen of Whet Country?
United States 10f. Zip Code 21048 ŏ 2022 Charolais Court 238 Funeral 'natural', or items 12. Wes Decadent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No Was Decadent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. filed within 72 hours efter 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: specify: White by 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedant's Usual Occupation 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7. Department of Health and Mental Hygiene. Important: if item 27 is marked other than "as any injury or other traumatic event, me Mental page. (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) Warehouseman Farm 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be John Soloman Crabbs Ida Slimmer 19e. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 2022 Charolais Ct. Finksburg MD 21048 Mary Crabbs/wife 20a. Method of Disposition 20b. Plece of Disposition (Neme of 20c. Location - City or Town, Stete Pipe Creek Cemetery 7/9/97 1⊠ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Linwood, MD 21. Signeture of Funeral Service License 22. Neme end Address of Facility 91 Willis Street Myers Funeral HomeWestminster MD 21157 11 23a. Part1. Enter the disease, or complications to caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause of each line. Approximete Intervel Batween Onsat and Deeth **Physician** Immediete Causa (Finat disease or condition resulting in deeth) /Medical Examiner Physician/Medical Examiner ding physician end use es the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury Dua to (or es e conseque Box 68760. The law requires that the death certificate be thet initieted events resulting in deeth) Lest Due to (or es e consequence of) use es ō signed by the end be detached for P.O. Pert II. Other significant conditions contributing to deeth but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records. by cate has been signated by page 2 should b Completed 24b. Ware eutopsy findings eveilable prior to 24e. Wes en eutopsy performed? completion of cause of deeth? Vital 1 Yes 1 ☐ Yes 2 ☐ No or Attending Physician: funeral director, Be 25. Wes case rafarred to medicel examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 10 1 Yes 2 No 2X ER/Outpetient 3□ DOA 1 Inpatient Division of this 27. Menner of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? Certification: 28d. Describe how injury occurred After 5 Pending investigation 1 Neturel 2 Accident deeth. 1 Yes 2 No 24 hours after deet Funeral Director: 6 Could not be determined 3 ☐ Suicide Plece of Injury - At home, farm, street, factory, office bullding, atc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) filled in by 4 Homicide Hospital textifying Physician: To the best of my knowledga, daath occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medical within 24 hor To the Fune completely fi (Check only one) the 29b. Signature and til 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and address of parson who completed cadse of death (Itam 23a) (Type, Print) Westmin Dean H. Griffin, M.D. 31. Dete filed (Month, Day, Year) State Registrar

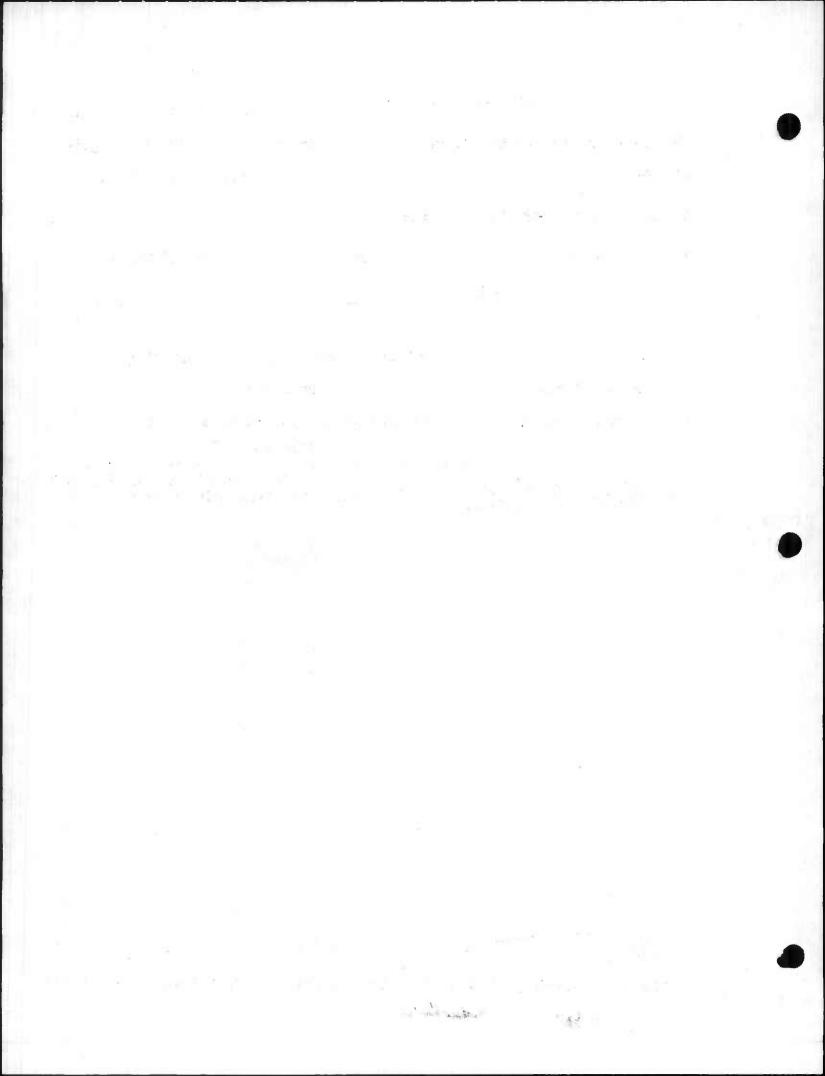
**DHMH 16 Rev 6/95** 



## Please Type or Print in Black Indelible Ink. Assure All Copies Are tegible 2 2 3 6 6

State of Maryland / Department of Health and Mental Hygiene

				Certificate of	Death	R	eg. No.	
Physic		Decedent's Name (First, Middle, Last)     Dorothy	Elizabeth	Chura		2. Dete of Deat Month July 5,	h Day	Yaar 3. Time of Deal
/Med Exam		4a. Facility Neme (If not institution, give street Southern Maryland Ho			4b. City, Town, or Clinton	Location of Deeth	4c. County	
Funera Directo		5. Sociel Security Number 6. Sex 033-14-0521	7. Age (In yrs. last bit		if Under 24 Hrs		Year)	e George's  9. Birthplece (State or For Country)  Mass.
a Maryland	ctor	10a. State 10b. County Maryland Prince Geor	rge's Clint					10d. Inside City Lin
th with th	Funeral Director	10e. Street end Number 9110 Simpson Lane		10f. Zip Code 20735			og. Citizen of W ited St	
gas 1 and 2 should be filed within 72 hours aftar death with the Maryland it of Haalth and Mental Hygiana. If them 27 is marked other than "natural", or frems 23a or 28a-f show or other treumatic event, the Medical Evant	b	1 Navar Merried Married 1	/as Decedent Ever in U,S. med Forces? □ Yas ❤️ Yes, Give aer or Datas:	13. Was Decedent of I If Yas, specify Cub	en, Mexican, Puer	Specify Yas or No- to Rican, etc.)	Blac	e - American Indian, k, White, etc. : White
vithin 72 ho ina. ihan "natur in Medical	Completed		pleted) ollege (1-4or 5+)	Decedent's Usuel Occup (Give kind of work done life. DO NOT use retire	during most of wo ad)	orking	16b. Kind of Bu	
should be filed with and Mental Hygiana. merked other ther umatic event, the h	Be	12 17. Fether's Name (First, Middle, Lest) Charles H. Bellows	Pur	chasing Age	18. Mothar's Na	ma (First, Middle, M	U.S. Na Maiden Sumem	
d 2 should th and Me 7 le mark treumatic	J.	19e. Informent's Name/Reletionship (Type, P George Chura (Husband		. Meiling Address (Street 10 Simpson ]		ural Route Number,		
permit. Pagas 1 and 2 should be filed within Department of Haalth and Mental Hygiana. Important: If Item 27 Is marked other than any Injury or other treumatic event, tra Manones.		20e. Method of Disposition  XX Buriel 2 □ Cremetion 3 □ Remov	20b. Place of cerneter	f Disposition (Neme of ry, cremetory or other ple	∞)July 1	o, 1997	20c. Location -	City or Town, State
permit. Pagas Department of I- Important: If its any Injury or of		4 □ Donetion 5 □ Other (Specify)  21. Signeture of Funerel Service Alcanaee	2/		ess of Fecility_ee	e Funeral	Home, I	, Mass. nc 6633 Old yland 20735
Physician /Medical		23e. Pert1. Enter the disease, or complication shock, or heart failure. List only one cau immediate Ceusa (Finel	is thet ceused the death. Do not see on each line.		_			Approximete Intervel Between Onset end Deeth
Examiner	ē	disaese or condition resulting in deeth) e.		consequence of):	vascular	Disease		
tificata be axecuted ig physician and as tha burial-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury c.	Atrial Fibri  Due to (or es a c  Carcinoma Of	consequence of):				
2 - m	n/Medical	Ceuse (Disease of Injury that Initiated events resulting in deeth) Lest	Due to (or es a c					
daath ce	Physician/	Pert II. Other significant conditions contributi	ng to death but not resulting in	the underlying cause give	ven in Part i.	23b. Did tol	bacco use con	tribute to the cause of dea
requires that the da seen signed by the a hould be datached	by Phy							3 Probably 4 Unkn
2 st	Completed					24e. Was ar perform		24b. Were eutopsy finding aveilebla prior to completion of cause of deeth?
		OF West and the second				1 □ Ya	s XX No	1 ☐ Yes 2 ☐ No
40 77	o Be	25. Wes cese referred to medicel exeminer?  1 Yes 22 No Hospite	al: X inpatient 2 ☐ ER/Ou	tpatient 3 DOA Oth	AOC.	eth (Check only one dome 5 Resider		r (Specific)
a of Attended Frings a aftar daath.  I Director: Aftar this od in by the funeral d	ation: T		Dete of Injury 28b. T	Time of 28c. injury		28d. Describe ho		
rial or Arre	Certification:	4   Homicide	e. Plece of Injury - At home, fer building, etc. (Specify)			City or Town,	, Stete)	or or Rural Route Number,
To the Hospital or within 24 hours afte To the Funeral Dir complataly filled in	edical	Z Medical California	To the best of my knowledge, in the besis of examinetion end and menner stated.	, deeth occurred et the tir d/or Investigetion, in my o	ne, date end piece pinion, deeth occu	e, end due to the ca urred at the time, de	use(s) end mer ite end place, e	nner es steted. nd due to tha cause(s)
Toth	Me	29b. Signeture and title of certifier		29c. Licans	a number	5 7	d. Data signed	(Month, Dey, Year)
10)		30. Nemy and eddress of person who complete Philip Wisotsky		d Line Cer	nter #	207. Wa	ldorf	Md 20602
Sta		31. Dete filed (Month, Dey, Year)	Registrar's Signature	fall	**	,		



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland /	Department of	Health and Mental Hygiene	9/

Certificate of Death Reg. No. 1. Decadent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death Month **Physician** Year SALLEY BEATRICE CONNER JUNE 21, 1997 4:10PM /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner PRINCE GEORGE'S FORT WASHINGTON LIVINGSTON HEALTH CARE CENTER If Under 1 Year If Undar 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day 6. Sax 7. Age (In yrs. last birthday) 9. Birthplaca (Stata or Foraign **Funeral** Days Hours 1 □ M 2 3 F Director Yrs TENNESSEE MAY 31, 405-36-6016 80 Usual Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28a-f ehow traumatic event, the Medical Examiner must be notified at 1X Yes 2□No Director MARYLAND PRINCE GEORGE'S FORT WASHINGTON 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 12021 LIVINGSTON RD. 20744 UNITED STATES deeth Funeral 12. Was Dacedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Dates: Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, atc. permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Heelth and Mental Hygiane. Important: if Item 27 is marked other than "natural", or Her any Injury or other traumating account. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: BLACK þ 3 Widowed 4 □ Divorced Completed 15. Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Spacify only highest grade completed) D.C. SENIOR/ Elementary/Secondary (0-12) Collega (1-4or 5+) 9 NUTRITIONIST CITIZEN PROGRAM 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maidan Surname) ALBERT BOYD CAL DONNIE YOUNG 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, State, Zip Code) MATTIE C. HAWKINS/ DAUGHTER 7824 KARLA LANE FORT WASHINGTON, MARYLAND 20744 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 6/26/97 SUITLAND, MARYLAND LINCOLN MEMORIAL 21. Signature of Funaral Service Licensee 22. Name and Address of Facility ALEXANDER S. POPE FUNERAL HOMES 5538 MARLBORO PIKE/FORESTVILLE, MARYLAND 20747 11005 11 Zunas 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Intarval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition rasulting in death) Examiner Examiner -transil Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disaasa or Injury that initiated events resulting in daath) Last pue Due to (or as a physicien e s the buriel-1 Box 68760 certificate be Physician/Medical Due to (or as 88 ettending esn ed by the etten deteched for u P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown s been signed to should be dete Records, by 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? page 2 this certificate has 2 XN0 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital Attending Physician: 25. Was case referred to medical Be 26. Place of Death (Check only ona) Other: 4™ Nursing Homa 5 ☐ Rasidence 6 ☐ Other (Specify) 1 ☐ Yes 200 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of Certification: After 5 Panding Investigation Injury 1 K Natural death. 1 Yes 2 No i or Attend after death Director: 2 Accident 6 Could not be determined 3 Suicida 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 144 4 I Homicide edicai 29a. Certifier 🖄 Certifying Phyalcian: To tha best of my knowledge, death occurred at tha tima, data and place, and dua to tha causa(s) and mannar as statad.

To the Hospital o within 24 hours at To the Funeral D State

31. Date filed (Month, Day, Year) 08 1997

29b. Signature and title of certifier

(Check only one)

SHANTHA MURTHY, M.D. 6196 OXON HILL RD., OXON HILL, MARYLAND 20745 32. Registrar's Signature la d'Englese Radell

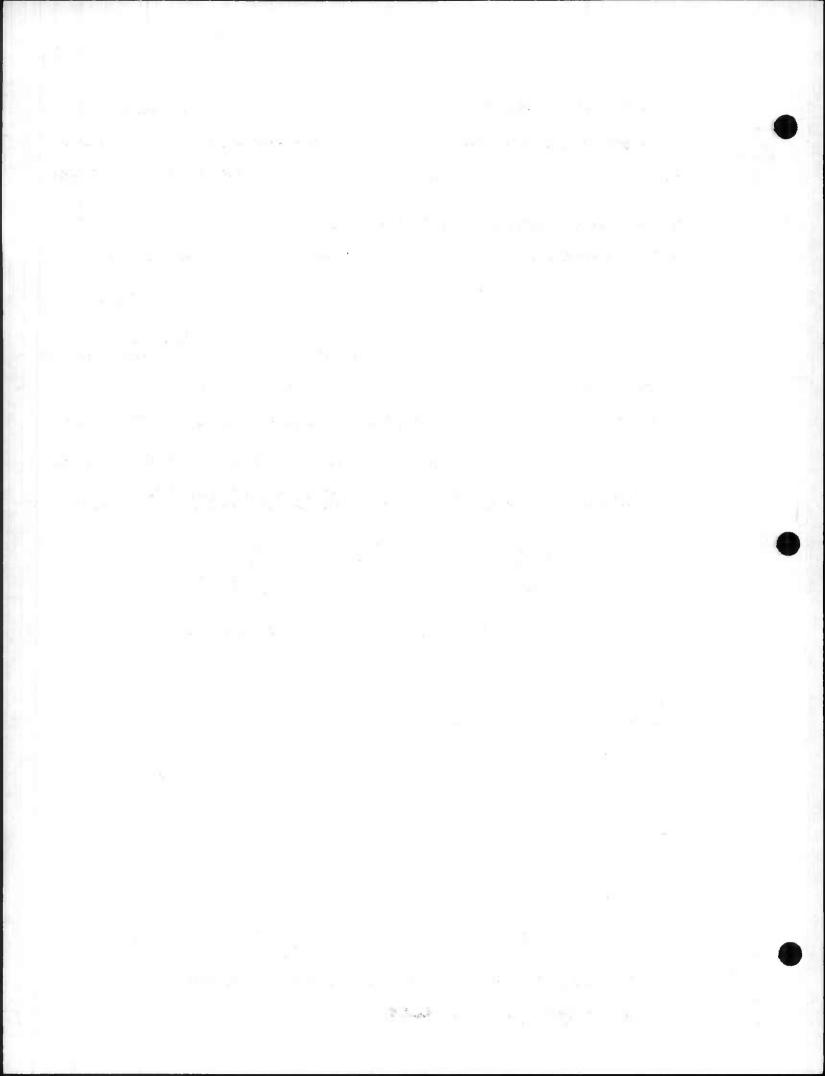
30. Name and addrass of person who complated causa of death (Itam 23a) (Type, Print)

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. Licansa number

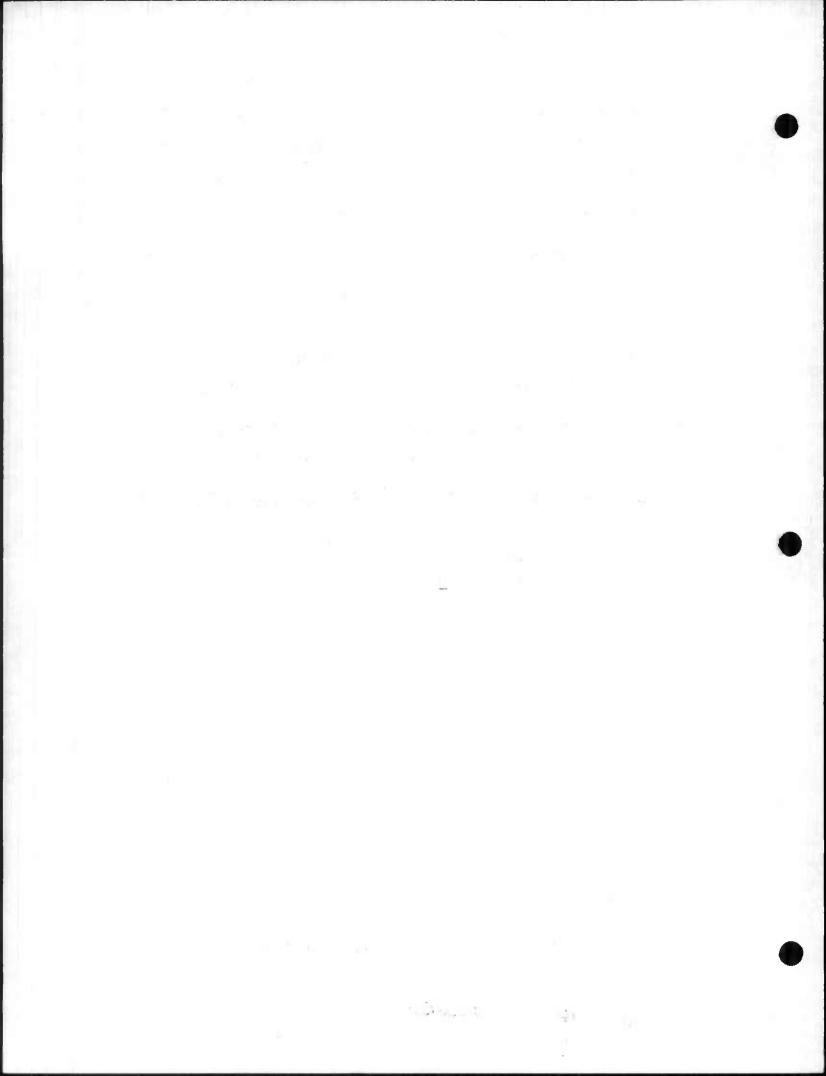
29d. Date signed (Month, Day, Year)

Registra



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Depible 2368 State of Maryland / Department of Health and Mental Hygiene

			Decedent's Neme (First, Middle, Last	et)		Certificate of	Death		leg. No.		0.7
	Physic	ian						2. Dete of Dee Month	Dey	Yeer	3. Time of Death
	/Medi		Mamie E. Cai				4b. City, Town, or	July Location of Dooth	1,1997	-104	9:45 A.M
ď.	Exami	ner	10100 Bending	And the second second second	2.17						
	Funeral Director		5. Social Security Number 6. S 5 7 9 - 2 0 - 7 5 1 1		(In yrs. lest birtho	Months Deve	If Under 24 Hrs		Year)	9. Birthple Countr Alab	ece (Stete or Foreign
	and *		Usuel Residence of Decedent  10a. State 10b. County		10c. City, Town o	r Location				10	d. Inside City Limits
	permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Depertment of Health and Mentel Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show sayl injury or other traumatic event, in Medical Exprinest must be notified at once.	ector	Md. P.G.		1.5	r Marlbo	ro				1 Yes 2 □ No
	th with t	Funeral Director	10100 Bending	Brook Wa	ay	10f. Zip Code 2077	2		l0g. Citizen of V	S.A.	
	r dea	in e	11. Maritel Status	12. Wes Decedent E Armed Forces?	ver in U,S.	13. Was Decedent of It Yes, specify Cul	Hispanic Origin? (S	Specify Yes or No-	14. Race	e - America	n Indien,
020	al', or it	by Fu	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2€ No If Yes, Give Yeer or Detes:	•	1 ☐ Yes XXNo		io ricaii, etc.)	Specify	k, White, et Bl	ack
21215-0020	in 72 ho	Completed by	15. Decedent's Ed (Specify only highest gra	de completed)	(6	ecedent's Usuel Occu live kind of work done le. DO NOT use retin	pation e during most of wo	rking	16b. Kind of Bu	slness/Indu	istry
212	with iene.	шо	Elementery/Secondery (0-12) 5th	College (1-4or 5+	.)	b Techni			Но	spit	21
D	Hyg other	Be C	17. Fether's Neme (First, Middle, Last)		La	b_Techni		me (First, Middle,		1000	aı
lar	Aente Aente rked rked	To B	Eddie McA	lpine			Em	ma Rile	V		
Maryland	and A		19a. Intorment's Neme/Reletionship (7	ype, Print)	19b. N	elling Address (Stree			-	Stete, Zip C	Code)
2	end a alth n 27 I		Pamela P. Fros	t/Grandda	aughter	Same a	s # 10	above			
ore	of Herritan		20a. Method of Disposition 1 ☑ Buriel 2 ☐ Cremation 3 ☐			sposition (Neme of cremetory or other place in Coln C			20c. Location -	City or Tow	n, Stete
E	Peg ment ant: I		4 Donetion 5 Other (Specify		Ft. L	incoln C	em. 7/8	/97	Brentw	ood,	Md.
Baltimore,	Dependit Dependit Import any Inj		21. Signeture of Funerel Servica Lican	w Qu	ate	H.S.Wa	ess of Fecility Shington urrough:	n & Son	s,inc.		
			23a. Part1. Enter the diseese, or comp shock, or heart tailure. List only	ollcetions thet caused t	he death. Do not						Approximete
i	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	Dement							nterval Between Onset end Deeth
		Iner	resulting in deality	Hypert	ue to (or es e cor 1100	sequenca of):					
oʻ	an end inel-trens	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	D	ue to (or es e cor	sequence ot):					
κ 68760,	rtificate be executed ng physician end as the buriel-trensit	Medicai	Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest		ue to (or es e con	sequenca ot):					
Вох	attendin for use	Physician/N		d							
	the at	/sici	Pert II. Other eignificant conditions co	ntributing to death but	not resulting in th	e underlying cause g	iven in Pert I.	23b. Did to	bacco uee con	tribute to t	he cause of death?
s, P.O	es that the de igned by the be deteched	by Phy						1 🗆 Y	es 2 No	3 Proba	ibly 4 Unknown
Records,	requir	Completed t						24e. Wes e		eveil	e eutopsy findings lable prior to pletion ot cause seth?
æ	The law ste hes page 2	E						1 🗆 Y	es 20 No		Yes 2□No
Vital		Be C	25. Wes case reterred to medical examiner?				26. Plece of Dec	eth (Check only or			
of <	S S D	2	175 Yes 2 No	Hospitel: 1   Inpatient	2 ER/Outpe	tlent 3 DOA	her: 4 Nursing H	lome 5 Reside	enca 6 Othe	or (Specify)	
ou o	De le le le le le le le le le le le le le		27. Manner of Deeth  1 Naturel 5 Pending 2 Accident Investigation	28a. Dete of tnjury (Month, Dey	Year) 28b. Tim Inju	y Wo	ry et ork? ] Yes 2 □ No	28d. Describe h	ow Injury occurr	ed	
Division		Certification:	3 Suicide 6 Could not be determined	28e. Pleca of Injury building, etc.	y - At home, tarm, (Specify)	street, fectory, office		28f. Location (Si City or Town	treet end Numbe n, Stete)	er or Rural I	Route Number,
	ne Hospital or n 24 hours effe ne Funeral Dir bletely filled in	edical	29a. Certifier (Check only one) 2 Medical Exam	sician: To the best of Iner: On the basis of e and matter stete	xeminetion end/o	eeth occurred et the t r Investigetion, in my	ime, date end place opinion, deeth occu	, end due to the carred et the time, d	ause(s) end ma ete end piece, e	nner es stet end due to ti	ed. he ceuse(s)
	To the vithin 2 To the comple	Me	29b. Signature end title of certifier		//	29c. Licen	se number	2	9d. Dete signed	(Month, De	ey, Year)
			Cum	am	10	> MDC	0001648	3/	07/02	1/97	_
			30. Neme end eddress of person who c	ompleted cause ot dee	eth (Item 23e) (Ty	ne Print)			100	( / /	
			Cedric Poku,				N.W., Wa	ash.,D.	C. 20	002	
	Sta Registr		31. Dete filed (Month, Dey, Year)	32. Registrer	s Signeture	Jl.					



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 2 2 3 6 9

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month **Physician** 05:20 AM GEORGE CHAMBLIS JULY /Medicai 4e. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner PRINCE PRINCE GEORGES GEORGES HOSPITAL CENTER CHEVERLY If Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Yes 4-27-32 9. Birthplace (Stete or Foreign **Funeral** Months Days 1 XM 2□ F 578-48-4353 WASHINGTON DC Director Usual Residence of Decedent the Maryland 10a. State 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at MD PRINCE GEORGES UPPER MARLBORO X Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 1 13025 PAYTON DRIVE 20774 U.S.A. Funeral death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. permit. Pegas 1 and 2 should be filed within 72 hours after c Department of Haalth and Mental Hygiane. Important: If item 27 ie marked other than "natural; or item any injury or other traumatic event, the Medical Exemptions. 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry KAISER Elementary/Secondary (0-12) College (1-4or 5+) COURIER 10TH PERMANENTE 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) GEORGE N. CHAMBLIS 2 KATIE 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13025 PAYTON DRIVE, UPPER MALBORO MD 20774 LOU JIMMIE CHAMBLIS 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) HARMONY MEMORIAL PARK LANDOVER, MD 21. Signature of Funeral Service Lightson 22. Name end Address of Fecility
TAYLOR'S FUNERAL HOME 1722 NORTH CAPITOL ST. NW WASH. DC 6 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one sause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical COLON CANCER Examiner Due to (or as a consequence of): Examiner physician and as the buriel-transit certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting In death) Last Due to (or as a consequence of): Box 68760. Physician/Medical Due to (or as a consequence of) as 957 for signed by the e P.0. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 3 Probably 4 Vunknown 1 Tyes 2 No Division of Vital Records, þ 24b. Were autopsy findings evailable prior to completion of ceuse of death? 24a. Wes en eutopsy performed? Completed peen has paga 2 1 ☐ Yes 2 ☐ No certificate Attending Physician: director, 25. Was cese referred to medicel examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2□ No ို 2 ER/Outpatient 3 DOA 1 Inpatient this funeral 27. Manner of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: After 5 Pending investigation 1 Natural deeth. 2 Accident 1 Yes 2 No after deeth Director: the 3 Suicide 6 Could not be determined 281. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide Hospital 24 hours 8 24 hours 29e. Certifier Medical 1 Cartifying Phyaician: To the best of my knowledge, death occurred at the time, date end plece, end due to the cause(s) end menner es steted. plataly (Check only one) Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date and place, and due to the cause(s) and manner stated. To the To the To the 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) MB MARIO HOSPITAL DRIVE, OHEVERLY, MARYLAND 20785 GOLVE 31/ 3001 31. Date filed (Month, Day, Year) 32 Registrar's Signature State Juli Skudson Rardell JUL **11 199**7 Registrar

3.35.50 The Total Control of the Control of

.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 22370

							Cer	tificat	e of	Death		Reg. No.		
Г	Discosto:		1. Decedent's Neme (First, Middle	Last)							2. Dete of D Month		V-4-	3. Time of Deeth
	Physici /Medi		Elizabeth R.	Clarke	e						July	9,	1997	12:02 pm
	Exami		4e. Fecility Name (If not institution,	give street end n	rumber)					4b. City, Town, o			unty of Deeth	TEVOL PIN
			Larkin Chase Nu	rsino H	ome					Bowie		Dri	nce Co	eorge's
	Funeral			6. Sex		n yrs. lest bin	thdey)	if Unde		if Under 24 Hr				place (State or Foreign
	Director	Н	214-01-3929	1□M 2፟MF			Yrs.	Months	Deys	Hours Mir	n. (Month, D	ау, Year) 4, 1916	Cou	yland
1	_		Usuel Residence of Decedent			01					July .	+, 1710	ral	yland
	land		10e. Stete 10b. County		10	Oc. City, Town	or Loc	cation						10d. Inside City Limits
	Man	ō	Maryland Prince	George!	10 0	Chever	1 37							1 X Yes 2 No
	the 288	Director	10e. Street end Number	dedige	3	JIE VEL.	Ly	10f. Zip	Code			10a Citizen	of Whet Cou	ntn/2
	72 hours efter death with the Maryland natural; or items 23a or 28s-f show deal Examiner must be notified at			- 4-										riu y r
	s 23	Funerai	5836 Dewey Stre		and the Europe		10.14		785			U.S.A		
	p le d	S	11. Marital Status	12. Wes De Armed F	Forces?	ar in U,S.	IS. V	Yes, spe	cify Cut	Hispanic Orlgin? ( ban, Mexican, Pue	specify Yes or Norto Rican, etc.)	0- 14.1	Race - Ameri Bleck, White,	
20	s eft	by F	1 ☐ Never Married 2 ☑ Merrie 3 ☐ Widowed 4 ☐ Divorced	If Yes, G	Give		1	□Yes	2 🔯 No	Specify:		Spe	ecify: Wh:	ito
21215-0020	urai			Year or	Dates:	1								
फ़	nart	Completed	15. Decedent' (Specify only highest	s Education grede completed	d)	16a.	(Give I	ent's Usu kind of wo	rk done	during most of w	orking	16b. Kind o	of Business/In	dustry
12	Pa .	d L	Elementery/Secondary (0-12)	College	(1-4or 5+)			O NOT u	se retira	id)				
7	led v lygie nt, m		12			C.	lerl	Κ					omery	Ward
I	d oth	Be	17. Fether's Neme (First, Middle, L								ame (First, Middle		neme)	
X	Men	10	John W. Augusti	ne						Rosa	Barkand	a		
ā	and and		19e. Informent's Neme/Relationsh	ip (Type, Print)		19b.	. Meilin	g Address	(Stree	t end Number or F	Rural Route Numi	ber, City or To	wn, Stete, Zij	o Code)
≥,	alth 27		John E. Clarke	- Husbar	nd	5	836	Dewe	y S	treet, C	heverly.	Marvl	and 20	785
re	f He item		20a. Method of Disposition			20b. Piece of	Dispos		ne of		Dete		on - City or To	
E	Page ent c nt: If y or		1 ☐ Buriel 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other (So		m State	Metrop					07/10/07	A 1	-1	Virginia
Baltimore, Maryland	ortan ortan		21. Signeture of Funerel Service L			Metrop				ess of Fecility	07/10/97	Alexa	naria,	virginia
B	permit. Pages 1 end 2 should be filed within 72 hours efter death with the Marylan Department of Health and Mental Hygiene. Important: If item 27 is merked other than "natural", or items 23a or 28s-f show any Injury or other traumatic event, the Madical Examinet must be notified at once.						F	ranci	s G	asch's S				
			W.B.C	Leise	~					imore Av			lle, M	D 20781
			23e. Pert1. Enter the diseese, or of shock, or heert failure. List of	omplications that nly one cause on	t caused the reach jine.	e deeth. Do n	ot ente	er the mod	le of dy	ing, such es cardi	ac or respiretory	errest,		Approximete Intervel Between
	Physician													Onset end Deeth
	/Medical Examiner		Immediate Cause (Final disease or condition	Rest	pirato	ory Fa:	iluı	re						One Hour
п	LAditiliei		resulting in deeth)	0.		e to (or es e d								one nour
-	P #	ine		_ Meta	astati	ic Rena	al (	Cell	Car	cinoma				Three Month
	certificate be executed iding physician and ise as the buriel-trensit	Examiner	Sequentially list conditions,	D		e to (or es e c		-						
Ó	an a		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events										1	
68760,	ysic he bi	edicai	thet initieted events resulting in death) Lest	C	Due	to (or es e c	onsequ	ence of):						
9	certifica nding ph use es t	Je d	resolding in death) Lest				·	,						
XO		In/M		d										
m	The lew requires that the death ate has been signed by the atterpage 2 should be deteched for u	Physicia	Pert II. Other significent condition	e contribution to	doath but n	ot rosulting in	the un	dadina a		ven in Boot I	ant Die	Anhana was		o the cause of death?
0	the sy the	hys	artin dalla arginilari dalla artina	a contributing to t	doa(ii but ii	ot resulting in	1110 011	derlying c	ause gi	ven in Feit i.				
۵.	that hed l	by P	Sepsis								.   '-	Tes ZUN	10 3∐ P10	bably 4 12 Unknown
Vital Records,	sign d be	Q									24a Wee	s en eutopsy	24h. W	ere eutopsy findings
Ö	v require been si should b	Completed									perf	ormed?	ev	eilable prior to empletion of cause
ě	has has	mpi											of	deeth?
E		S									1 🗆	Yes 2 No	0 1	☐ Yes 2☐ No
ij	ysician: The last contilicate he director, page	Be	25. Wes case referred to medical exeminer?								eth (Check only	one)		
1	Physic this c	2	1 ☐ Yes 2 ☑ No	Hospitel:	Inpatient	2 ☐ ER/Out	petient	3□ DC	DA Ot	her: 4 🔯 Nursing	Home 5□Res	idence 8 🗆	Other (Specia	(y)
Division of	Attanding Physician: or death. ector: After this certific. by the funeral director,		27. Menner of Deeth 1 X Neturel 5 □ Pending	28e. Dete	e of Injury onth, Day Ye	28b. T	ime of	2	8c. Inju Wo	ry et rk?	28d. Describe	how injury oc	curred	
0	death.	ati	2 Accident Investiga					М		Yes 2□No				
5		Ħ	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin	ad 289. Plac	ce of Injury -	At home, fer	m, stre	et, fectory	, office		28f. Location	(Straet end Nu	mber or Run	al Route Number,
٥	al or A s after N Direct	Certification:		DOING.	unig, etc. (c	роспу					Only of 10	wii, Olalej		
	hour hour hour y fill	- 1	29a. Certifier 1 Certifying	Physician: To the	e best of m	y knowledge,	deeth	occurred	et the ti	me, dete end plac	e, end due to the	cause(s) end	menner es s	teted.
	P Fu	edicai	(Check only 2 Medical E. one)	caminer: On the b	basis of exe nner steted.	eminetion end	Vor Inve	estigetion	, In my	opinion, deeth occ	urred et the time	, dete end plac	ce, and due to	o the cause(s)
	To the Hospital or within 24 hours after To the Funeral Dir completely filled In	X	29b. Signature end title of certifier	(M	an			290	. Licen:	se number		29d. Dete sig	ned (Month,	Dey, Year)
-				000	3	V10			D2/	525		07-	-09	<b>-9</b> 7.
2/	01	-	30. Neme and eddress of person w	ho completed a	100 01 3	/ltom 00=1 0	Trees 5		D34	J		- /		
1	10/								220	Dove	Max1	4 2071	6	
	- 01	40	S.J. Rao, M.D.  31. Dete filed (Month, Dey, Year)					Jaq #	220	, Bowie,	marylar	ia 20/1	O	
	Sta Registr		JUL 11 19	97 Jul	die	Signeture	delle							
			00L 24 10	(V	P									

سه دمور بالأد

4.

FOR

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATI	E OF	DEAT	Н	REG. NO				
	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH DON'TH D	AY	VEAD	3. TIME OF DEAT	rn .
	S	alvir	o Franc			0						997	5:10	pm w
	4. SOCIAL SECURITY NUMB 016-07-99		5. SEX	6. AGE (In yrs	s. lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	HPLACE (State or Fo	reign
	1		1 M 2 - F		YRS.				]]	December	21, 1	919 1	Massachuse	tts
œ	9a. FACILITY NAME (If not in Villa Rosa	nstitution, give s	itreet and number)	m o					on of DEA			JNTY OF E		
ō	RESIDENCE OF DEC		31119 1101	iiie		MI	LCITE	STTA.	ттте		Pri	nce (	Georges	
DIRECTOR	10e. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN (	OR LOCAT	TION					10d. INSIDE CITY	,
0	Maryland	Princ	ce George	es	Se	abro	ok.						1 X YES 2	NO
AL	10e. STREET AND NUMBER						101	. ZIP CODE			10g. CI1	TIZEN OF 1	WHAT COUNTRY?	
FUNERAL	9301 Tucker	man St	reet				_   :	20706			U.S	S.A.		
5	11. MARITAL STATUS  1 Never Married 2 X	Mandad	12. WAS DECEDEN FORCES? 1	YES 2	ARMED					ORIGIN? (Specify Yes Puerlo Rican, etc.)	or No-	14. RACI	E - American Indi	en,
B	3 Widowed 4 Divo		WW IT					2 XNO	Specify:	Poerio ricali, etc.)		Spec	offy:	
	15. DEC	EDENT'S EDU		160	. DECEDENT'S	IISUAL O	CCLIBATIO	M		THE KIND OF BUILD		•	casian	
E	(Specify only Elementary/Secondary (0	y highest grade	completed)		(Give kind of life. Do NOT us	work done -	during mo	st of working	g	16b. KIND OF BUS				
7	12	F12)	College (1-4 or 5 d	*'	Accour	itant				Goddard S	pace 1	Fligh	t Center	
COMPLETED	17. FATHER'S NAME (First, M	liddle, Lasi)				-		18. MOTN	ER'S NAME	E (First, Middle, Maiden	Sumame)			
BEC	Edgidio		Carpino					Rosa	l	Ventura				
2	19a. INFORMANT'S NAME (7				19b. MAILING	ADDRES	Street a	nd Number	or Rural Roo	ute Number, City or Tow	n, State, Zi	(p Code)		
-	Jane L. Car	-			9301	Tuck	erma	in St	reet,	, Seabrool	<, MI	20	0706	
	20g, METHOD OF DISPOSITI	on 3 🗆 Rem	oval from State	20b.PLA Cemetery	CE AND DATE	OF DISPOS	Marv	land					own, State	
	4 Donation 5 QMSr 21. SIGNATURE OF FUNERA		TENSEE	Vet	erans				_/_		erten	ham,	MD	
	· A.	/	X	- /		R	NAME AN	/Hale	Funera Funera	al Home				
Ц	- juli	gan	1/1	41	_					d, Lanham,				
- 1	23. PART I Enter the di	Seases or c	annilostions the	A annua of the	death De-									
- 1	ahock, or h	eart fallure.	List only one cau	ise on each	ilne.	not anter	tha mo	de of dyle	ng, such a	aa cardiac or reapi	ratory ar	rest,	Approxim	
	IMMEDIATE CAUSE (Fin	eart fairure.	List only ona cau	ise on each	ilne.						ratory ar	rest,	Approximinterval B	etween
	anock, or n	eart fairure.	a. Recu	Me	nt (	Pn					ratory ar	reet,	Interval B	etween
_	iMMEDIATE CAUSE (Fin	eart fairure.	a. Recu	Me	ilne.	Pn	ш	mo	mi		ratory ar	rest,	Interval B	etween
NOI	IMMEDIATE CAUSE (Find disease or condition resulting in death)  Sequentially liet condition	ions,	a. Re Cu	OR AS A COP	nt (	Ph	lu Loi	mo	mi	9		rest,	Interval B	etween
CATION	immpoiate Cause (Find Sease or condition resulting in death)  Sequentially liet condition if any, leeding to immediates. Enter UNDERLY!	dions, diate	a. Re Cu	OR AS A COP	NSEQUENCE OF	Ph	lu Loi	mo	mi	9		rest,	Interval B	etween
IFICATION	immpolate CAUSE (Fin disease or condition resulting in death)  Sequentially liet condition if any, leeding to immediate. Enter UNDERLY! CAUSE (Disease or injuited initiated avents	ions, diate	a. Recu DUE TO OUE TO CONO	OR AS A COM	NSEQUENCE OF	Ph	lu Loi	mo	mi			rest,	Interval B	etween
ERTIFICATION	IMMEDIATE CAUSE (Find disease or condition resulting in death)  Sequentially liet condition if any, leeding to immercause. Enter UNDERLY! CAUSE (Disease or inju	ions, diate	a. Recu DUE TO OUE TO CONO	OR AS A COM	NSEQUENCE OF	Ph	lu Loi	mo	mi	9		rest,	Interval B	etween
L CERTIFICATION	since, or individual condition resulting in death)  Sequentially liet condition from the cause. Enter UNDERLY CAUSE (Disease or injuthet initiated avents resulting in death) LAS	ions, diate ING	a. RLCL DUE TO  CONCETO  DUE TO  DUE TO	(OR AS A CON) (OR AS A CON) (OR AS A CON)	NSEQUENCE OF	Ph	lu In	no	soni to sc	enosi	2'		Interval Bonset and Mov	etween I Death  THA
	immpolate Cause (Findlesse or condition resulting in death)  Sequentially liet condition if any, leeding to immecause. Enter UNDERLYI CAUSE (Disease or injurtet initiated avents resulting in death) LAS	ions, diate ING	a. RLCL DUE TO  CONCETO  DUE TO  d. COntributing to	(OR AS A COM	NSEQUENCE OF	Ph	lu In	no	soni to sc	Prt I. 24a, WAS AN PERFOR	S AUTOPSY MED?		Interval Bonset and Mov  Jea  Jea  MARLABLE PRIOR	etween I Death The Section of the Se
DICAL	immpolate CAUSE (Fin desease or condition resulting in death)  Sequentially liet condition if any, leeding to immediates. Enter UNDERLY CAUSE (Disease or injuthet initiated avents resulting in death) LAS	ions, diate NG iny T	a. Recupous To Oue To Oue To Oue To Oue To Oue To Oue To Oue To Oue To Oue Contributing to	(OR AS A CON OR AS A CON OR AS A CON OR AS A CON death but n	INSEQUENCE OF	Ph.	lu In	no	soni to sc	enosi	S AUTOPSY MED?		Interval Bonset and Mov  J-Co  WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO	otween I Death
MEDICAL	immpolate Cause (Findlesse or condition resulting in death)  Sequentially liet condition from the cause. Enter UNDERLY! CAUSE (Disease or injurted initiated avents resulting in death) LAS	dons, diate ING	a. Recuper to oue to oue to oue to oue to oue to oue to oue to oue to oue to oue to oue out oue out oue out out out out out out out out out out	(OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM	INSEQUENCE OF	Ph. Pi. A. Pi. In the un	lu th deriying	mo no	SC Iven in Pe	Prt I. 24a, WAS AN PERFOR	S AUTOPSY MED?		Interval Bonset and Mov  J-Co  WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO	otween I Death
MEDICAL	IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially liet condition if any, leeding to immediate. Enter UNDERLY! CAUSE (Disease or injutted initiated avents resulting in death) LAS  PART II. Other eignification of the condition of the con	ions, diate ing int condition	a. RLCL DUE TO  b. CLOLL OUE TO  c. DUE TO  d. DUE TO  RIBUTE TO CA	(OR AS A COM ON AS A COM ON AS A COM ON AS A COM ON AS A COM USE OF D	INSEQUENCE OF	Printe un	lu th iderlying	mo no	soni to sc	Prt I. 24a, WAS AN PERFOR	S AUTOPSY MED?		Interval Bonset and Mov  J-Co  WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO	otween I Death
MEDICAL	IMMEDIATE CAUSE (Find Messase or condition resulting in death)  Sequentially liet condition if any, leeding to immediate cause. Enter UNDERLY! CAUSE (Disease or injunted initiated avents resulting in death) LAS  PART II. Other eignification of the cause in the caus	ions, diate ing int condition	a. Recuper to oue to oue to oue to oue to oue to oue to oue to oue to oue to oue to oue out oue out oue out out out out out out out out out out	(OR AS A CON (OR AS A CON ) (OR AS A CON ) (OR AS A CON ) USE OF D	NSEQUENCE OF DEATH YE	Phi Fin the unit of the unit o	lul ou the siderlying of the sound only one)	mo no g couse g	SC Iven in Pe	Prt I. 24a, WAS AN PERFOR	S AUTOPSY MED?		Interval Bonset and Mov  J-Co  WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO	otween I Death
MEDICAL	IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially liet conditi if any, leeding to immediate cause. Enter UNDERLY! CAUSE (Disease or injut that initiated avents resulting in death) LAS  PART II. Other eignification of the cause cause. Examiner?  DID TOBACCO U  25. WAS CASE REFERRED TO EXAMINER?  1   YES 2 5 NO  27. MANNER OF DEATN	dons, diate ING ITY T	a. RLCI DUE TO b. CLOLE OUE TO c. DUE TO d. RIBUTE TO CA HOSPITAL: 1   Inpatient 2   28a. DATE OF	(OR AS A COM (OR AS A COM (OR AS A COM ) (OR AS A COM (OR AS A COM ) (OR AS A COM (OR AS A COM ) (OR AS A COM (OR AS A COM ) (OR AS A COM (OR AS A COM ) (OR AS A COM (OR AS A	INSEQUENCE OF DEATH YE PLACE OF DEATH 128b. TIM	F): In the un  TH (Check  QT HER  TH EOF	derlying derlying and sing Home	CA CA CA CA CA CA CA CA CA CA CA CA CA C	SCO Iven in Pe	ert I. 24a. WAS AN PERFOR	AUTOPSY IMED?	24b	Interval Bonset and Mov  J-Co  WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO	otween I Death
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially liet condition from the cause. Enter UNDERLY! CAUSE (Disease or injunted initiated avents resulting in death) LAS  PART II. Other eignification of the cause of the	ions, diate ing int condition	BUTE TO CA	(OR AS A COM (OR AS A COM (OR AS A COM ) (OR AS A COM (OR AS A COM ) (OR AS A COM (OR AS A COM ) (OR AS A COM (OR AS A COM ) (OR AS A COM (OR AS A COM ) (OR AS A COM (OR AS A	INSEQUENCE OF DEATH YE PLACE OF DEATH 128b. TIM	F): In the un  S	derlying derlying long to the	MC  1 Color of the color of the	SCO Iven in Personal Property of the Personal	Pri I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED?	24b	Interval Bonset and Mov  J-Co  WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO	otween I Death
D BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially liet condition resulting in death)  Sequentially liet condition resulting in death)  Sequentially liet condition from the cause. Enter UNDERLY! CAUSE (Disease or injusted initiated avents resulting in death) LAS  PART II. Other eignification of the cause	ions, diate in the interior in	a. PLC I DUE TO b. CONTRIBUTE TO CA  HOSPITAL: 1   Inputient 2   28a. DATE OF (Month, Date 28a. PLACE OF 28a. PLAC	(OR AS A COM (OR AS A COM (OR AS A COM ) (OR AS A COM (OR AS A COM ) (OR AS A COM (	INSEQUENCE OF DEATH YE PLACE OF DEATH 128b. TIM	F):  In the unit of the control of t	aderlying only one) 3: sing Hom 28c. INJ	UNC	SCON I PERTAIN  ERTAIN  NO 2	Pri I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMPED? MNO	24b	Interval Boonset and Mov  J-Co  WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO OF DEATH?  1 YES 2   1	otween I Death
ED BY PHYSICIAN: MEDICAL	Sequentially liet condition resulting in death)  Sequentially liet condition resulting in death)  Sequentially liet condition resulting in death)  Sequentially liet condition resulting in death)  CAUSE (Disease or injunted in the initiated avents resulting in death) LAS  DID TOBACCO U  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5   1 Netural 2 Accident 3 Suicide 6   1 Netural 2 Netural 2 Netural 3 Suicide 6   1 Netural 3 Netural 3 Suicide 6   1 Netural 4 Netural 5   1 Netural 5	ions, diate indicate in int condition int condition int condition in int c	a. PLC I DUE TO b. CONTRIBUTE TO CA  HOSPITAL: 1   Inputient 2   28a. DATE OF (Month, Date 28a. PLACE OF 28a. PLAC	(OR AS A CON (OR AS A CON (OR AS A CON USE OF D 26. P  ER/Outpatien INJURY ay, Year)	INSEQUENCE OF THE PLACE OF DEATH YE 28b. TIME	F):  In the unit of the control of t	aderlying only one) 3: sing Hom 28c. INJ	UNC	SCON I PERTAIN  ERTAIN  NO 2	Prt I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMPED? MNO	24b	Interval Boonset and Mov  J-Co  WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO OF DEATH?  1 YES 2   1	otween I Death
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially liet condition resulting in death)  Sequentially liet condition resulting in death)  Sequentially liet condition resulting in death)  CAUSE (Disease or injust the initiated avents resulting in death) LAS  PART II. Other eignification in the condition of	ions, diate indicate in interest in intere	a. PLC I DUE TO b. CONTRIBUTE TO CA  HOSPITAL: 1   Inputient 2   28a. DATE OF (Month, D) 28a. PLACE OF building,	(OR AS A CON (OR AS A CON (OR AS A CON USE OF D 26. P ER/Outpatien INJURY ey, 'bear') F INJURY — A etc. (Specify)	INSEQUENCE OF DEATH YE DEATH YE DEATH YE DEATH YE DEATH YE DEATH AT 1 DOA 1 28b. TIM INJ	F):  In the un  If (Check  OT MER  OT WELL  A MER	deriying  deriying	UNC	SCO Iven in Personal	ert I. 24a, WAS AN PERFOR 1 YES 2  Other (Specify)  Other (Specify)  Other (Specify)  Other (Specify)  Other (Specify)  Tell LOCATION (Street a City or Town, State)	AUTOPSY IMEO?  NJURY OC  and Numbe	24b	Interval Bonset and  NOV  J-CO  J-CO  WERE AUTOPSY FI  ANALABLE PRIOR COMPLETION OF C  OF DEATH?  1 VES 2 I	NDINGS TO AUSE
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially liet condition resulting in death)  Sequentially liet condition resulting in death)  Sequentially liet condition resulting in death)  CAUSE (Disease or injust the initiated avents resulting in death) LAS  PART II. Other eignification in the condition of	ions, diate indicate in interest in intere	a. PLC I DUE TO b. CONTRIBUTE TO CA  HOSPITAL: 1   Inputient 2   28a. DATE OF (Month, D) 28a. PLACE OF building,	(OR AS A CON (OR AS A CON (OR AS A CON USE OF D 26. P ER/Outpatien INJURY ey, 'bear') F INJURY — A etc. (Specify)	INSEQUENCE OF DEATH YE DEATH YE DEATH YE DEATH YE DEATH YE DEATH AT 1 DOA 1 28b. TIM INJ	F):  In the un  If (Check  OT MER  OT WELL  A MER	deriying  deriying	UNC	SCO Iven in Personal	PIT I. 24a. WAS AN PERFOR 1 YES 2  Other (Specify)  Other (Specify)  Other (Specify)  Other (Specify)  Other (Specify)	AUTOPSY IMEO?  NJURY OC  and Numbe	24b	Interval Bonset and  NOV  J-CO  J-CO  WERE AUTOPSY FI  ANALABLE PRIOR COMPLETION OF C  OF DEATH?  1 VES 2 I	NDINGS TO AUSE
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially liet condition resulting in death)  Sequentially liet condition resulting in death)  Sequentially liet condition resulting in death)  CAUSE (Disease or injust the initiated avents resulting in death) LAS  PART II. Other eignification in the condition of	ions, diate indicate in int condition  SE CONTI  O MEDICAL  Pending investigation  Could not be determined	a. PLC L  DUE TO  C. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  A. DUE TO  DUE TO  DUE TO  A. DUE TO  A. DUE TO  DUE TO  C. DUE TO  C. DUE TO  DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  DUE TO  C. DUE TO  C. DUE TO  DUE TO  C. DUE TO  C. DUE TO  DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  DUE TO  C. DUE T	(OR AS A CON (OR AS A CON (OR AS A CON USE OF D 26. P ER/Outpatien INJURY ey, 'bear') F INJURY — A etc. (Specify)	INSEQUENCE OF DEATH YE DEATH YE DEATH YE DEATH YE DEATH YE DEATH AT 1 DOA 1 28b. TIM INJ	F):  In the un  If (Check  OT MER  OT WELL  A MER	deriying  deriying	UNCI	Serven in Period of the tine o	Other (Specify)  Other (Specify)  ed. DESCRIBE HOW II  the ceuse(a) and men ne, data and placa, an	AUTOPSY MED?  NJURY OC  Ind Number  Iner sa ste  d due to ti	24b	Interval Bonset and  NOV  J-CO  J-CO  WERE AUTOPSY FI  ANALABLE PRIOR COMPLETION OF C  OF DEATH?  1 VES 2 I	NDINGS TO AUSE
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially liet condition resulting in death)  Sequentially liet condition resulting in death)  Sequentially liet condition resulting in death)  Sequentially liet condition resulting in death)  CAUSE (Disease or injunt the initiated avents resulting in death) LAS  DID TOBACCO U  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5	ions, diate indicate	a. PLC I  DUE TO  b. CLL I  OUE TO  c. DUE TO  d	(OR AS A CON (OR A	INSEQUENCE OF THE PLACE OF DEATH YE PLACE OF DEATH INJURY HOME, death occurrent of the property of the propert	F):  In the un  If the	deriying  deriying	UNCI	Serven in Period of the tine o	ert I. 24a, WAS AN PERFOR 1 YES 2  Other (Specify)  Bill. DESCRIBE HOW II  City or Town, Street a City or Town, Street)  the cause(a) and menne, data and placa, and	AUTOPSY MED?  NJURY OC  Ind Number  Iner sa ste  d due to ti	24b	Interval Boonset and Onset	NDINGS TO AUSE
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially liet condition resulting in death)  Sequentially liet condition resulting in death)  Sequentially liet condition resulting in death)  Sequentially liet condition resulting in death)  CAUSE (Disease or injunction that initiated avents resulting in death) LAS  DID TOBACCO U  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5	ions, diate indicate	a. PLC I  DUE TO  b. CLL I  OUE TO  c. DUE TO  d	(OR AS A CON (OR A	INSEQUENCE OF THE PLACE OF DEATH YE PLACE OF DEATH INJURY HOME, death occurrent of the property of the propert	F):  In the un  If the	deriying  deriying	UNCI	Serven in Period of the tine o	Other (Specify)  Other (Specify)  ed. DESCRIBE HOW II  the ceuse(a) and men ne, data and placa, an	AUTOPSY MED?  NJURY OC  Ind Number  Iner sa ste  d due to ti	24b	Interval Boonset and Onset	NDINGS TO AUSE

HETTER OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

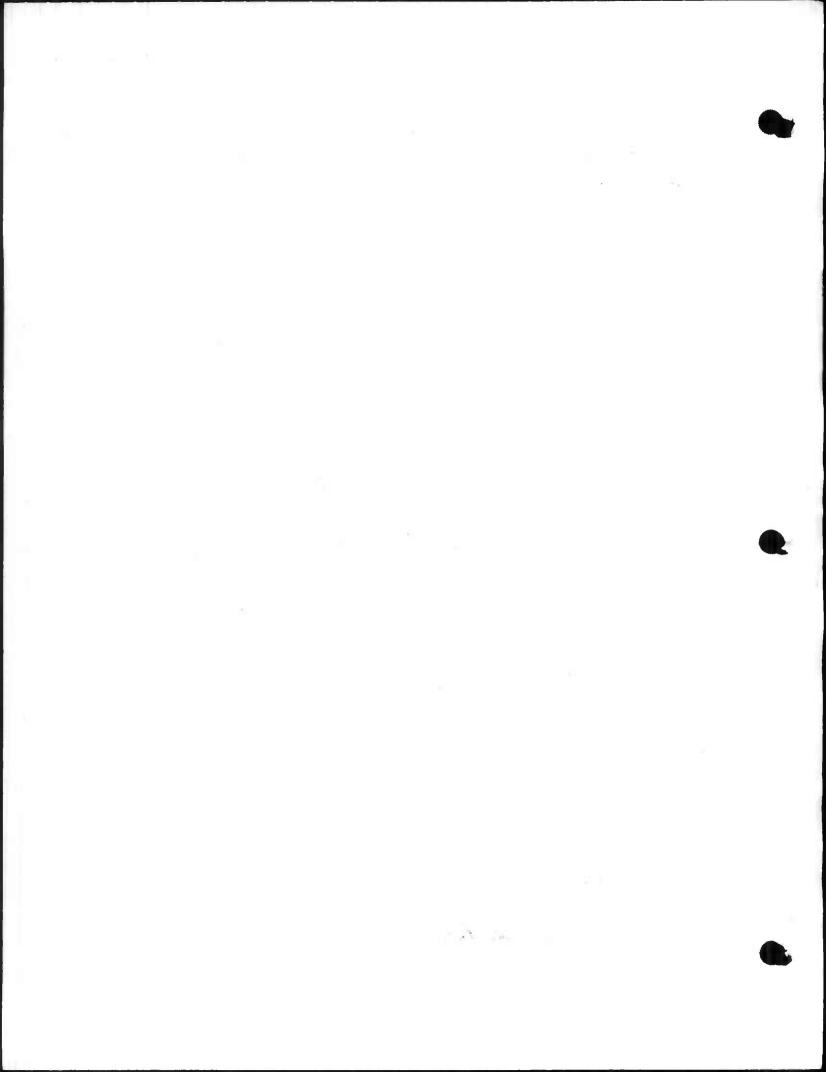
JUL 07

1997

Jahrenstran Signature

BALTIMORE, MARYLAND 21215-0020

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

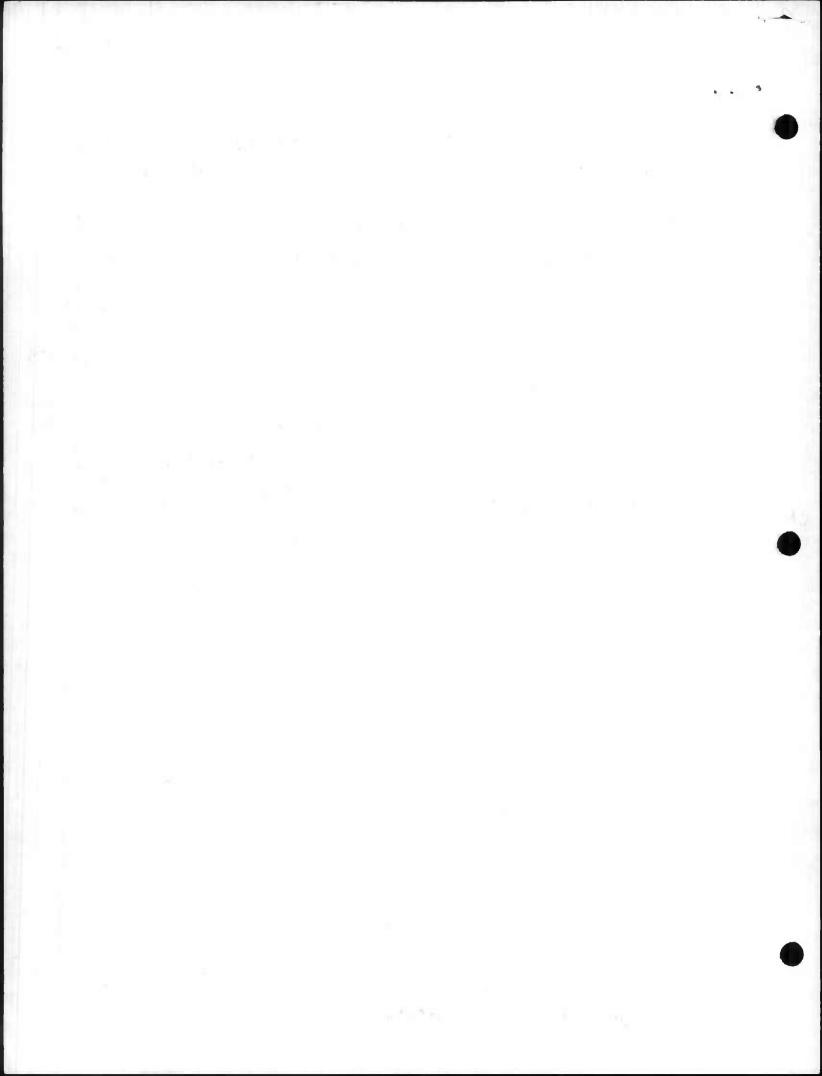


Please Type or Print in Black Indelible Ink. Assure All Copies Ared egible 2 3 7 2

State of Maryland / Department of Health and Mental Hygiene

	A			State of Maryla	and / Departme	nt of Health an	d Mental Hy	giene	22012
Amende	d#	۷	tc. Per Doctor P.G.C	- · 7-8-97 C	Certifica	te of Death		Reg. No.	
₽hv	sician		I. Dacedant's Nama (First, Middla, Las	) E	0 4 1		Data of De Month	eath Day	3. Tima of Death
/M	edical		la. Facility Nama (If not institution, giva	AN L.	CLAR		(c	21	9n 9:304.m
Exa	miner		Holy Crace	Hospita		5:146	or Location of Daar	th 4c. County	G Mont
Fune	ral		5. Social Sacurity Number 6. Se	7. Aga (In y		er 1 Year If Undar 24		rth)	9. Birthplace (State or Foraign
Direc			164,701314	M 2□F 6	Yrs. Months	s Days Hours	viin. Jan	20,1936	PA.
and		-	Usual Rasidanca of Dacadant  10a. Stata  10b. County	10c.	City, Town or Location			,	10d. Insida City Limits
Mary	ģ		MD Montag	mery 5	VERAD	rina			1 Yas 2 No
th the	Director		Oa. Street and Number	,,	10.2	ip Code		10g. Citizan of V	What Country?
ath wi	ral		1222 Darli	naton	Ko 2	0747		U	SA
ltame	Funeral		11. Marital Status	12. Was Dacadant Evar in Armed Forces?	U,S. 13. Was Dac	adant of Hispanic Origin' ecify Cuben, Maxican, P	? (Spacify Yas or No uarto Rican, atc.)	0- 14. Rac Blac	e - Amarican Indian, ck, Whita, etc.
Ind 21215-0020 be filed within 72 hours efter death with the Maryland tel Hygiene. d other than "neturat", or items 23a or 28s-f show	Š Š		1 ☐ Navar Marriad 2 ☐ Marriad 3 ☐ Widowed 4 ☐ Divorced	1 XYas 2 □ No If Yas, Giva Yaar or Dates: 54	-56 1□ Yas	2 No Specify:		Specify	Black
21215-0020 dwithin 72 hours ef giene.	ted		15. Decedant's Edu (Specify only highast grad	ucation		ual Occupation rork dona during most of usa retired)	working	16b. Kind of Bu	usiness/Industry
121 vithin ne.	Completed		Elamantary/Secondary (0-12)	Collaga (1-4or 5+)	^ .		WOIKING	D+	11 1 101
d 2 filled v thygie	ပိ		12-th  17. Fathar's Nama (First, Middla, Last)		Sales		Nama (First, Middle	Maiden Suman	all Jaics
lan lid be lentel kad o	To Be	i I	William Cla	ark		AI	ide 6	TMIC	50h
Maryland 212 d 2 should be filed with th and Mentel Hygiene, 7 is merked other than			19a. Informant's Name/Ralationship (T)	ype, Print)	19b. Malling Addre	ss (Straat and Number o	r Rural Route Numb	per, City or Town,	Stata, Zip Code) 20747
e, N 1 end : Health em 27 in		-	Mary Clark	Total		brook Dr	: Apt 102	Fore	strille, Md
DOLOF H		2	20a. Mathod of Øisposition 15 Burial 2 ☐ Cremation 3 ☐ F	Ramoval from Stata	Placa of Disposition (N cematary, cramatory or	ama or other place)	Data	20c. Location -	City or Town, State
Baltimore, Maryland 21215-002 permit. Pages 1 end 2 should be filed within 72 hours Depertment of Health and Mentel Hygiene. Proportant II flem 271 is marked other than "hetural", any Injury or other trainments were		-	4 ☐ Donation 5 ☐ Other (Specify)  21. Signature of Funeral Service Licens	) C	Luantico	Nat U	113191	Irlan	igle, va
Balt permit. Depertu	ouce		Des note.	Color	Tri-	State Ful	neral, =	ervice	a Linc.
		+	23a. Part1. Enter the disease, or comp shock, or haart failura. List only o	lications that causad tha de	aath. Do not antar tha mo	oda of dying, such as car	diac or raspiratory	VVWSNIP	Approximata Intarval Batween
Physici		1				1 1 1 (1)			Onset and Daath
/Medic Examin			Immediata Cause (Finel diseesa or condition rasulting in daath)	a. CANI	10MYOR	ATHT			
	je je			Dua to	(or as a consaquenca of	AMHYT	HMIA	(	
'60, be executed sician and	Examiner		Saquantially list conditions,	b. Dua to	o (or es a consaquanca of	1:		>	
8760, sete be executed hystician and the buriel-francii			Saquantially list conditions, of any, laading to Immadiata causa. Enter Undarlying Causa (Diseasa or injury	Pl.	ABETE	S MEZI	citus		
the et al	100		that initiated avants rasulting in death) Last	Dua to	(or as a consequanca of	):			
Box 6 Bath certific ettending p	M			d					
O. B. Be death the ette	- 00	F	Part II. Other significant conditions co	ntributing to death but not r	asulting in the underlying	cause givan In Part I.	23b. Did	tobacco usa cor	ntribute to the causa of death?
- ± 50	Physician/M		CHANCE O				ASE X	Yes 2□ No	3 Probably 4 Unknown
dS, Flires the signed d be de	þ		Cil io.			// -			24b. Wara autopsy findings
cord v require been sig	Completed	-						an autopsy ormed?	availabla prior to completion of causa
The law ate has	omo						10	Yes 2 No	of death?
Vital Fician: The certificate	Be	2	25. Was case refarred to medical axaminar?			26. Placa of	Daath (Check only		
Of V	ို		1 ☐ Yas 2 ☑ No		☐ ER/Outpatient 3☐ E		ng Homa 5 ☐ Ras		
Vision of Vita Attanding Physician: or deeth. actor: After this certific by the funeral director.	tion:	1	7. Manner of Deeth  1. Natural 5 □ Pending 2 □ Accident invastigation	28a. Data of Injury (Month, Day Year)	28b. Tima of Injury	28c. Injury at Work? 1 ☐ Yas 2 ☐ No	28d. Describe	how injury occur	red
	Certification:		2 Accident Invastigation 3 Suicida 6 Could not be datarmined	28e. Place of Injury - A	t homa, farm, straat, facto		28f. Location	Street and Numb	er or Rural Routa Number,
	Cert	L	4   Nomicida	building, afc. (Spe	ecity)		City or To	wn, Stata)	
SH T T	edicai	1	(Uneck only 2 Medical Exam)	alclan: To tha best of my k nar: On the basis of axami	nowledge, deeth occurre Ination and/or investigetio	d at tha tima, data and pl on, in my opinion, daath o	lace, and dua to the occurred at tha tima,	ceuse(s) end me data and placa,	anner as steted. and dua to tha ceusa(s)
to the Hospita within 24 hours to the Funeral completely filled	Med	2	9b. Signatura and titla of cartifiar	and mannar stated.	<b>○</b> 2	9c. Licansa number		29d. Data signe	d (Month, Day, Year)
1			Hester K.	Colhan	my)	1261	15	6/2	8/91
(3/		3	0. Nema end eddress of person who co	omplated causa of daath (II	tem 23e) (Type, Print)	1 1	. 11	1	111
			1500 Forest	Glen Ko	pad 51	Iver Spr	ing, N	ld. 7	.0910
	State istrar	3	11. Data filad (Month, Day, Yaar)	32. Registrar's Sig	Seor Reviall		J /		

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Month **Physician** DALF DEBORAH 1997 JULY 11:10 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Suburban Hospital Bethesda Montgomery If Under 24 Hrs. 8. Dafe of Birth (Month, Dey, Yeer) If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Deys 1 M 2 F 74 375-20-0707 Yrs Director Michigan Usual Rasidenca of Dacedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylend Department of Haalth and Mental Hygiena. International in Transked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event. 10e. State 10b. County 10c. City, Town or Location 10d. fnside City Limits 1X Yes 2 No MD Director Montgomery Bethesda 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 6008 Landon Lane 20817 U. S. A. Funeral 12. Was Decedent Ever in U,S Armed Forces? Was Decedent of Hispanic Orlgln? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 ☐ Yes 25 No If Yes, Give Year or Dates: 1 Never Married 287 Married 3altimore, Maryland 21215-0020 1 ☐ Yes 21 No Specify: White ģ 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Homemaker Own Home 17. Fafher's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) James W. Parry Blanche Amerland 19a. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Husband 20817 William Dale 6008 Landon Lane Bethesda, 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 XI Cremation 3 ☐ Removal from State 7/8/97 Alexandria, 4 □ Donetlon 5 □ Othar (Specify) Mount Comfort Crematory 21. Signature of Furferel Service Licenses 22. Name end Address of Fecility Joseph Gawler's Sons tters 5130 WI Ave. N.W. Washington, D. C. Enter the disease, of complications thet caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, or heart failure. List only one cause on each line. Approximete Intervel Betw Onset end Deeth **Physician** /Medical Immediata Cause (Final diseasa or condition resulting in deeth) METASTATIC BRONCHOGENIC CARCINOMA Examiner Due to (or es e consequence of): Examiner physician and the buriel-trensit Sequentially list conditions, if eny, laeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in daeth) Last Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): 80 esn 0 Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23h. Did tohecco use contribute to the cause of deeth? 1 ☐ Yes 2 ☐ No 3 □ Probably 4 ☑ Unknown SERSIS, INFARCTED FINGER, OCCUUSIVE ARTERIOSCUEROMC 2 2 24b. Were europsy findings eveileble prior to complation of cause of deeth? 24e. Wes en eutopsy performed? Completed DISEASE, CEREBRAL INFARCT, LIVER AND LYNG-METASTASES 1 ☐ Yes 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 25. Was case referred to madical examinar?
1 ☐ Yes 2 No Be 26. Place of Daath (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Inpatienf 2 □ ER/Outpetient 3 □ DOA this 27. Mannar of Deeth 28d. Describe how Injury occurred 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 1 Natural 5 Pending eftar deeth. 1 Yes 2 No investigation 2 Accidant 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28a. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 Homicide 24 hours e 13 CertifyIng Phyeiclen: To tha bast of my knowladga, death occurred et the time, date end plece, end due to tha causa(s) and manner as stated.
2 Medical Exeminer: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et tha tima, data end place, and due to the causa(s) end manner stated. 29a. Cartifian Medical To the Hosp within 24 ho To the Fune completely f (Check only one) 296. Signature and title di certifier 29c. License number 29d. Date signed (Month, Day, Year) Who completed causa of death (Item 23a) (Type, Print) 2 US 1 MD 4930 DEL RAY NE. BETHESDA, MD 20814

ha Davidson

State

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are pegible 2374

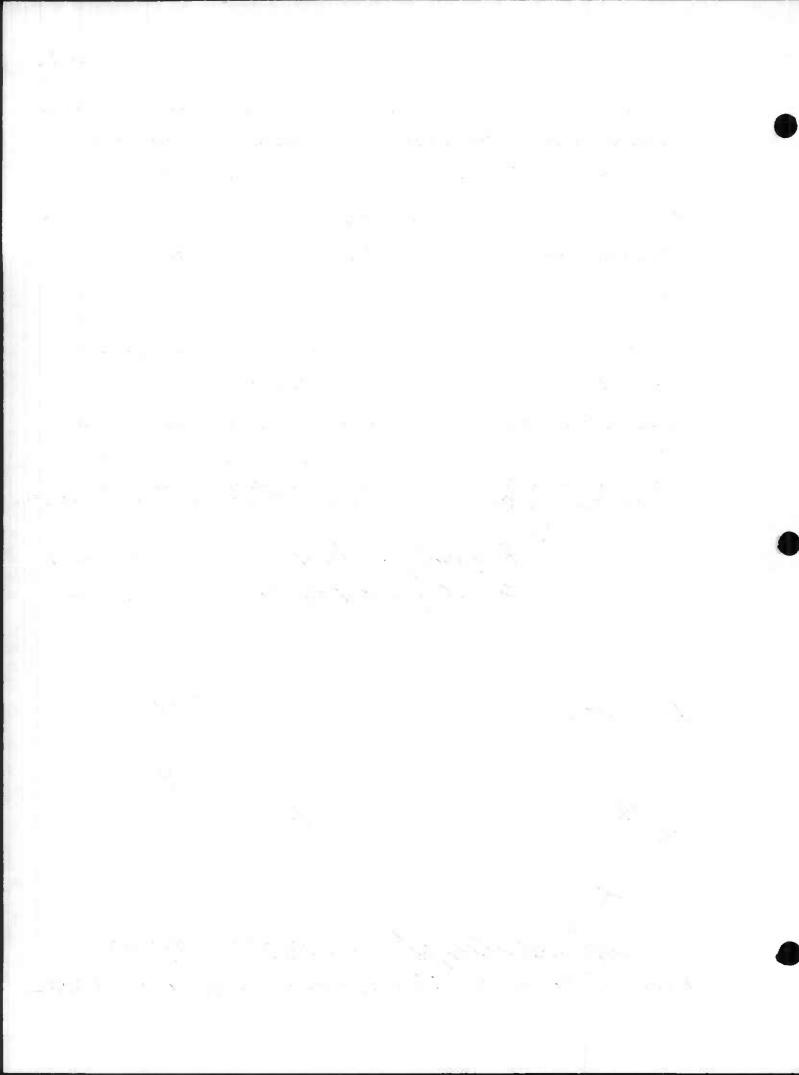
State of Maryland / Department of Health and Mental Hygiene

Physician					(	Certificate c	of Death		Reg. No.			
		1. Decadant's Nama (First, Mi	ddla, Last)					2. Date of Da	ath Day	Vaar	3. Time of 0	th
/Medical	_	Pearl Vivian	Davis					July	9 1	997	12:25	Al
Examiner		4a. Facility Neme (If not institu	tion, giva straat and n	um <i>ber)</i>			4b. City, Town, o	r Location of Death	4c. County	of Deeth		
		Holy Cross Ho	spital				Silver	Spring	Montgo	mery		
Funeral Director		5. Social Security Numbar 232–10–5935	6. Sex 1 □ M 2 🛣 F	7. Aga (In yrs		day) If Under 1 Ya Months Day	ar If Under 24 Hi ys Hours Mi	8. Date of Birl (Month, Da Oct 24	y, Yaar) 1908	9. Birthpi Coun West	lece (Steta or i try) Virgin	Foraig ia
	- 1	Usuet Rasidance of Dacedant 10a, Stata 10b. Cou	nh	100.0	the Town	or Location						
or 28a-1 show be notified at Director	- 1		•		,.					"	0d. Inside City 1 ☐ Yas 2	
offin ecto	á		gomery		Silve	r Spring						- 100 14
Dia Di	5	10e. Street end Numbar				10f. Zip Cod			10g. Citizan of V		try?	
23a	3	10203 Day Ave					910		US			
lygiene. her than "natural", or liems 23s or 28s-f show ht, the Medical Examiner must be notified at Completed by Funeral Director		11. Marital Status  1 □ Navar Marriad 2 □ N  3 ☑ Widowad 4 □ Divord	Armed F larried 1 ☐ Yas	2. No iva	U,S.	13. Was Decedant of the Yas, specify C		(Specify Yas or No arto Rican, atc.)		e - America ck, Whita, a Whita	atc.	
"natural".	2	15. Daced	lant's Education hast grade complated	1	16a. D	ecedant's Usuel Occ	cupation	and in a	16b. Kind of Bu	usinass/Ind	lustry	
- 10	1	Elamantary/Secondary (0-12		/ (1-4or 5+)	- "	Giva kind of work do lifa. DO NOT use rat	ired)	Orking				
or thu	5	12			H	omemaker			Own H	Iome		
othe othe	0	17. Fathar's Nama (First, Midd	la, Last)				18. Mothar's N	ama (First, Middle,	Maidan Sumam	na)		
Mental H arked out artic ever	5	William Piero	e				Mar	y E. Mors	an			
nd N		19a. Informant's Nama/Ralation	onship (Type, Print)		19b. I	Mailing Addrass (Stra		·		Stata, Zip	Coda)	
27 Is		Gary L. Davi	S			0203 Day					910	
Heam	1	20a. Method of Disposition		20b.		Disposition (Nama of cramatory or other)		Dete	20c. Location -			
Department of Health and Mental Hygiene. Important: If Item 27 Is marked other than any Injury or other traumatic event, the Magnes.  To Be Compl		1 ☐ Burial 2 ☐ Crematic 4 ☐ Donation 5 ☐ Othar	(Spacify)	Stata		olitan Cr	ematory		Alexandı	cia,	VA	
Depa Impo any Ir		21. Signatura of Funaral Sarvi	. Shuu	N)		22. Nama and Add Home, Inc Silver Sp					neral	
		23a. Pert1. Enter the disease shock, or haart railura. L	or complications thet	caused the dea					rast,	-	Approximate	
nysician	1	SHOCK, OF Haart Famura.	dist only ona causa on	aacri iina,							Intarval Batwe Onsat end De	eath
Medical		Immediata Causa (Final	Co	noosti	то По	out Foil.				1	0 17	
xaminer		disaasa or condition rasulting in daath)	a			art Failu	re			1	2 Years	5
ē	5		Α			nsequance of):	D			1	, **	
mir mir			bAI			tic Heart	Disease				4 Years	5
nding physician and use as the burial-transit		Sequantially tist conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury				nsequance of):				1		
Sicial buri	1	Causa (Disaasa or Injury that initiated avants	c. Hy	pothyro							4 Years	5
op physician and as the burial-transit		rasulting in death) Last		Due to (	or as a co	nsequence of):				1		
			d. Az	otemia							l Year	
for u												
the dispersion of the dispersi	1	Part II. Other significent cond	itions contributing to o	laath but not ra	sulting in t	ha undarlying ceusa	givan In Part I.	23b. Dld 1	obecco use co	ntribute to	the cause of	deat
igned by the attendin be deteched for use by Physician/N		Peripheral V	Jacoular Di	50250				101	Yes 2 No	3 Prob	ably 4 U	nkno
igned be determined by Pt	î	reripiierai v	ascular Di	Lacase		·						
rate has been signed by the attendii page 2 should be deteched for use Completed by Physician/		Senility						24a. Was perfo	an eutopsy rmed?	cor	ra autopsy fin- eilebla prior to nplation of ceu daeth?	
page 2		Arthritis						100	res 2 No	1	]Yas 2□N	10
certificate rector, pag	)	25. Was casa rafarrad to med	icat				OF Place of D	aath (Check only o		-	7103 2014	
irect and	)	axaminar?	Hospital:	Manager of	7500	- T	Other			10 10		
this carral dire		1 ☐ Yas 2 ☑ No 27. Mannar of Daath		Inpatiant 2	28b. Tir	atient 3LI DOA	4 🗆 Nursing	Homa 5 ☐ Resid	now Injury occurr		")	_
After fune		1 ⊠Natural 5 □ Pan		of Injury oth, Day Year)	Inj		njuryat Vork? □ Yas 2 □ No	200. Dusonibo i	low injury occurr			
actor: After by the fune iffication		3 ☐ Suicida 6 ☐ Cou	stigation td not be	n of Inius. At I				20f Location (6	Straat and Numb	or or Dum	/ Douts Muss b	
		4 ☐ Homicida data	irminad 288. Plac bullo	ling, atc. (Space	ify)	n, straat, factory, offic	<b>59</b>	City or Tox	vn, State)	er or mura	Prouta rumbe	91,
in bir										_		
urs effer death. ral Diractor: Affert illed in by the funeral Certification:		(Check only 2 Medic	ying Physician: To the ai Exeminar: On the b and mar	a bast of my kn pasis of axamin nnar statad.	owtadga, o ation and/	daath occurrad at the or invastigation, in m	tima, data and plac y opinion, daath occ	ce, and dua to tha courred at tha tima,	causa(s) and ma data and place,	innar as st and dua to	ated. tha ceusa(s)	
n 24 hours efter ne Funeral Dira pletely filled in b edical Certi		one)					ensa numbar		29d. Dete signe	d (Month, I	Dey, Yaar)	
within 24 hours efter To the Funeral Dira completely filled in b Medical Certi		29b. Signatura and titla of cert		1								
within 24 hours efter death.  To the Funeral Director: After this certific completely filled in by the funeral director,  Medical Certification: To Be (				Mari	+ N	in D.	-2006	2	7 1 0	10	0.7	
within 24 hours effer To the Funeral Dira completely filled in b Medical Certi		29b. Signatura and titla of cert	Kama				2006	2	July 9	, 19	97	
wittin 24 hours effer To the Funeral Dira completely filled in b Medical Certi	1 2	29b. Signatura and title of cert  Tom P  30. Nama and addrass of person	Kanna on who complated cou	sa of daath (Ita	m 23a) (T	ypa, Print)				, 19	97	
within 24 hours efter death To the Funeral Director: Completely filled in by the Medical Certificat	3	29b. Signatura and titla of cert	Kama on who complated ceu ckat, M.D.	sa of death (Ita	m 23a) (T 16th	ypa, Print)			July 9	, 199	97	

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 22375

							O G I LI III	icate of			H	g. No.		
		1. Decedent's Neme (First, Mic	dle, Last)								a of Deet	h		3. Tima of Deeth
Physic /Medi		Mildred	P			D	onova	an		Jul	y 3,	1997	Year	1:45 am
Exami		4a. Facility Neme (If not institut	ion, give str	eat and nun	n <i>ber)</i>				4b. City, Town,			4c. County	of Deeth	
		Mariner Healt	Care	e - Si	llver	Spring	g		Silver	Spring	2	Mont	gome	ry
Funeral Director		5. Social Sacurity Number 140–10–5702	6. Sax			rs. last birth	nday) If (	Under 1 Yaar onths Deys	If Undar 24 I	irs. 8. Date		Year)	_	pleca (State or Foreign htry)
-		Usual Residence of Decedent												
a phoy	_	10e. State 10b. Coun	,			City, Town							1	10d. Inside City Limits
Pa-f	cto	MD Mon	gomer	ry		Silve	r Spr	ring						1 □ Yas 2 No
23a or 2	ral Director	10e. Straet and Number 1800 Snowdrop	Lane				10	of. Zip Coda 20906			10	Og. Citizen of N	Whet Cour	ntry?
*natural", or items 23s or 28s-1 show	by Funeral	11. Maritel Stetus  1 Never Married 2 Mi 3 Widowed 4 Divorce	arried	. Wes Dece Armed For 1 Tes If Yes, Giv Yeer or Da	2⊠No e	n U,S.		Decedent of s, specify Cub Yes 2 No	Hispenic Origin? pan, Mexicen, Pu Specify:	(Specify Yelerto Ricen, e	s or No-		ck, White,	
atri	ted	15. Deced	ent's Educe	tion		16e. D	Decedent's	s Usual Occu	petion			16b. Kind of B		
Med a	Completed	(Specify only high Elementary/Secondary (0-12		College (1	-4or 5+)	- G	life. DO N	of work done IOT use retire	during most of	working				
giene. or than "	Our	10		Comogo (1	401 04)	Pra	actic	cal Nu	rse			Health	Car	e
ital Hygiene. d other than "natur event, the Medical	Bec	17. Fether's Name (First, Middl	e, Last)						18. Mothar's I	lame (First,	Middle, N	fa <i>idan Suma</i> n	ne)	
	To	John Phillips							Eller	Deli	oer			
th end Menta 7 is markad traumatic ev		19e. Informent's Name/Reletio	nship (Type	, Print)		19b. 8	Meiling Ad	ddress (Stree	t end Number or	Rurel Route	Number,	City or Town,	State, Zip	Code)
127		Richard P. Flo	oyd /	son		180	00 Sn	nowdro	Lane,	Silve	r Sp	ring, M	<b>D</b> 2	0906
nent of Heali nt: if itam 2 iry or othar		20a. Method of Disposition	V		201	. Plece of C	Disposition	(Neme of ry or other ple	ice)	Date	2	20c. Location -	City or To	own, State
7 or		1 Burial 2 □ Cremation 4 □ Donetion 5 □ Other		novel from 3	State			s Ceme		7/8/9	7	Windso	r CT	,
Important: If it any injury or o		21. Signature di Funeral Service			D	<b>c.</b> 508								
mpo any ii		110010	V	101	9.		Fra	ancis .	J. Coll:	ins Fu	nera.	l Home,		
		F 1 / / / / / * / / / / / / / / / / / / /									_			
ysiclan Medical	er.	23e. Pert1. Enter the diseasa, shock, or heart failure. Li Immediete Ceuse (Final disease or condition resulting in death)	or complica st only tine	1			500 ot anter tha	Univer	sity Bl	vd,Wes		st,		Approximata Interval Between Onset end Deeth
nysiclan Medical xaminer	edical Examiner	Immediete Ceuse (Final diseese or condition	b	1	Cypus to Due to		500 of anter the	Univer a mode of dy a mode of dy card card card card card card card card	sity B1	vd,Wes		st,		Approximata Interval Between
nysician end Medical kaminer sea the buriel-transit	Medical	Immediate Ceuse (Final disease or condition resulting In death)  Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events	or complication or complicatin or complication or complication or complication or complication	1	Cypus to Due to	Cult	500 of anter the	Univer a mode of dy	sity Bl	vd,Wes		st,		Approximata Interval Between Onset end Deeth
nysician end spring physician end spring physician end spring transit spring transit spring the physician end spring transit s	Medical	Immediete Ceuse (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initieted events resulting in death) Lest	e b c d	Ro	Due to	Let Joy of the control of the contro	500 of anter that the district	Univer a mode of dy	sity B1 ng, such es cere face	vd, Wes	atory arre	st,	nu Ye	Inierval Between Onset end Deeth  Livelar  All
y the attending physician end was maded for use as the buriel-transit	Medical	Immediate Ceuse (Final disease or condition resulting In death)  Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events	e b c d c d contril	Ro	Due to	Let Joy of the control of the contro	500 of anter that the district	Univer a mode of dy	sity B1 ng, such es cere face	vd, Wes	atory arre	bacco uee co	nu Ye	Approximata Interval Between Onset end Deeth Cucker
been signed by the attending physician end was a standard for use as the buriel-transit	by Physiclan/Medical	Immediete Ceuse (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initieted events resulting in death) Lest	e b c d c d contril	Ro	Due to	Let Joy of the control of the contro	500 of anter that the district	Univer a mode of dy	sity B1 ng, such es cere face	vd , We s	b. Did to	pacco uee co	Mental Management of the Control of	Approximata Interval Between Onset end Deeth Cucker
Nest been signed by the attending physician end coronal be detached for use as the buriel-transit	by Physiclan/Medical	Immediete Ceuse (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initieted events resulting in death) Lest	e b c d c d contril	Ro	Due to	Let Joy of the control of the contro	500 of anter that the district	Univer a mode of dy	sity B1 ng, such es cere face	vd , We s	b. Did to 1 Ve	pacco uee co es 2500 n eutopsy ned?	Intribute to	Approximata Interval Between Onset end Deeth Deeth Onset end Deeth Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset
ste has been signed by the attending physician end inciding the buriel-transit are a larger and	Completed by Physician/Medical	Immediete Ceuse (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initieted events resulting in death) Lest  Part II. Other algnificant conditions.	eb	Ro	Due to	Let Joy of the control of the contro	500 of anter that the district	Univer a mode of dy	rsity B1 ing, such es cere force force  van in Part I.	vd , We solition or respire	b. Did to	bacco uee co s 25 bio n eutopsy ad?	Intribute to	Approximata Interval Between Onset end Deeth Deeth Onset end Deeth Deeth Onset end Deeth Deeth Deeth Onset end Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth Deeth D
certificate has been signed by the attending physician and including physician and including by the detached for use as the bunel-transit as under the certain property of the	Be Compieted by Physiclan/Medical	Immediete Ceuse (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initieted events resulting in death) Lest  Part II. Other algnificant conditions and in the condition of the conditio	eb	Combuting to de	Due to	Cor as a cor	of anter that the squence of the underly	Univer a mode of dy a mode of d	ssity B1 ing, such es cere force force  van in Part I.	vd , We solition or respired to the control of the	b. Did tol 1 Ye  Wes er perform 1 Ye  conly one	pacco uee co s 25000 n eutopsy nad?	Pro  24b. Weyer oor	Approximata Interval Between Onset end Deeth Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Dee
s certificate has been signed by the attending physician end in place of in a factor, page 2 should be detached for use as the bunel-transit are	To Be Compieted by Physician/Medical	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest  Part II. Other algnificant conditions. Conditions of the cond	e	buting to de	Due to	Cor as a cor of cor as a cor of cor as a cor of cor as a cor of cor as a cor of cor as a cor of cor as a cor of cor as a cor of cor as a cor of cor as a cor of cor as a cor of cor as a cor of cor as a cor of cor as a cor	500 of anter that the underly the underly operations 31	Univer a mode of dy a mode of d	van in Part I.	vd , We solitiec or respired to the control of the	b. Did to 1 Ye yellow 1 Yellow 1 Yellow	bacco uee co s 2500 n eutopsy ned? s 20 No s) nce 6 □Oth	Production of the state of the	Approximata Interval Between Onset end Deeth Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Dee
s certificate has been signed by the attending physician end in page 2 should be detached for use as the bunel-transit at a large to the contract of the contr	To Be Compieted by Physician/Medical	Immediete Ceuse (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initieted events resulting in death) Lest  Part II. Other algnificant conditions are underlying in death.  25. Wes cese referred to medic exeminer?  1   Yes   2   No    27. Menger of Death   1   Naturel   5   Pennier	e	buting to de	Due to	Cor as a cor o (or as a cor resulting in the	on anter that the underly the	Univer a mode of dy a mode of d	van in Part I.	vd , We solitiec or respired to the control of the	b. Did to 1 Ye yellow 1 Yellow 1 Yellow	pacco uee co s 25000 n eutopsy nad?	Production of the state of the	Approximata Interval Between Onset end Deeth Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Dee
s certificate has been signed by the attending physician end in place of in a factor, page 2 should be detached for use as the bunel-transit are	To Be Compieted by Physician/Medical	Immediete Ceuse (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initieted events resulting in death) Lest  Part II. Other algnificant conditions are successed.  Part II. Other algnificant conditions are successed in the success of the su	e	buting to de	Due to  Due to  Due to  path but not it  patient 2  of Injury, h, Day Year,	cor as a cor o (or as	on anter that the underly the underly me of uny M	Univer a mode of dy a mode of d	van in Part I.  26. Plece of I her:  A Nursin ry et 7 l Yes 2 □ No	23  24  Deeth (Check g Home 5 [ 28d. De	b. Did to  1 Ve  Wes er perform  1 Ye  conly one	bacco uee co s 2500 n eutopsy nad? s 20 No e) nce 6 □Oth w injury occur	Production of the control of the con	Approximata Interval Between Onset end Deeth Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Dee
4 hours effer death.  Furneral Director: After this certificate has been signed by the attending physician end  II p. 20  III p. 20	Certification: To Be Compieted by Physician/Medical	Immediete Ceuse (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initieted events resulting in death) Lest  Part II. Other algnificant conditions are sufficient to medic exeminer?  1 Yes 2 No  27. Menner of Death 1 Naturel 5 Pendinyes 2 Accident 3 Suicida 6 Coul determiners are sufficient to medicine exeminer? 2 Accident 3 Certification determined to medicine exeminer.	e	buting to de spital: 1 le le 28e. Dete co (Montil	Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to	cor as a contracting in the cont	betient 35 me of uny Mm, street, fa	Univer a mode of dy a mode of d	van in Part I.  26. Plece of I her:  A Nursin ry et 7 l Yes 2 □ No	23  24  Deeth (Check g Home 50  281. Loc City	b. Did to  1 Ye  Wes er perform  1 Ye  confly one  Rasida scribe ho  ation (Str	bacco uee co se 25 hio n eutopsy had? s 2 No h) nce 6 Oth w injury occur reet end Numb. state) use(s) end mu	Production of the second of th	Approximata Interval Between Onset end Deeth Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Deeth Onset end Deeth
4 hours effer death.  Funeral Director: After this certificete hes been signed by the attending physician end in properties in p	To Be Compieted by Physician/Medical	Immediete Ceuse (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest  Part II. Other algnificant conditions are successed in the condition of the condition of the ceuse of the ceu	e	buting to de  spital: 1 In It  28e. Dete or (Monti	Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to	cor as a contracting in the cont	betient 35 me of uny Mm, street, fa	Univer a mode of dy a mode of d	van in Part I.  26. Plece of I her:  A Nursin ry et vik?  Yes 2 □ No	23  24  Deeth (Check g Home 55  28d. De  28f. Loc City	b. Did to  1 Ve  Wes er perform  1 Ye  conly one Rasida scribe ho  to the ce e time, de	bacco uee co se 25 hio n eutopsy had? s 2 No h) nce 6 Oth w injury occur reet end Numb. state) use(s) end mu	Provide to 3 Provide a (Specific red	Approximata Interval Between Onset end Deeth Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth D
effer cleath.  Director: After this certificate has been signed by the attending physician end in p. no.  In p	edical Certification: To Be Completed by Physician/Medical	Immediete Ceuse (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initieted events resulting in death) Lest  Part II. Other algnificant conditions of the condition of	e	buting to de  spital: 1 In It  28e. Dete or (Monti	Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to	cor as a contracting in the cont	betient 35 me of uny Mm, street, fa	Univer a mode of dy a mode of d	van in Part I.  26. Plece of I her:  A Nursin ry et vik?  Yes 2 □ No	23  24  24  281. Loc City  acce, end due courred et the	b. Did tol  1 Ye  Wes er perform  1 Ye  Conly one Rasida scribe ho  to the cee time, de	bacco uee co es 25 No e eutopsy ead?  s 2 No e) nce 6 Oth w injury occur reet end Numb use(s) end me tte end place,	Provide to 3 Provide a (Specific red	Approximata Interval Between Onset end Deeth Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth D

Registrar



B.K.S

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 22376 THOMAS H. DORAN State of Maryland / Department of Health and Mental Hygiene Items: 23a part I, 27, 28a-f per MEO G-750 8/1/97 dh Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth **Physician** JUNE 23, 1997 THOMAS HUGH DORAN 2301 PM /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 4713 BOILING BROOK PARKWAY ROCKVILLE MONTGOMERY If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** Deys Hours 1 X M 2 □ F Director Yrs 555-80-4746 38 Sept. 12, 1958 Japan Usuel Rasidence of Decedent with the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notified at 1 ☐ Yes 2 ☑ No Director Maryland Rockville Montgomery 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? permit. Pages 1 and 2 should be filed within 72 hours aftar death. Department of Haalth and Mantal Hygiena. Important: If Item 27 is marked other than "naturel", or Items 23, any Injury or other traumatic event, the Madical Example must Funeral 4713 Boiling Brook Parkway 20852 United States Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 14. Reca - American Indien, Bleck, White, etc. 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 M Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify: Specify ģ 3 ☐ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collega (1-4or 5+) Computer Technician Computer 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Dorothy Dressel Edwin Doran 19b. Meiling Addrass (Streat and Number or Rural Route Number, City or Town, Stata, Zip Code) 6735 North Rockhold San Gabriel, California 91775 19a. Informent's Neme/Ralationship (Type, Print) Dorothy Doran/Mother June 26, 1997 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☑ Cremetlon 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Montgomery Crematorium Inc. Bethesda, Maryland 21. Signature of Funeral Service Licensee Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chevis 120814-3501 Wisconsin Avenue M00335 23a. Pert1. Entry the dise complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heer felicie. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth **Physiclan** /Medical Immediate Ceuse (Finel diseese or condition resulting in daeth) NARCOTIC AND ALCOHOL INTOXICATION Examiner Dua to (or as a consequenca of): Examiner attending physician and for use as the buriel-transit Sequentially list conditions, if eny, leeding to Immediate cause. Entar Undarfying Causa (Disaase or InJury thet initietad avents resulting in deeth) Lest Due to (or es e consequance of): P.O. Box 68760, certificata be Physician/Medical Due to (or es e consequence of): Pert II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of deeth? s been signed by the 2 should be detech 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records. by 24a. Wes en eutopsy performed? 24b. Wera autopsy findings eveileble prior to Completed completion of cause of deeth? paga 2 hes cartificata 19 Yes 2 □ No 1 Yas 2 No Division of Vital Physician: 25. Wes casa rafarrad to medical Be 26. Place of Deeth (Check only ona) XXYes 2□ No 2 1 ☐ Inpetient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Mannar of Deeth 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred Certification: Aftar Attending 5 Panding invastigation Injury 1 Natural within 24 hours after death.

To the Funeral Director: All completely filled in by the fu 1 ☐ Yes 2XXNo 2 Accidant found:6/23/97 found:10:52 unknown 6 Could not be detarmined 3 Suicide Pleca of Injury - At homa, farm, streat, factory, offica building, etc. (Specify) 28f. Location (Streat and Number or Rural Route Numbar, City or Town, State) 4713 Bolling Brook Pkwy. 4 Homicida 20 Rockville, Md. 1 Certifying Phyelcien: To tha bast of my knowladga, daath occurred et the tima, data and place, and dua to tha cause(s) end manner es stated.

2 XMedical Examiner: On tha bast of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end manner statad. 29a. Cartifiar Medical (Check only

29c. License number

O.C.M.E

111 Penn Street, Baltimore, Maryland 21201

29d. Date signed (Month, Day, Year)

JUNE 24, 1997

State Registrar

29b. Signeture end title of certifier

Wavid

31. Date filed (Month.

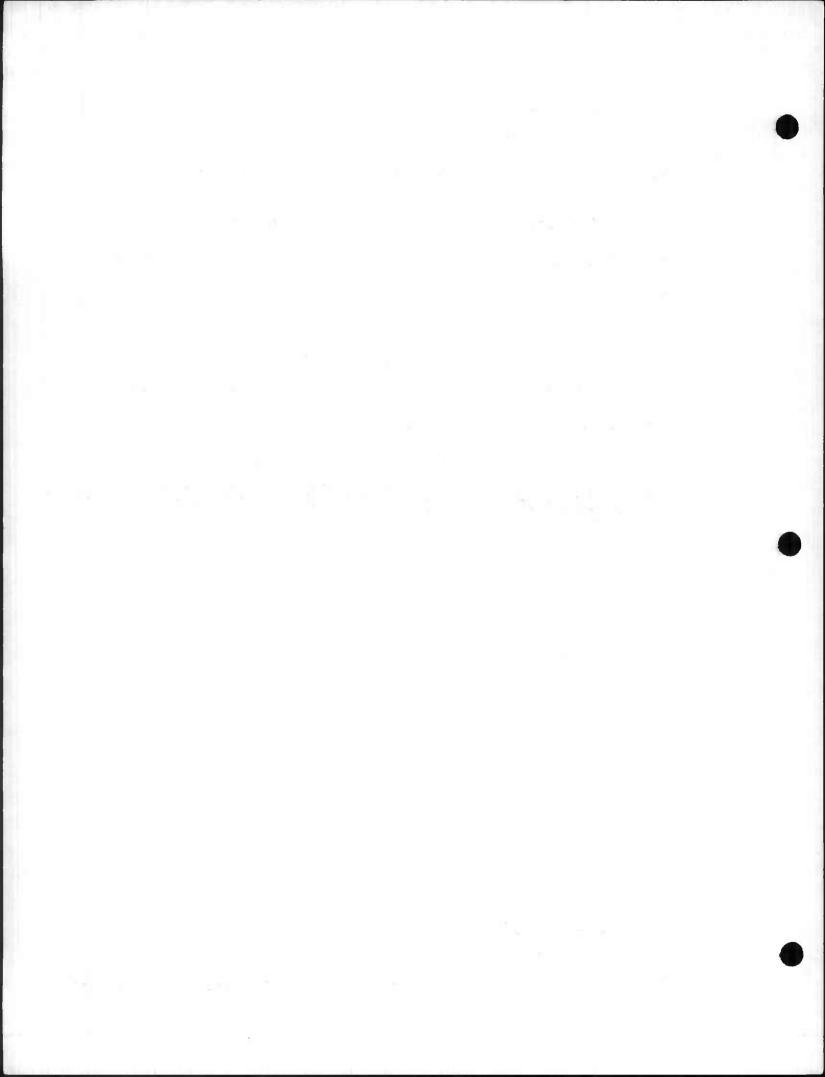
30. Nama and eddress of person who completed causa of deeth (Item 23a) (Type, Print)

Towler

32. Registrar's Signature

who Davidson

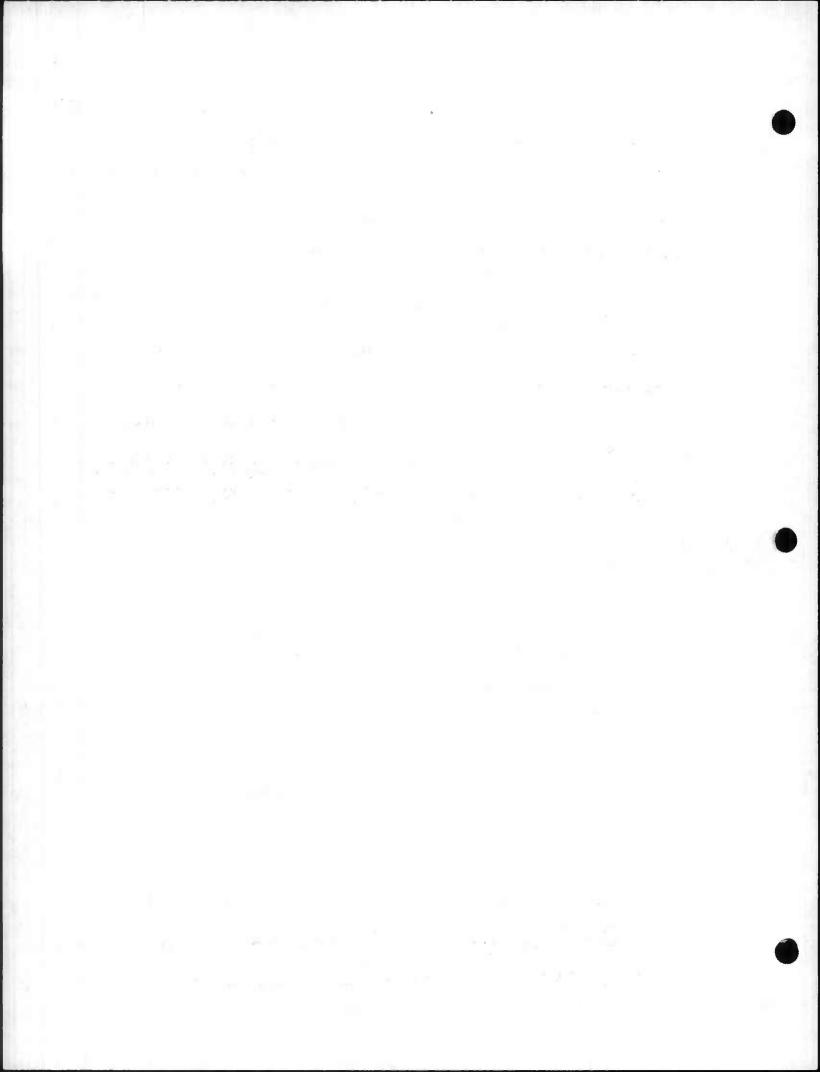
9



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 22377

lame (First, Middle, Les	enue #101  ax  Ty  enue #101  7. Age  Ty  enue #10  12. Wes Decedent Ever Armed Forces?  1 Styles 2   No lify Age Give	(In yrs. lest birthd 68 Yrs 10c. City, Town o Silver	r Location Spring 101. Zi	or 1 Year Days	4b. City, Town Silver If Under 24		dc. County Montg	y of Deeth gomery  9. Birthplece Country) Washing	Time of Deeth  45 An  (State or Foreign  gton, Do  nside City Limits
le (If not institution, give Lenallen Av Lenallen Av Ly Number 6. Se -7238 10 Lob. County Montgome Number Lenallen Av Lenallen	enue #101  ax 7. Age  RM 2 F 7. Age  ry  enue #10  12. Wes Decedent Examed Forces?  1 Styles 2 D No lifyes Give	(In yrs. lest birthd 68 Yrs 10c. City, Town o Silver	r Location Spring 101. Zi	Days	4b. City, Town Silver If Under 24	o, or Location of Dee Spring Hrs. 8. Date of B	4c. County Montg	of Deeth gomery 9. Birthplece Country) Washing	(State or Foreign
Lenallen Av  Ty Number 6. Se  -7238 10  Tob. County  Montgome  Number  Lenallen Av  Is larried 2 Married 4 Divorcad 15. Decedent's Edipectify only highest green	enue #101  7. Age  Ty  enue #10  12. Wes Decedent Evarmed Forces?  1 Styles 2   No if Yes Give	68 Yrs 10c. City, Town o Silver 11 Ver in U.S. 1	Months r Location Spring	Days	Silver	Spring Hrs. 8. Date of B	Montg	9. Birthplece Country) Washing	gton, Do
ty Number 6. Sec. 10  -7238 11  -7238 11  -7238 11  10b. County  Montgome  Number  Lenallen Avus  larried 2 Married 4 Divorcad 15. Decedent's Edipectify only highest green	Ty  7. Age  7. Age  7. Age  12. Wes Decedent Ever Armed Forces?  1 Styles 2   No. 18 Age Sive	68 Yrs 10c. City, Town o Silver 11 Ver in U.S. 1	Months r Location Spring	Days	If Under 24	Hrs. 8. Date of B	lirth	9. Birthplece Country) Washing	gton, Do
-7238  e of Decedent  10b. County  Montgome  Number  Lenallen Av  is  larried 2 Married  d 4 Divorcad  15. Decedent's Edipecify only highest gree	ry  enue #10  12. Wes Decedent Ever Armed Forces? 1 Styles 2 December 1 Novem	68 Yrs 10c. City, Town o Silver 11 Ver in U.S. 1	Months r Location Spring	Days			irth Pey, Yeer) 22, 192	Washing	gton, Do
Montgome Number Lenallen Av  salarried 2 Married d 4 Divorcad  15. Decedent's Edipecify only highest gree	enue #10  12. Wes Decedent Ev Armed Forces?  1 Styles 2 D No If Yes Give	Silver	Spring 101. Zi						side City Limits
Number  Lenallen Av  Is larried 2 Married d 4 Divorcad  15. Decedent's Edipecify only highest gree	enue #10  12. Wes Decedent Ev Armed Forces?  1 12 Yes 2   No If Yes Give	l ver in U,S.	101. Zi					1	☐ Yes 21 No
Lenallen Av  Is larried 2 Married d 4 Divorcad  15. Decedent's Edipecify only highest gree	12. Wes Decedent Ev Armed Forces? 1 XYes 2 No	ver in U,S.		p Code					
larried 2 Married d 4 Divorcad  15. Decedent's Edu pecify only highest gred	Armed Forces? 1 XYes 2 □ No	ver in U,S.		2090	06		10g. Citizen of USA	What Country?	
pecify only highest gred		1951-53	I3. Was Dece If Yes, spe 1 ☐ Yes		lispantc Origir en, Mexican, f Specify:	17 (Specify Yes or N Puerto Rican, etc.)	Io- 14. Rac Bla Specifi	ce - American in ck, White, etc. y: Whi	
		16e. De	ecedent's Usu	al Occup	etion during most o	f working	16b. Kind of B	ustness/Industry	,
	College (1-4or 5+)	)			during most o	, tromany	Calas		
ne (First, Middle, Last)		Auto	mobile	e sar		Name (First, Middle	Sales Meiden Sumen	ne)	
Harvey Dunn						Marie Do			
Name/Retationship (T)		19b. M	aiting Addres	s (Street		or Rural Route Num		State Zin Code	e)
M. March	,,,,,,,,,,					lesville			"
Disposition 2 ☑ Cremation 3 ☐ F		20b. Place of Di		me of		Dete	20c. Location	- City or Town, S	
on 5 ☐ Other (Specify)  Funeral Service Licens		Metropo	22. Neme e	nd Addres	ss of Fecility	Francis .		ns Fune	
u S. s	Scerlo	,	Home,		ing. N	Universid D 20901	th Brag.	West	
er the dease, or compleer failure. List only of se (Final littion	e	ue to (or es e con	myo	Can			errest,	Ons	roximete rvel Between ef end Death
nderlying or injury ents	C								
nificent conditions con	ntributing to death but	not resulting In th	e underlying	cause giv	en in Pert I.				11
						24e. We	s en eutopsy	24b. Were eu	utopsy findings e prior fo
					213	10	Yes 20 No	of deeth	17
ferred to medical					26. Plece of	Deeth (Check only	опе)		
□ No	Hospitei: 1 ☐ Inpatient	2 ER/Outpe	tient 3 D	OA Oth	er: 4 Nursi	ng Home 5 Res	sidence 6 Oth	er (Specify)	
5 Pending	28e. Dete of Injury (Month, Dey )	Year) 28b. Time Injur	e of y M				a how Injury occur	red	
6 Could not be determined	28e. Place of Injury building, etc.	y - At home, ferm, (Specify)	street, factor	y, offica				per or Rural Rou	te Number,
1☐ CertifyIng Phys 2☑ Gedical Exami	ner: On the basis of ea	xaminetion end/or	eath occurred r Investigetion	et the tim	ne, date end p pinion, deeth	pleca, end due to the	e ceuse(s) end me e, date and pleca,	enner es steted. end due to the o	ause(s)
nd title of certifier			29	c. License	e number		29d. Date signe	d (Month, Dey,	Year)
	Souler	Con -	-	DO	854	C	11 -		~
John C				_		-	10.10	1 6	7 7
ddress of person who co	ompleted cause of dee	th (ttem 23e) (Typ	pe, Print)				July	7 19	0:
	oferred to medical  O No  eeth  O Pending investigation  Could not be determined	on Immediate inderlying or injury ants Diderred to medical d	on Immediate inderlying por injury ants with Lest    priefred to medical    Compared to med	Due fo (or as e consequence of)  d	Due fo (or as e consequence of):  d	Due fo (or as e consequence of):  d	Due fo (or as e consequence of):  d	Due to (or as e consequence of):  d	Due to (or as e consequence of):  d.  Due to (or as e consequence of):  d.  Due to (or as e consequence of):  d.  Due to (or as e consequence of):  d.  23b. Did tobacco use contribute to the individual complete of death



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

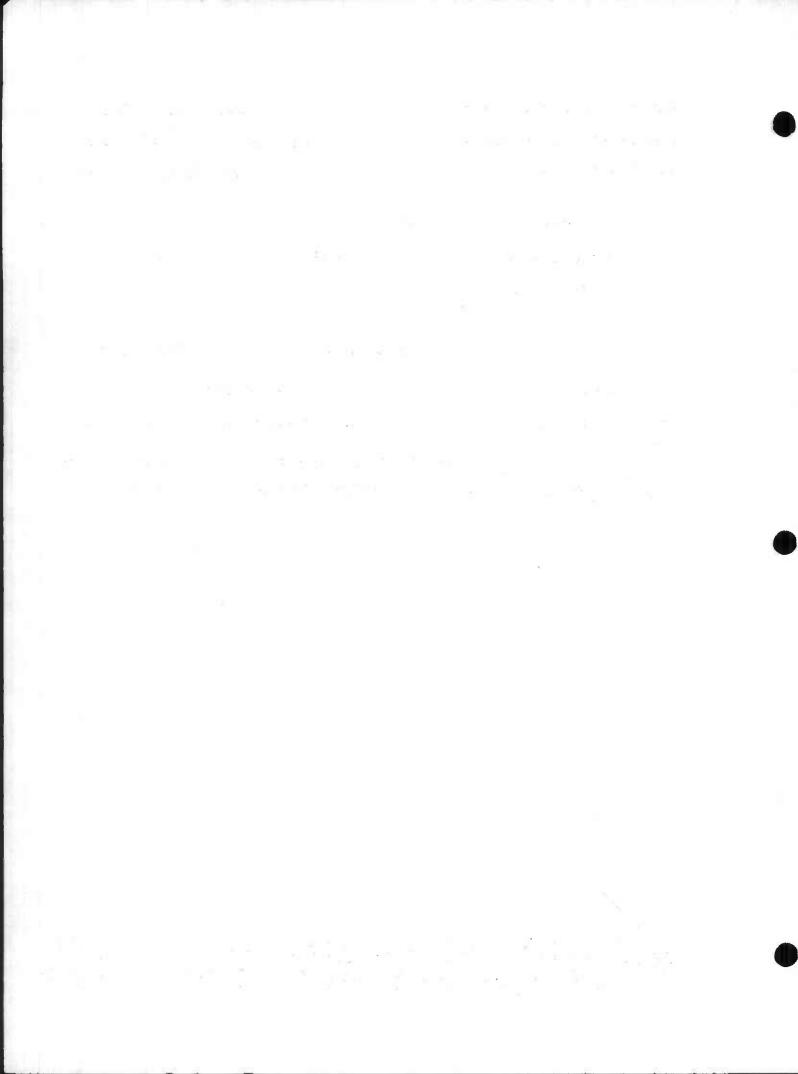
State of Maryland / Department of Health and Mental Hygiene 3 / Certificate of Death 1. Decedant's Nama (First, Middia, Last) 2. Data of Death 3. Tima of Death Month **Physician** Robert Russell July 1997 /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva straat and number) 4c. County of Death **Examiner** Genesis Eldercare Network La Plata Charles H Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) Feb 15, 1 If Undar 1 Yaar 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** Months Days 1 M 2□ F Yrs 577-32-0857 68 **Director** 1929 Washington DC Usual Rasidance ot Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d, Insida City Limits 7 is marked other than "natural", or items 23e or 28e-f show traumstic event, the Medical Examinar must be notified at 1 ☐ Yas 2 No Directo Maryland Newburg Charles 10e. Street and Number 10f. Zip Coda 10g. Citizan ot What Country? 13542 Forbush Road U.S.A. 20664 Funeral 12. Was Decedent Evar in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-It Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1X) Yas 2□ No If Yas, Givay Yaar or Dates: Orea 1 Navar Married 2 Married Specify: White 1 ☐ Yas 2 No þ 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry d 2 should be filed within 7; th and Mental Hygiene. 7 is marked other than "nu Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Supervisor Ice Cream 10 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Arthur Day Nettie Day 19a. Intormant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) permit. Pages 1 and 2 st Department of Health and Important: If hem 27 is n Nancy J. Day/wife 13542 Forbush Road Newburg, MD 20664 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata injury or 4 ☐ Donation 5 ☐ Othar (Specify) Maryland Veterans Cem. 7/17 Cheltenham, MD 21. Signature Funaral Sarvice Licensee 22. Nama and Addrass of Facility M00945 Arehart-Echols Funeral Home Box 567 La Plata, MD 20646 ano P.O. 216 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode shock, or heart tailure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediata Causa (Final disaasa or condition rasulting In daath) /Medical Examiner Examiner physician and s the burial-transit Sequentially list conditions, if any, laading to immadiata causa. Enter Undarfying Causa (Disaasa or Injury that Initiated avants rasulting In daath) Last Physician/Medical Due to (or as a consequence of): 80 esn for P.0 been signed by the s should be detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably Dunknown Division of Vital Records, þ 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed certificata has 2 No 1 ☐ Yas 2 ☐ No 1 ☐ Yas funeral director, 25. Was case ratarred to medical axaminar? Be 26. Placa of Death (Check only one) axaminar? Othar: 2 Nursing Homa 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Maymar of Death Certification: 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Panding investigation After Natural or Attending after death. 2 Accident 1 ☐ Yas 2 ☐ No 6 Could not be detarmined 3 Sulcida To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by the 28t. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, tactory, office building, etc. (Specify) 4 Homicida Certifying Physician: To the best of my knowledga, death occurred at tha tima, data and place, and dua to the causa(s) and mannar as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) and mannar stated: 29a. Certifian Medical 290. Signature and title of certifier 29d. Data signed (Month, Day, Year) address of person ed causa of daath (Itam 23a) (Type, Print)

32. Ragistrar s Signatura

State Registrar

Russell



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien 2 2 3 7 9

										Death	violitai 11)	Reg. No		-		
	Physici	an	Decedant's Nema (First)	, Middle, Las	1)	3	6.33	100	YS.		2. Dete of De Month	eeth De	v v	aar	3. Tima of Death	
	/Medi		Elizabeth	Н.	Duffy	73.5					July :		1997	auı	3:00 pm	
E	Examir	ner	4a. Facility Name (If not in:	stitution, give	street and nun	nber)				4b. City, Town, or	Location of Deel	th 4c.	. County of	Death	The state of the s	
		_	Annapolitan					M the state of	1 1	Annapoli			-		el Co.	
	ineral rector	H	5. Social Security Number  147-48-9961  Usual Rasidanca of Decad		M 2∏F	7. Age (In yn	s. last birthday,	If Under Months	Days		8. Data of Bi (Month, D 8-21-				aca (Stata or Foraign ry) ersey	
arylend	show		10a. Steta 10b. (	County	7.11	10c. C	City, Town or L	ocation				150		10	od. Insida City Limits	
M ed	28a-f	Director	MD Pri	nce G	eorges	Во	wie	1							1 Yas 2 No	
th with	23a or	al Dir	12319 Stoneh	aven 1	Lane			10f. Zip				USA	izan of Wha	at Coun	try?	
5-0020 72 hours efter death with the Marylend	d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral	11. Marital Status  1 Navar Married 2  3 Widowad 4 Dir	THE COLUMN	12. Was Dece Armed For 1  Yas If Yas, Giv Yaar or Da	rces? 2⊠ No a	U,S. 13.			Hispanic Origin? (S ean, Maxican, Puerl Specity:	pecify Yas or No Rican, atc.)	0-	14. Race - Black, 1 Specify:		itc.	
2 2 2	ical	ted	15. De	cedant's Ed	ucation		16a. Dace	dant's Usua	I Occu	pation		16b. K	. Kind of Businass/Industry			
21215-0020 d within 72 hours ef giene.	then "n	Completed	Elamantary/Secondary (		da complatad) College (1	-4or 5+)	1	nemake		pation during most of wor ad)	ring	I	lome			
E PE	other	BeC	17. Fethar's Nama (First, A	fiddle, Last)						18. Mother's Ner	na (First, Middle	, Maiden	Sumame)			
/lan	marked imetic ev	ToB	Frank		Heate:	r				Kather	cine Shick					
Maryland d 2 should be file th and Mental Hy	eume eume		19a. Informant's Name/Ra	letionship (7	ype, Print)		19b. Maili	ng Addrass	(Straa	t and Numbar or Ru	ıral Routa Numl	ral Routa Numbar, City or Town, Stata, Zip Coda)				
end ealth	n 27		Kathryn Pett	-				The same of the same		ane Bowi		_				
Baltimore,	permit. Pages 1 and 2 should Department of Health and Inportant; if Item 21 is marken any Injury or other traumatic once.		20a. Method of Disposition  P□ Burial 2 □ Cramation 3 □ Removal from Stata  4 □ Donation 5 □ Othar (Specify)  20b. Plece of Disposition (Nama of cematary, crematory or othar placa)  E1mwood Cemetery  21. Signature of uneral Service than see 22. Name and Addrass of Facility									July 15 New Brunswick, NJ				
Baltir permit. P	importa any inju once.		21. Signature of uneral S	ervisertigen	<sup>10</sup> 2		Ва	arranc	00 8	Sons PA	Severna		ark Funeral Home			
	ń		23a. P. 111. Entar the disas shock, or heart feilurg	ase, or comp a. List only o	lications that ca one ceusa on as	aused the da	eth. Do not en	5 Rit	chi a of dy	e Hwy Se	verna Pa	arrast,	MD 211	Approximata Intarval Batwaen		
/Me	sician edical		Immediata Causa (Final disaasa or condition			Car	-dio 1	an,	0.4	tons 1	Arrea	1			Onsat and Death	
Exar	miner	L	disaasa or condition rasulting in death)  Due to (or es a consequenca of):												4 (24)	
pet	nsit	Examiner	Myer Deparin with Psychothe Fee										( FRU	the	10 44N	
68760, tificate be executed	physician and is the burial-transit	Exai	Saquantially list conditions if eny, laading to immediat causa. Enter Underlying Cause (Disease or Injury	e		of a to	(or as a consa	quance of):						i	2	
<b>68760,</b> ficate be ex	yslcia e bur	edical	that initiated avents	. <	C	LJ-C	(of as a consec	Da manca of):	1					-	2 years	
4-4	nding phr		rasulting in daath) Last	L	d		Peru							1	month.	
D to	d for u	Iclar	Part II. Other significant co	anditions of	ntributing to do	oth hut not so	culting in the	undadulna ar		ron la Part I	22h Did	Itabaaaa	. uaa cantri	bute to	tha causa of death?	
The the de	ed by the detache	/ Physician/N					-		ausa gi	van in Faiti.					ably 4 Unknown	
Hecords,	igner be d		à description de la company de								24a. Wes	s en auto ormed?	psy 2	ava	ra autopsy findings illable prior to applation of cause leath?	
	cete has	Completed	3-11-12-12								10	Yas 2	<b>No</b>	1 🗆	lYas 2□ No	
VITAL	is certificete I director, pag	Be	25. Was casa rafarred to n axaminer?		Hospital:		7		Ot	26. Placa of Das						
0 = :	= 6	To To	1 ☐ Yas 2 ☑ No 27. Menner of Death		1 ☐ Ir		28b. Time o		'A	4 Li Nuising F	loma 5 Ras 28d. Dascribe			(Specify	)	
DIVISION Of VITA or Attending Physician: after death.	the funer	catlon	27. Menner of Death  1 Naturel 5 Panding  1 Naturel 5 Panding  28a. Dete of Injury (Month, Day Yaar)  3 Naturel 5 Panding  28b. Time of Injury Work?  1 Yes 2 No								200. 00001100	nos inju	,			
	n by	27. Menner of Death  1 Naturel  2 Accident  3 Sulcida  4 Homlcida  28a. Dete of Injury  (Month, Day Yaar)  28b. Time of Injury  M  28b. Time of Injury  M  28c. Injury at Work?  1 Yes 2 No  28d. Dascribe how injury occurred  28d. Dascribe how injury occurred  28d. Dascribe how injury occurred  28d. Dascribe how injury occurred  28d. Dascribe how injury occurred  28d. Dascribe how injury occurred  28d. Dascribe how injury occurred  28d. Dascribe how injury occurred  28d. Dascribe how injury occurred  28d. Dascribe how injury occurred  28d. Dascribe how injury occurred  28d. Dascribe how injury occurred  28d. Dascribe how injury occurred  28d. Dascribe how injury occurred  28d. Dascribe how injury occurred  28d. Dascribe how injury occurred  28d. Dascribe how injury occurred  28d. Dascribe how injury occurred										Routa Number,				
To the Hospital o	To the Funeral Direct completely filled in by	edical	29a. Certifiar 1 Ca (Check only 2 Me	rtifying Phy dical Exam	sicien: To the l nar: On the ba and mann	sis of axamir	nowledge, daat nation and/or in	h occurred a vestigetion,	at the ti	me, dete end place opinion, daath occu	, end due to the rred at tha time	ceuse(s data and	) end mann d place, and	er es st	eted. the cause(s)	
To the within	COM	M	29b. Signetura and little of	certifier	11	1		29c	. Lican	se number			ite signed (A			
			100	m/	The	orle	5 M	1	0	2202	4		7-1:	2.	97	
			30. Name and address of p	arson who c	omplated cause	of deeth (Ite		Print) 667	6	ofth	Cent	2 6	refts	2	97 MJ 21114	
	Sta Registr	_	31. Data filed (Month, Day,	Yger)	32. Re	egistrar's Sign		1		U			U			

PARS Type of the first and the executive and the

: 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
부터 이 김 전에 가장기에서 가장에 원하게 되었다면서 하는 것으로 하는 것만큼 모든 중에 없는 그래 있다고 있습니다.	
10. 公共10. co. 10. co.	
[HE] [HE] HE NOTE HE NOTE HE NOTE HE NOTE HE NOTE HE NOTE HE NOTE HE NOTE HE NOTE HE NOTE HE NOTE HE NOTE HE N	
[15] THE ALEX 등 기계 등 10 THE THE THE TANK IN THE PROPERTY OF T	
를 보면서 하는데 어느리에 여자를 되었어 남편하다면 하는데 아들 등록 하면 보다면서 하는데 하는데 하는데 하네요. 그런데	
[18] 아님은 그 전에 보면 이 아니는 아니는 아를 들어 가는 것이다. [18] 이 아니는 아니는 아니는 아니는 아니는 아니는 아니는 아니는 아니는 아니는	
A CAN A THE RESIDENCE OF A SAME THE LANGE OF LANGE OF A SAME OF A	
[전 : 27 - 시간 시간 (Selection of Carlos Selectio	

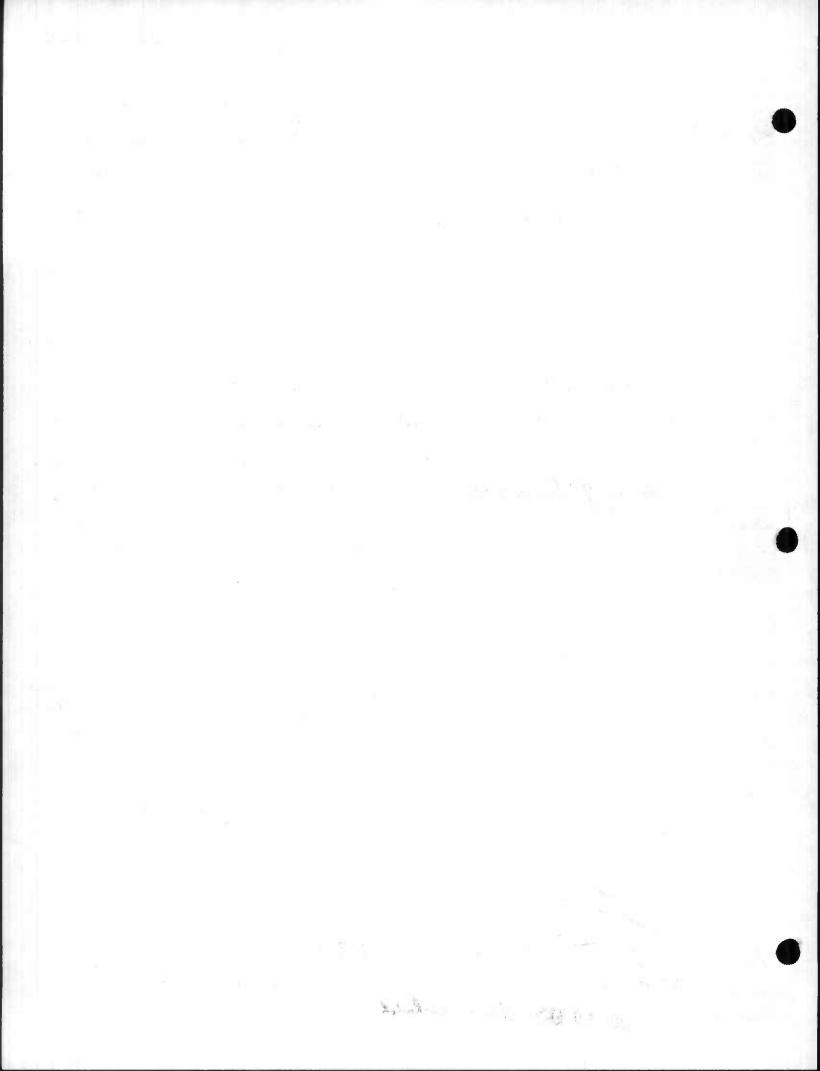
and formal distriction toggi

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.2 2 3 8 0

State of Maryland / Department of Health and Mental Hygiene

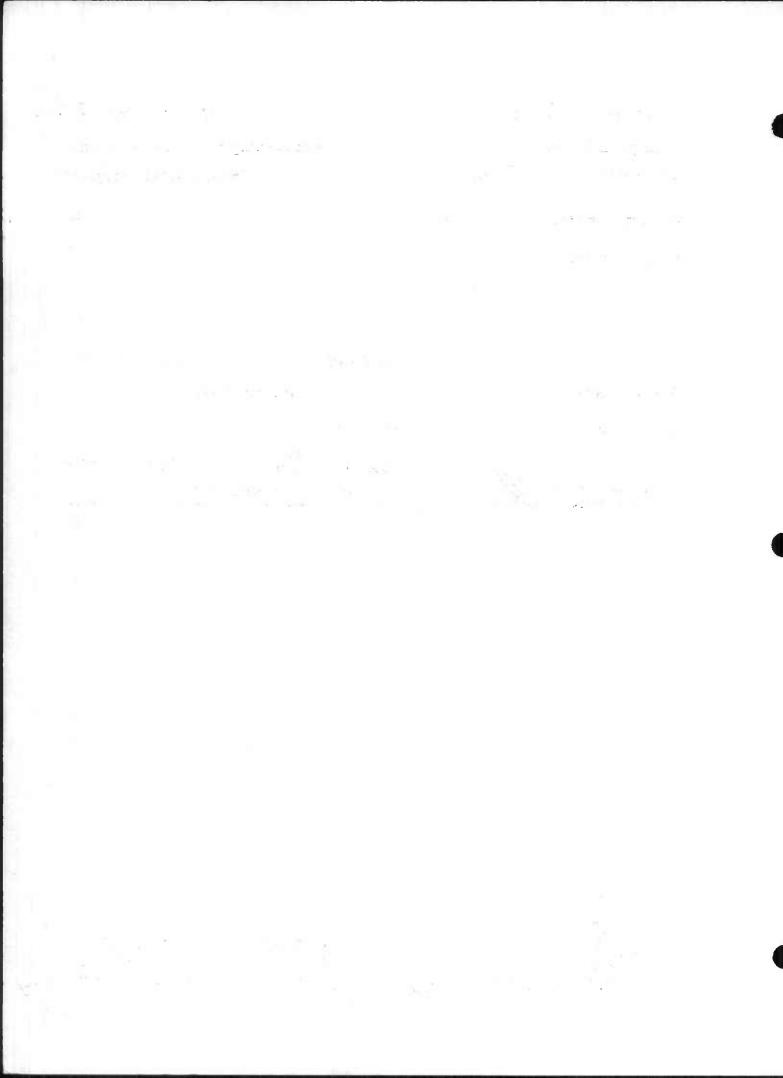
						,	0, 0,7,00	ile Ui	Death		Reg	. No.						
m		Decedent's Name (First, Middle, Last)									ate of Deeth				Time of Deet			
Physician /Medical	_	Doris	T. Dal	.e							onth une	28,	199		:45 pm			
Examine	-	4e. Fecility Name (I	f not institution, giv	e street end numb	er)				4b. City, Town	, or Location	n of Deeth		unty of D					
	ı	5101 Ups	hur Stre	et					Bladens	sburg		Pri	nce	Georg	e's			
Funeral		5. Sociel Security N			Age (In yrs	s. lest birth	day) if Und	er 1 Year	If Under 24	Hrs. 8. D	ate of Birth				(State or Fore			
Director	-	577-42-7 Usuel Residence of	992	1□ M 2\ F	83	Yı	Month	s Deys	Hours	Min. (A Ju	ne 30,	191	13 7	Virgin				
<b>8</b> ₩	-	10a. State	10b. County		10c. C	ity, Town	or Location							10d. l	nside City Lim			
r 28a-f show notified at	ğ	MD	Prince	George's	R1.	adens	huro							1	Yes 2			
28a-1 notifie	2  -	10e. Street end Nun		000180 0	22	- aciio		ip Code			100	n Citizen	of When	t Country?				
23a or	2	5101 IIna	hur Stre	0.4										Codinity				
2 2 2	0	11. Marital Status	silui Scre	12. Wes Decede	nt Ever in I	U.S		710	lispenic Orlain	2 (Specify )		S.A.	-	American Ir	ndian			
Vgiene. Net than 'natural', or items 23s or 28s-f show ht, the Medical Exam we must be notified at Completed by Funeral Director	Dy rur		ed 2 Married	Armed Force 1 Yes 2 If Yes, Give Year or Date	es? X) No				Hispenic Orlgin en, Mexican, F Specify:	uerto Rican	, etc.)			White, etc.				
atura de	2		15. Decadent's Ed	ducation		16e. D	ecedent's Us	ual Occup	petion		16	Sb. Kind	of Busine	ess/Industr	y			
u o o	2	(Speci	ify only highest gra	de completed) College (1-4c	ne E . \	- "	Give kind of v ife. DO NOT	vork done use retire	during most of	working								
energy and and and and and and and and and and	5	10	ndery (0-12)	College (1-40	or 5+)	Hom	emaker					Own I	Home					
d other othe	0	17. Fether's Neme (	First, Middle, Last,	)					18. Mother's	Neme (Firs	t, Middle, Me		**					
Menta arred artic ev		William	Todd Tal	lev					Maude	Shoal	or							
mer T	-	19a. Informent's Ne				19b A	Aeiling Addre	g Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)						(a)				
7 is trau			rainum -					Upshur Street, Bladensburg, Maryland 2071(										
Head		20a. Method of Disp					street,	DEAG				or Town,						
or or		1 X Buriei 2 Cremetion 3 Removel from State cemetery, cremetory or							ce)									
Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural; any injury or other traumatic event, I'm Medical Example.	-	4 □ Donetjon 5 □ Other (Specify) Fort Lincoln Ceme  11. Signature of Funerel Septice Licensee 22. Name end Addre								07/0	3/97	Bren	twoo	d, Ma	ryland			
Deper impor eny in		21. Signature of Fur	// ///				22. Name	and Addre	asch's	Sona	Funore	1 U	0000	D A				
0.5 8 8	1	Hance	y 4. 7h	ompso.											20791			
		23a. Part1. Enter t	e disease, or com	plications that cous	sed the dea	th. Do no	t enter the mo	ode of dyir	ng, such es ca	rdiac or resp	piratory erres	t,	rire	App	roximate			
ysician		snock, or neer	trailere. List only	one ceuse on eecr	iline.			23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heert failure. List only one ceuse on each line.										
Medical		Onset and D											et and Deeth					
kaminer														Ons	et and Deeth			
		Immediate Ceuse (I disease or condition resulting in deeth)	Finel n	· Card	rac	ar	rest							Ons	et and Deeth			
<u>.</u>		disease or condition	Finel n	· Card	Due to	Ar (or es e co	nsequenca of	r):						Ons	et and Deeth			
nsit		disease or condition resulting in deeth)		. Card	Due to	(or es e co	nsequenca of	r):						Ons	et and Deeth			
end i-transit xaminer		disease or condition resulting in deeth)		. Card	Due to	(or es e co	nsequence of	n):						Ons	et and Deeth			
clan end buriel-transit		disease or condition resulting in deeth)		. Card	Due to	(or es e co	nsequenca of	r): r):						Ons	et and Deeth			
physician end the bunel-transit dical Examiner		disease or condition	nditions, mediate rlying injury	o. Card	Due to (	or es e co	nsequence of	f):						Ons	et and Deeth			
ing physicla as the bur Medical	Today Pydillion	disease or condition resulting in deeth)  Sequentielly list confifency, leading to Im- cause. Enter Under Ceuse (Disease or ither intileted events	nditions, mediate rlying injury	b. Hyps	Due to (	or es e co	nsequence of	f):						Ons	et and Deeth			
ing physicla as the bur Medical	Today Pydillion	disease or condition resulting in deeth)  Sequentielly list confifency, leading to Im- cause. Enter Under Ceuse (Disease or ither intileted events	nditions, mediate rlying injury	e. Card b. Hypo c	Due to (	or es e co	nsequence of	f):						Ons	et and Deeth			
ing physicla as the bur Medical	Today Pydillion	disease or condition resulting in deeth)  Sequentielly list confifency, leading to Im- cause. Enter Under Ceuse (Disease or ither intileted events	nditions, mediate riving injury	c	Due to (	or es e cor	nsequence of	i); );				acco usa	a contrib	Ons 3	y Ca-			
by the ettending physicial school for use as the but but by the bu	Today Pydillion	disease or condition resulting in deeth)  Sequentielly list confit eny, leading to Imcause. Enter Under Ceuse (Disease or thet initieted events resulting in death) L	nditions, mediate riving injury	c	Due to (	or es e cor	nsequence of	i); );			23b. Did toba			Ons 3	yer and Deeth			
by the ettending physicial school for use as the but but by the bu		disease or condition resulting in deeth)  Sequentielly list confit eny, leading to Imcause. Enter Under Ceuse (Disease or thet initieted events resulting in death) L	nditions, mediate riving injury	c	Due to (	or es e cor	nsequence of	i); );			23b. Did toba			Ons 3	yer and Deeth			
gned by the ettending physicial be deteched for use as the but by Physician/Medical		disease or condition resulting in deeth)  Sequentielly list confirmers, leading to Imcause. Enter Under Ceuse (Disease or thet initieted events resulting in death) L	nditions, mediate riving injury	c	Due to (	or es e cor	nsequence of	i); );			23b. Did toba 1 □ Yes	2□ P	No 3[	Ons  3  Probably  b. Were e	Cause of dec			
gned by the ettending physicial be deteched for use as the but by Physician/Medical		disease or condition resulting in deeth)  Sequentielly list confirmers, leading to Imcause. Enter Under Ceuse (Disease or thet initieted events resulting in death) L	nditions, mediate riving injury	c	Due to (	or es e cor	nsequence of	i); );			23b. Did toba 1 □ Yes	2□ P	No 3[	Ons  3  Probably  b. Were evelleble complete.	cause of dec			
hes been signed by the ettending physicia ye 2 should be deteched for use as the bur mpleted by Physician/Medical		disease or condition resulting in deeth)  Sequentielly list confirmers, leading to Imcause. Enter Under Ceuse (Disease or thet initieted events resulting in death) L	nditions, mediate riving injury	c	Due to (	or es e cor	nsequence of	i); );			23b. Did toba 1 □ Yes 4a. Wes en e performe	eutopsy	No 3[	Ons  Ons  Ons  Ons	cause of dead			
ste has been signed by the ettending physicial page 2 should be deteched for use as the burn completed by Physician/Medical		disease or condition resulting in deeth)  Sequentielly list confit eny, leading to Imcause. Enter Under Ceuse (Disease or thet initiated events resulting in death) L  Part II. Other significations.	nditions, mediete riving injuryest	c	Due to (	or es e cor	nsequence of	i); );			23b. Did toba 1 □ Yes	eutopsy	No 3[	Ons  Ons  Ons  Ons	cause of dea			
antificate has been signed by the ettending physicia kilor, page 2 should be deteched for use as the burner of the page 2 should by Physician/Medical		disease or condition resulting in deeth)  Sequentielly list confit eny, leading to Imcause. Enter Under Ceuse (Disease or thet initieted events resulting in death) L  Part II. Other significations.	nditions, mediate riving injuryest	d	Due to (	or es e cor	nsequence of	cause giv	en in Pert I.	Deeth (Che	23b. Did tobs 1  Yes 4a. Wes en operforme 1 Yes ack only one)	eutopsy	No 3[	Drute to the evellable complete of deeth	cause of dec			
is certificate has been signed by the ettending physicia director, page 2 should be deteched for use as the burn of the page 2 should by Physician/Medical of Be Completed by Physician/Medical		disease or condition resulting in deeth)  Sequentielly list confirmers, leading to limit cause. Enter Under Ceuse (Disease or thet intileted events resulting in death) Leading to the limit cause. The leading in death of the limit cause of th	nditions, mediate riving injury .est	cd	Due to (	or es e con	nsequence of nsequ	cause giv	/en in Pert I.  26. Plece of ter: 4 □ Nursia	Deeth (Che	23b. Did toba  1  Yes  4a. Wes en operforme  1  Yes  ack only one)	eutopsy ad?	24 lo 3 [ 24 lo 3 ] Other (5	Drute to the evellable complete of deeth	cause of dead			
is certificate has been signed by the ettending physicia director, page 2 should be deteched for use as the burn of the page 2 should by Physician/Medical of Be Completed by Physician/Medical		disease or condition resulting in deeth)  Sequentielly list confit eny, leading to Imcause. Enter Under Ceuse (Disease or thet initieted events resulting in death) L  Part II. Other significations.	nditions, mediate riving injury .est	d	Due to (	or es e cor	nsequence of nsequ	cause giv	zen In Pert I.  26. Plece of ler: 4 □ Nursin ter:	Deeth (Che	23b. Did tobs 1  Yes 4a. Wes en operforme 1 Yes ack only one)	eutopsy ad?	24 lo 3 [ 24 lo 3 ] Other (5	Drute to the evellable complete of deeth	cause of dear			
is certificate has been signed by the ettending physicia director, page 2 should be deteched for use as the burn of the page 2 should by Physician/Medical of Be Completed by Physician/Medical		disease or condition resulting in deeth)  Sequentielly list confirmers, leading to limit cause. Enter Under Ceuse (Disease or ithet initieted events resulting in death) Leading to the confirmers.  Part II. Other significations are confirmed to the confirmers.  25. Wes case referres aminer?  27. Menner of Deeth  1. Naturel  20. Accident	ed to medical  Pending investigation	d	Due to (	or es e cor or es e cor sulting in ti	nsequence of nsequence of nsequence of nsequence of nsequence of nsequence of nsequence of nsequence of nsequence of nsequence of	cause giv	/en in Pert I.  26. Plece of ter: 4 □ Nursia	Deeth (Che	23b. Did toba  1  Yes  4a. Wes en operforme  1  Yes  ack only one)	eutopsy ad?	24 lo 3 [ 24 lo 3 ] Other (5	Drute to the evellable complete of deeth	cause of dear 4 Unkn utopsy finding e prior to ition of cause 17			
is certificate has been signed by the ettending physicia director, page 2 should be deteched for use as the bur To Be Completed by Physician/Medical		disease or condition resulting in deeth)  Sequentielly list confirmers, leading to limit cause. Enter Under Ceuse (Disease or it thet initiated events resulting in death) Leading to the limit country of the limit cause. The limit cause is the limit cause. The limit cause is the limit cause of light cause	nditions, mediate riving injury .est	d	Due to (  Due to (  Due to (  n but not re  attient 2E  njury  Day Year)	or es e cor or es e cor sulting in ti	nsequence of nsequ	cause giv	zen In Pert I.  26. Plece of ler: 4 □ Nursin ter:	Deeth (Che	23b. Did toba  1  Yes  4a. Wes en operforme  1  Yes  ack only one)  Resident Describe how	eutopsy ed?  2 N  ce 6 D  r injury ochert end N	24  3 Other (Securred	Dons  Ons  Description  Descrip	cause of dear 4 Unkn utopsy finding e prior to ition of cause 17			
is certificate has been signed by the ettending physicia director, page 2 should be deteched for use as the bur To Be Completed by Physician/Medical		disease or condition resulting in deeth)  Sequentielly list confirmers, leading to limit cause. Enter Under Ceuse (Disease or thet intieted events resulting in death) L  Part II. Other significations are summer?  1 Yes  25. Wes case referrexaminer?  1 Yes  27. Menner of Deeth  1 Naturel  2 Accident  3 Suicide	ed to medical  So Pending investigation  6 Could not be	d	Due to (  Due to (  but not re  attient 2E  pjury  Day Year)	or es e cor or es e cor sulting in ti	nsequence of nsequ	cause giv	zen In Pert I.  26. Plece of ler: 4 □ Nursin ter:	Deeth (Che	23b. Did toba  1  Yes  4a. Wes en a performe  1  Yes eck only one) Residence	eutopsy ed?  2 N  ce 6 D  r injury ochert end N	24  3 Other (Securred	Dons  Ons  Description  Descrip	cause of dea 4 Unkn utopsy finding e prior to iton of cause ? 3 2 No			
Whours effer death.  Funeral Director: After this certificate hes been signed by the ettending physicial say filled in by the funeral director, page 2 should be deteched for use as the burlical Certification: To Be Completed by Physician/Medical		disease or condition resulting in deeth)  Sequentielly list confirmers, leading to limit cause. Enter Under Ceuse (Disease or ithet initiated events resulting in death) Leading in death) Leading in death) Leading in death) Leading in death) Leading in death) Leading in death) Leading in death) Leading in death) Leading in death) Leading in death) Leading in death) Leading in death Leading in de	anditions, mediete ryving injuryest	d.  Hospital: 1   Impa  28e. Dete of Ir (Month, I)  28e. Place of building,  yaicien: To the besiner: On the besis	Due to (  Due to (  Due to (  n but not re  attient 2 [  njury Day Year)  injury - At the control of exemination of exeminatio	DER/Outp.  28b. Tin Inju.	etient 3 C	cause give cause give	zen in Pert I.  26. Plece of left: 4 □ Nursii Yet k? Yes 2 □ No	Deeth (Cheng Home 1 28d. D	23b. Did toba  1  Yes  4a. Wes en a performe  1  Yes  ack only one)  Besidence  Describe how  cocation (Street)	eutopsy d?  2 N  ce 6 D  rinjury oc  set end N  Stete)	24 do 3[Other (Securred	Ons  Ons  Ons  Ons  Ons  Ons  Ons  Ons	cause of dea  4 Yunkn  utopsy finding e prior to to to to to to to to to to to to to			
As hours effer death.  Funeral Director: After this certificate has been signed by the ettending physicial analy filled in by the funeral director, page 2 should be deteched for use as the burnal director. To Be Completed by Physician/Medical		disease or condition resulting in deeth)  Sequentielly list confirmers and the cause. Enter Under Ceuse (Disease or ithet initiated events resulting in death) L  Part II. Other significations are summer?  1	ed to medical  Solutions and investigation of Could not be determined.	d	Due to (  Due to (  Due to (  n but not re  attient 2 [  njury Day Year)  injury - At the control of exemination of exeminatio	DER/Outp.  28b. Tin Inju.	etient 3 Control of the underlying Man, street, factor investigation	cause give cause give	26. Plece of ler: 4 □ Nursin Yet K? Yes 2 □ No	Deeth (Cheng Home 1 28d. D	23b. Did toba  1  Yes  4a. Wes en a performe  1  Yes  Residence Describe how  Describe how  Describe to the cauche time, date	eutopsy ed?  alconomic formatter and No Stete)  se (s) end e end ple	24  3Other (Scourred dumber of dumbe	Dons  Ons  Ons  Ons  Ons  Ons  Ons  Ons	cause of dea  4 Unkn  utopsy finding e prior to ition of cause ? s 2 No			
In setter death.  Tal Director: After this certificate has been signed by the ettending physicial lied in by the funeral director, page 2 should be deteched for use as the burn by the funeral director, page 2 should be deteched for use as the burn beautification: To Be Completed by Physician/Medical		disease or condition resulting in deeth)  Sequentielly list confirmers, leading to limit cause. Enter Under Ceuse (Disease or ithet initiated events resulting in death) Leading in death) Leading in death) Leading in death) Leading in death) Leading in death) Leading in death) Leading in death) Leading in death) Leading in death) Leading in death) Leading in death) Leading in death Leading in de	ed to medical  Solutions and investigation of Could not be determined.	d.  Hospital: 1   Impa  28e. Dete of Ir (Month, I)  28e. Place of building,  yaicien: To the besiner: On the besis	Due to (  Due to (  Due to (  n but not re  attient 2 [  njury Day Year)  injury - At the control of exemination of exeminatio	DER/Outp.  28b. Tin Inju.	etient 3 Control of the underlying Min, street, factor investigation 28	cause give cause give	26. Plece of lef: 4 Nursing Yet k? Yes 2 No	Deeth (Cheng Home 28d. Deeth CC)  28f. Licker, end discourred et in	23b. Did toba  1  Yes  4a. Wes en a performe  1  Yes  Residence Describe how  Describe how  Describe to the cauche time, date	eutopsy ed?  alconomic formatter and No Stete)  se (s) end e end ple	24  3Other (Scourred dumber of dumbe	Ons  Ons  Ons  Ons  Ons  Ons  Ons  Ons	cause of dea  4 Unkn  utopsy finding e prior to ition of cause ? s 2 No			
As hours effer death.  Funeral Director: After this certificate has been signed by the ettending physicial analy filled in by the funeral director, page 2 should be deteched for use as the burnal director. To Be Completed by Physician/Medical		disease or condition resulting in deeth)  Sequentielly list confirmers and the cause. Enter Under Ceuse (Disease or ithet initiated events resulting in death) L  Part II. Other significations are summer?  1	ed to medical  Solutions and investigation of Could not be determined.	d.  Hospital: 1   Impa  28e. Dete of Ir (Month, I)  28e. Place of building,  yaicien: To the besiner: On the besis	Due to (  Due to (  Due to (  n but not re  attient 2 [  njury Day Year)  injury - At the control of exemination of exeminatio	DER/Outp.  28b. Tin Inju.	etient 3 Control of the underlying Min, street, factor investigation 28	cause give cause give	26. Plece of ler: 4 □ Nursin Yet K? Yes 2 □ No	Deeth (Cheng Home 28d. Deeth CC)  28f. Licker, end discourred et in	23b. Did tobs  1  Yes  4a. Wes en operforme  1  Yes  Residence Describe how  cocation (Streity or Town, 3)  ue to the cauche time, date	eutopsy ed?  2 N  ce 6 D  rinjury od  se(s) end N  se(s) end ple  d. Dete si	24  Jother (Scourred  Jumber of	Done on the complete of deeth of the complete of deeth of the complete of deeth of the complete of the complet	cause of dear  4 Unknown to give prior to give of cause of the prior to give of cause of the prior to give of the given of the gi			
As hours effer death.  Funeral Director: After this certificate has been signed by the ettending physicial analy filled in by the funeral director, page 2 should be deteched for use as the burnal director. To Be Completed by Physician/Medical		disease or condition resulting in deeth)  Sequentielly list confirmers, leading to limit cause. Enter Under Ceuse (Disease or ithet initiated events resulting in death) Leading in death) Leading in death) Leading in death) Leading in death) Leading in death) Leading in death) Leading in death) Leading in death) Leading in death) Leading in death Leading in deat	ed to medical  cant conditione conditione conditions conditions  defined to medical  Polymer conditions condit	d.  Hospital: 1   Impa  28e. Dete of Ir (Month, I)  28e. Place of building,  yaicien: To the besiner: On the besis	Due to (  Due to (  Due to (  n but not re  nipury (  Day Year)  injury - At the control (  Special State of my knipury of exeministated.	Or es e con Or es e con Sulting in ti  BER/Outp.  28b. Tin Inju nome, ferm ify)	etient 3 Content of the content of t	cause give cause give	26. Plece of lef: 4 Nursing Yet k? Yes 2 No	Deeth (Cheng Home 28d. Deeth CC)  28f. Licker, end discourred et in	23b. Did tobs  1  Yes  4a. Wes en operforme  1  Yes  Residence Describe how  cocation (Streity or Town, 3)  ue to the cauche time, date	eutopsy ed?  2 N  ce 6 D  rinjury od  se(s) end N  se(s) end ple  d. Dete si	24  3Other (Scourred dumber of dumbe	Done on the complete of deeth of the complete of deeth of the complete of deeth of the complete of the complet	cause of dea  4 Unkn  utopsy finding e prior to ition of cause ? s 2 No			
As hours effer death.  Funeral Director: After this certificate has been signed by the ettending physicial analy filled in by the funeral director, page 2 should be deteched for use as the burnal director. To Be Completed by Physician/Medical		disease or condition resulting in deeth)  Sequentielly list confirment in the cause. Enter Under Ceuse (Disease or ithet initieted events resulting in death) L  Part II. Other signification of Deeth 1. Network	ed to medical  cant conditione conditione conditions conditions  defined to medical  Polymer conditions condit	d.  d.  d.  Hospital: 1   fmpa  28e. Dete of Ir (Month, I)  28e. Placa of ibuilding,  yaician: To the besisend manner	Due to (  Due to (  Due to (  n but not re  nipury (  Day Year)  injury - At the control of exeministated.	Or es e cor or es e cor sulting in ti  BER/Outp. 28b. Tin Inju nome, ferm ify) owledge, d ation end/or	etient 3 Center of Management and Center of Ma	cause give cause give	26. Plece of lef: 4 Nursing Yet k? Yes 2 No	Deeth (Cheng Home 28d. Deeth LCC)	23b. Did toba  1  Yes  14a. Wes en a performe  1 Yes  24a. Wes en a performe  1  Yes  25ck only one)  26ck only one)  27ck only one)  27ck only one)  28ck only one)  29ck only one  29ck only one  29d  30ck only one  30ck only one  40ck one  40ck only one  40ck only one  40ck only one  40ck only one  40ck only one  40ck only one  40ck only one  40ck only one  40ck only one  40ck only one  40ck only one  40ck only one  40ck only one  40ck only one  40ck only one  40ck only one  40ck one	eutopsy ed?  2 N  ce 6  r injury od  se(s) end e end ple  1. Dete si	30ther (Scourred dumber of ligned (M)	Specify)  Transfer for the eveleption of deeth of deeth of the formula for the	cause of delication of cause of delication of cause of delication of cause of delication of cause of delication of cause of delication of cause of delication of cause of delication of cause of delication of cause of delication of cause of delication of d			

DHMH 16 Rev 6/95



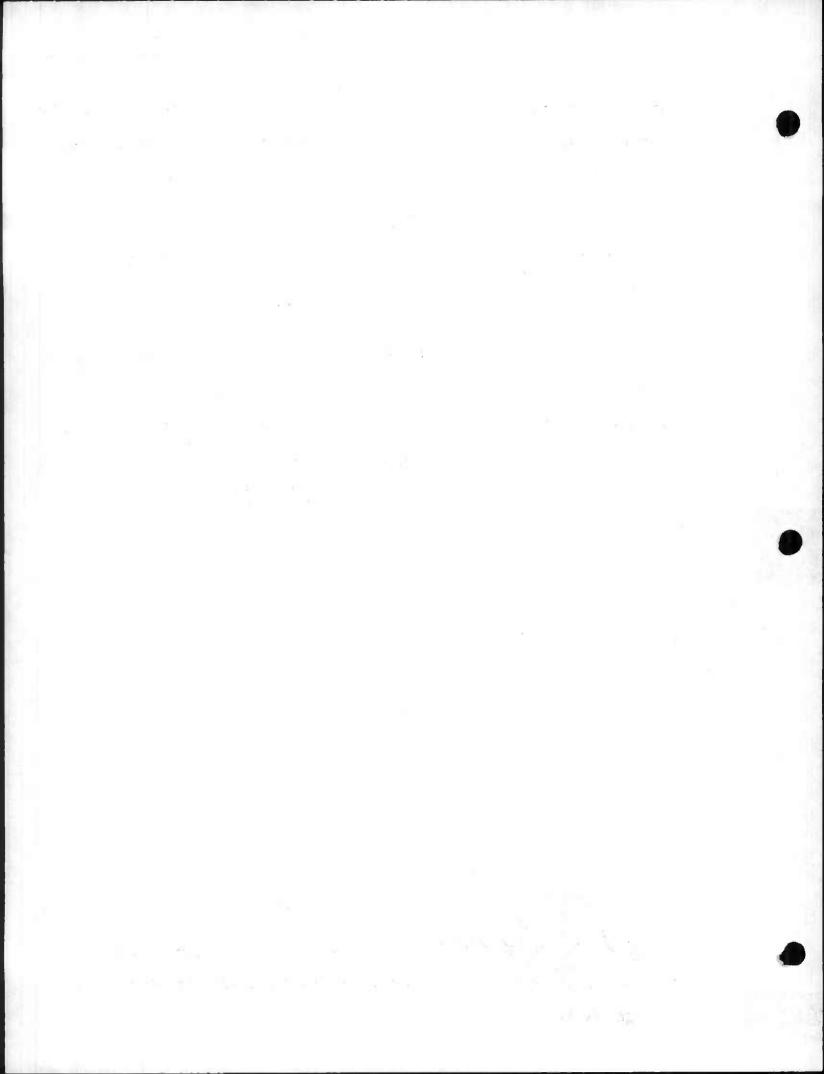
Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible
State of Maryland / Department of Health and Mental Hygiene 2 2 3 8 1

					,	Certif	icate of	Death	,	Reg. No.						
	sician edical	1	1. Decedent's Name (First, Middle, Las	Deer					2. Date of De Month	path JULY Day	Yeer 97	3. Time of Death 7 45 AM				
	niner	-	4a. Facility Neme If not institution, give		)			4b. City, Town, or	Location of Deat	h 4c. County	of Death					
			Livingston Health 5. Social Security Number 6. S		ge (In yrs. last b	idhday) If	Under 1 Year	ort Wash		Princ	e Geor					
Funer Direct				□M 2월F 91			onths Deys		. (Month, De	y, Year) 719,1906	Mary 1	ce (State or Forei i) .and				
ye m		-	10e. Stete 10b. County		10c. City, Tox	wn or Location	on				10d	I. Inside City Limi				
Man	ţ	5	Maryland Charles		India	n Head	1					1 1 Yes 2 □ N				
th with the 23a or 28	Funeral Director	2 2	10e. Street and Number  6 Maple Street		1	1	of. Zip Code 20640			10g. Citizen of V	What Country	n				
Baltimore, Maryland 21215-0020  permit. Peges 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Health and Mentel Hygiene. Timportant: If them 27 is marked other than "natural", or items 23e or 28e-f show any injury or other traumatic event, the Nedscal Examine mantle another at	by Funer	5	11. Maritei Status  1 Never Merried 2 Married  3 Widowed 4 XDivorced	12. Was Decedent Armed Forces 1  Yes 2 if Yes, Give Year or Dates:	?		Decedent of I s, specify Cub Yes 2 2 No	Hispanic Origin? (Sean, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	14. Rac Bia Specifi	ce - American ck, White, etc	c.				
21215-0020 d within 72 hours of giene. rr than "netural", or	Completed	Inpleted	15. Decedent's Ed (Specify only highest gra Elementary/Secondary (0-12)		5+)	(Give kind life. DO I	VOT use retire	during most of wo		16b. Kind of B	usiness/Indus	stry				
filed within the street than t	S		12 17. Father's Name (First, Middle, Last)		В	udget	Analys		me (First, Middle	U.S. GO		ent				
Maryland of 2 should be file th end Mentel Hy 7 is marked oth traumatic event	B	5									118)					
larylan 2 should be end Mentel 8 merked o	L		George Mabbott  19e. Informant's Neme/Relationship (7)	voe. Print)	19	b. Mellina A	ddress (Street	and Number or R	ce Renfr		State. Zin Co	ode)				
end 2:			Betty Deer	,, ,		Same a				., ., ., .						
Baltimore, Noemit. Peges 1 end Department of Health Important: If item 27 any injury or other tr			20e. Method of Disposition 1 ☑ Buriai 2 ☐ Cremation 3 ☐		20b. Place comete	ot Dispositio ery, cremato	n (Name of ry or other ple	<sup>ce)</sup> July 14	Dete 1997	20c. Location						
altir nit. P artme ortan injur	4	+	4 Donation 5 Other (Specify)  Trinity Memorial Gardens Waldorf, Maryland  22. Name and Address of Facility  Williams Funeral Home, P.A.													
Balt permit. Departr Importa	once.	Ì	12/2016	When	M00668	Will	liams E				M- 20	0640				
Physician /Medical Examiner			23a. Part 1. Enter the disease, or compandots, or heart failure. List only to immediate Cause (Final disease or condition resulting in death)	e.				whe a			; 0	opproximate attended Between Onset and Death				
uted	T in		Coquentially list conditions	b	Due to (or as a			013	S rend		1					
O, en en rialtr	EX		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events		D00 10 (01 a3 a	consequen	oo oi).									
. Box 68760, death certificate be executed e attending physicien end ed for use as the burtal-transit	Physician/Medical	n/Medical Examiner	Cause (Disease or Injury that initieted events resulting in deeth) Last	d	Due to (or ss a	consequenc	ce of):									
death death of for	Sicia		Pert II. Other significant conditions co	intributing to death t	out not resulting	in the under	lvina cause ai	ven in Part I.	23b. Dld	tobacco use co	ntribute to th	he cause of deat				
P.O. hat the dotache	by Phys		•				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes 20 No	3 Probat					
ecord  w requir  bs been s  s been s	Completed								24e. Wes	an sutopsy ormed?	avalla	e eutopsy findings able prior to pietion of cause eth?				
Vital Rolling Inches In	E								10	Yes Dio	1 D Y	Yes 2 0				
Vital I	B		25. Was case referred to medical examiner?					28. Placa of De	eth (Check only	one)						
Physic This o	10	L	1 Yes 2 Die	Hospital: 1 Inpati		utpatient 3	L DOA		Home 5 ☐ Resi							
P Share	Certification:	ľ	27. Manner of Death  1 ☑ Natural 5 ☐ Pending  2 ☐ Accident Investigetion  3 ☐ Suicide 6 ☐ Could not be	28a. Dete of Inju (Month, De	ary 28b.	ry et rk? ]Yes 2 ☐ No	28d. Describe	how injury occur	red							
DIVISI pital or Atten ours after deat eral Director: filled in by the		-	3 Sulcide 6 Could not be determined	200. Flace of III	jury - At home, t ic. <i>(Specify)</i>	erm, street,	tactory, offica		28f. Location ( City or To	Street end Numt wn, State)	ber or Rural R	loute Number,				
To the Hospital within 24 hours To the Funeral completely filled	edical		29a. Certifier Check only 2 Medical Exam	rsicism: To the best Iner: On the basis of and menner st	f examination si	e, death occ nd/or investi	urred et the ti gation, in my o	me, dete and place opinion, death occi	a, and due to the urred at the time,	cause(s) and madate and place,	anner as stete end due to th	ed. re cause(s)				
Tota	2		29b. Signature and title of certifler				29c. Licens	igur?	)	29d. Date signe	Month, De	y, Year)				
2		**	30. Name and abdress of personmoto of	ompleted cause of	death (Item 23a)	(Type, Print		100/ UN	\$20°	PTIMA	7/7	1200 L				
Days.	State		31. Date filed (Month, Day, Year)	32. Røgist	rar's Signature	P	aryo,		005	1,004	7 ( ) (	1 - 0/7				



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 22382

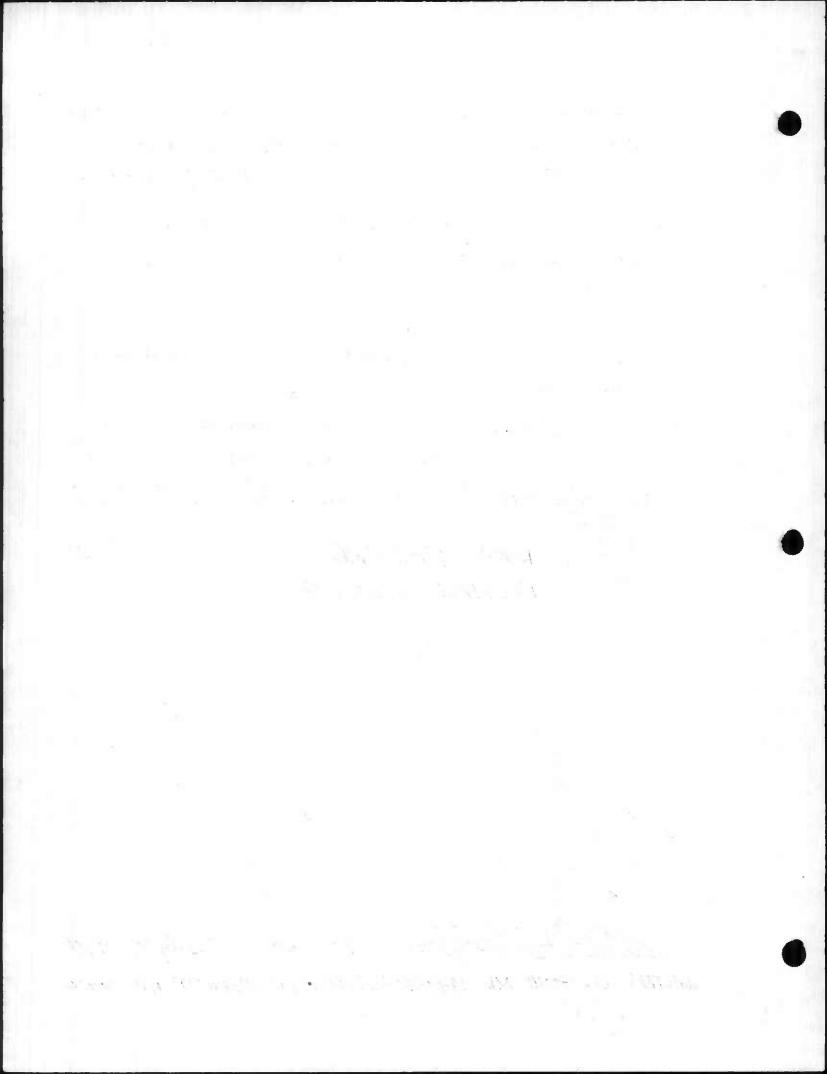
				С	ertificate of	Death		g. No.					
Physic	ian	Decedent's Neme (First, Middle, La	st)				2. Dete of Deeth Month	Dey	Yeer	3. Time of Deeth			
/Medi	cal	LOUISE L. DOUG				4b. City, Town, or L	JULY 1,		-1 D11	9:35 PM			
Exami	ner						ocation of Deetin	4c. County					
François I		MARINER HEALTH ( 5. Social Security Number 6. S		lest hirthd	If Under 1 Yeer	BETHESDA If Under 24 Hrs.	8 Date of Righ			COUNTY			
c Funeral Director			□M 21 81	Yrs	Months Days		8. Date of Birth (Month, Day, NOV . 4,		KENTU	lace (Stete or Forei try) JCKY			
h the Maryland r 28a-f show	or	10e. Slale 10b. County		ity, Town or					10	0d. Inside City Limit			
tha thank	Director	10e. Street end Number	WA	SHING	TON, D.C.		10	g. Citizen of \	Affront Cours				
ftar death with ritaring 23s or since the construction of the cons				11000									
death ms 2;	era	3900 16TH STREET	12. Was Decedent Ever in U		2001] 3. Wes Decedent of	Hispenic Origin? (St	pecify Yes or No-	UNITED 14. Rec	STAT				
a 0	by Funeral	1 X Never Married 2  Merried 3  Widowed 4  Divorced	Armed Forces? 1 ☐ Yes 2 ☒ No if Yes, Give Yeer or Dates:		3. Wes Decedent of If Yes, specify Cut 1 ☐ Yes 2 ☑ No		Rican, etc.)		ck, White,	etc.			
"natural",	Completed	15. Decedent's Ed (Specify only highest gre	ducation	16e. De	cadent's Usuel Occu	petion	1	6b. Kind of B	usiness/ind	lustry			
	npie	Elementery/Secondary (0-12)	College (1-4or 5+)	life	b. DO NOT use retire	aunng most or won ad)	king						
	Con	12		ED	TOR			FEDERA	L GOV	ERNMENT			
0 = 0 3	Be	17. Fether's Neme (First, Middle, Last)				18. Mother's Nem	e (First, Middle, M	leiden Sumen	10)				
should be nd Mental marked c	10	GEORGE DOUGLAS				ESTHER	HOLLIDA	Y					
C1 60 50 60		19a. Informant's Neme/Relationship (Type, Print)  19b. Mailing Address (Street end Number or Rural Route Number, City or Town, S											
1 and 3 Heaith am 27		CHARLES H. LIVIN		652	21 8TH PLL	ACE, HYAT	TSVILLE,	MARYL	AND	20783			
gas 1 a it of Haa if Itam or othe		20a. Method of Disposition 20b. Pleca of Disposition (Neme of Disposition - City or Town, Stete											
Pagas nant of I int: If Ite		1 Data 2 Cremetion 3 Removel from Stele Commetter, crematory or other piece) 4 Donetion 5 Other (Specify) FORT LINCOLN CEMETERY 7/11/97 BRENTWOOD, MARY											
Department of Department of Important: If I any Injury or once.		23a. Pert1. Enter the disease, or comshock, or heert failure. List only	S. Johnse	th. Do not	22. Name end Addr FORT LING 3401 BLAD enter the mode of dy	OLN FUNER ENSBURG R	D. BREN	TWOOD,		20722 Approximete Intervel Between Onset and Deeth			
/Medical Examiner		Immediate Cause (Final disease or condition LIVER FAILURE											
Examinio		resulting In deeth)	Due to (	or es a cons	sequence of):				i				
sit s	ine		b. CANCER OF	LIVER									
rificata be axecuted ig physician and as the burial-transit	i Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury			sequence of):								
E 0 0	v/Medicai	thet initieted events resulting In deeth) Lest	Due to (c	or es e cons	equenca of):								
death ce a attendir ed for usa	ciar	Death Other death											
as that the death cer igned by tha attendir be detached for usa	by Physician/M	Pert II. Other significent conditions of	ontributing to death but not res	sulting in the	underfylng cause gi	ven in Pert I.				the cause of death			
aw requir as been s 2 should	Completed b						24e. Was en perform		eve	re eutopsy findings ilable prior to apletion of cause leeth?			
	Ö						1 ☐ Yes	2 X No	10	Yes 2□ No			
Physician: Tha I this cartificate he	Be	25. Wes case referred to medical exeminer?	14. 2.50		1		th (Check only one	)					
hyslo his ca al dire	2	1 ☐ Yes 2 📉 No	Hospitel: 1 Inpalient 2 Inpalient 2 (Month, Dey Year)	ER/Outpet	ient 3□ DOA Ot	ner: 4X Nursing Ho	ome 5 Residen	ica 6 🗆 Oth	er (Specify	)			
adh. rath. r: Aftar t	ation:	27. Menner of Deeth  1 Neturel 5 Pending 2 Accident Investigation	28d. Describe how injury occurred										
Ital or Attanding Physis after death.  al Director: After this elied in by the funeral dis	Certification:									Route Number,			
To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai												
To the	2	29b. Signature end title of certified	Doewlest	\	29c. Licens	se number		d. Date signed		Dey, Year)			
(e)		30. Neme end eddress of person who ELLIOT R. GOLDST								7			
Sta	_	31. Dete filed (Month, Dey, Yeer)	32. Registrar's Signa	ature			,	,					
Registr	ar	JUL 09 199	Jupa drivers	SOLD AND AND AND AND AND AND AND AND AND AN	g.i.l.								



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Degible 2 2 3 8 3

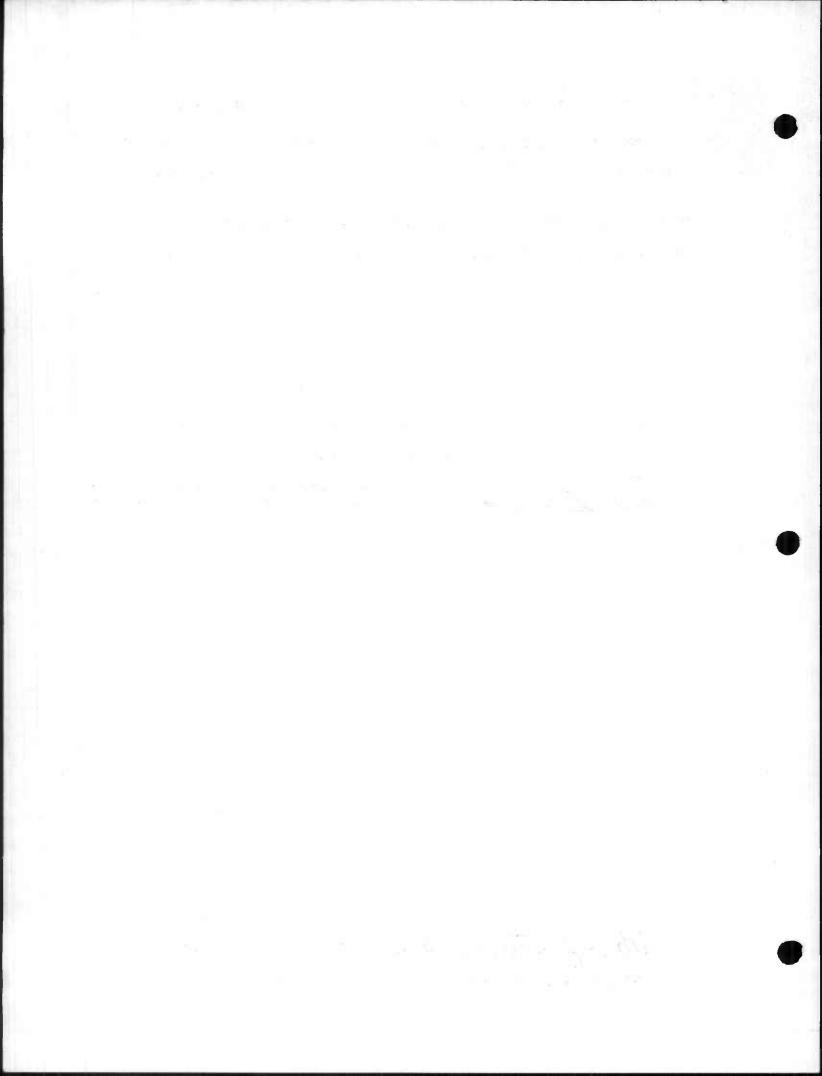
State of Maryland / Department of Health and Mental Hygiene

						Certifica	ate of	Death		Re	g. No.					
	2.11		1. Decedent's Neme (First, Middle, Las	st)						2. Dete of Deeth	1		3. Time of Deeth			
	Physic /Medi		Nathaniel	Edmo	nds					Month July	Dey 5 1		7:10AM			
ĵ.	Exami		4e. Fecility Neme (If not institution, give					4b. City, To	wn, or Loc	ation of Deeth						
			Collingswood	Nursing	& Reh	ab.Cen	ter	Rock	v i 1 1	o MD	Mont	gome	rv			
	Funeral		Collingswood  5. Social Security Number 6. S  229-14-2245 X	ex 7. Age	e (In yrs. last b	irthday) If Und	der 1 Year	If Under	24 Hrs.	8. Date of Birth	Yeer)					
ь	Director		229-14-2245 X	XM 2LIF	74	Yrs.	.00,0	110013	101111.	Oct.9,	1922	Nort	h Carolin			
	p .		Usuel Residence of Decedent													
	aryle	-			10c. City, Tov	vn or Location						1				
	8a-f	cto	D.C.		Washi	ngton,	Dis	tric	t of	Colum	bia		X Yes 2 No			
	ith th	Director	10e. Street end Number			10f. 2	Zip Code			10	g. Citizen of \	Whet Coun	itry?			
	23a		620 Harvard St	reet, N.	W.	2	000	l			U.S.	Α.				
	eme FLM	Funeral	11. Maritel Status	12. Was Decedent I Armed Forces?	Ever in U,S.	13. Was De	cedent of pecify Cul	Hispanic Ori	gin? (Spec	cify Yes or No-	14. Rac	e - Americ				
Maryland 21215-0020	filed within 72 hours efter death with the Marylend Hygiene. ther then "natural", or flems 23a or 28e-f show int, the Medicel Examiner must be notified at	by	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☑ N If Yes, Give <sup>A</sup> Year or Dates:	10		2 No			,,,,,,,,,,						
5-0	72 ho	Completed	15. Decedent's Ed (Specify only highest gra		166	Decedent's U	suel Occu	pation	of work in	. 1	6b. Kind of Bi	usiness/Inc	dustry			
7	e e e	P P	Elementary/Secondary (0-12)	College (1-4or 5	i+)	life. DO NOT	use retin	ed)	OF WORKIN	9						
7	filed within I Hygiene. other then	Son	8			Custo	odia	n		(	Constr	ucti	ion			
pu	be filed tal Hyg d offhe event,	Be	17. Fether's Neme (First, Middle, Last)					18. Mothe	r's Neme	(First, Middle, M	aiden Sumerr	10)				
yla		0	Lonnie Edm	onds				Et	ta	Allen	p.					
a	C1 W W W		19e. Informent's Neme/Relationship (7	Type, Pnint)	19	b. Mailing Addre	ss (Stree				City or Town,	Stete, Zip	Code)			
	1 end Health err 27		Jessie E. Boyd	/ sister	. 6	17-43	rd S	t., N	lewpo	ort Nev	vs, VA	236	507			
ore.	of Healt		20e. Method of Disposition		20b. Plece of	of Disposition (A	leme of	ace)		Dete 2	0c. Location -	City or To	wn, Stete			
Ĕ	Pegent on the Iny or		20e. Method of Disposition  1 TRurial 2 Cremetion 3 Removel from Stete  4 Ponetion 5 Other (Specify)  20b. Plece of Disposition (Neme of cemetery, cremetory or other place)  0 akland Cemetery  07-10-97Hampto										JA			
Baltimore,	permit. Peges 1 Department of F Important: if its any injury or ot once.		21. Signeture of Funeral Service Licen													
<u> </u>	Depa impo any i		Summer !	my 101	41014				Ave	., N.W	., D.					
	Physician		23a. Pert1. Enter the disease, or comp shock, or heart failure. List only	plications thet caused one ceuse on each lin	the death. Do	not enter the m	ode of dy	ing, such es	cerdiac or							
1	/Medical		Immediete Ceuse (Finel disease or condition	PERIAL		A111)	RE					1	1110			
н	Examiner		resulting in death)													
	D #	ne		. RENAL	DIE	STA	DUF	75								
	nd rans	Examiner	Sequentially list conditions,	b. 1 ( U ) 1	Due to (or es e	consequence	f):									
Ö,	e exe		Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury									y Yeer 1997 7:10AM c. Country of Deeth flont gomery 9. Birthplace (Stete or Foreign Country) 1022 North Carolin 10d. Inside City Limits 1				
68760,	eath certificate be executed ettending physician end for use es the buriel-transit	edicai	thet initiated events resulting in deeth) Lest	C.	Due to (or as e	consequence o	f):									
×	ing p	Med														
ô	het the death cer ed by the ettendin deteched for use	an		d												
	the etter	Physician/	Pert II. Other significant conditione co	entributing to death bu	it not resulting l	In the underlying	cause g	ven in Pert i.		23b. Dld tot	acco use co	ntribute to	the cause of death?			
J.	thet the ed by th deteche	Phy								1 □ Ye	3 2 No	Yeer 1997 7:10An  Introduction to the cause of death?  Introduction of cause of death?  Introduction of cause of death?  Introduction of cause of death?  Introduction of cause of death?  Introduction of cause of death?  Introduction of cause of death?  Introduction of cause of death?  Introduction of cause of death?  Introduction of cause of death?  Interval Between onset and Death  Interval Between onset and D				
	S 5 8	þ									, ,	9. Birthplace (State or Foreign Country) North Carolin  10d. Inside City Limits 1 Yes 2 No of Whet Country?  A. ace - American Indian, Bleck, White, etc.  10d. Inside City Limits 1 Yes 2 No of Whet Country?  A. ace - American Indian, Bleck, White, etc.  10d. Inside City Limits 1 Yes 2 No of Whet Country?  A. ace - American Indian, Bleck, White, etc.  10d. Inside City Limits 1 Yes 2 No of Whet Country?  A. ace - American Indian, Bleck, White, etc.  10d. Inside City Limits 1 Yes 2 No of Whet Country?  A. ace - American Indian, Bleck, White, etc.  10d. Inside City Limits 1 Yes 2 No of Whet Country?  A. ace - American Indian, Bleck, White, etc.  10d. Inside City Limits 1 Yes 2 No of Whet Country?  A. ace - American Indian, Bleck, White, etc.  10d. Inside City Limits 1 Yes 2 No of Whet Country?  A. ace - American Indian, Bleck, White, etc.  10d. Inside City Limits 1 Yes 2 No of Whet Country?  A. ace - American Indian, Bleck, White, etc.  10d. Inside City Limits 1 Yes 2 No of Whet Country?  A. ace - American Indian, Bleck, White, etc.  10d. Inside City Limits 1 Yes 2 No of Whet Country?  A. ace - American Indian, Bleck, White, etc.  10d. Inside City Limits 1 Yes 2 No of Whet Country?  A. ace - American Indian, Bleck, White, etc.  10d. Inside City Limits 1 Yes 2 No of Whet Country?  A. ace - American Indian, Bleck, White, etc.  10d. Inside City Limits 1 Yes 2 No of Whet Country?  A. ace - American Indian, Bleck, White, etc. 1 Yes 2 No of Whet Country?  A. ace - American Indian, Bleck, White, etc. 1 Yes 2 No of Whet Country?  A. ace - American Indian, Bleck, White, etc. 1 Yes 2 No of Whet Country?  A. ace - American Indian, Bleck, White, etc. 1 No All All All All All All All All All Al				
Hecords,	v requires been sign should be	Completed								24e. Wes en		sunty of Deeth  Intgomery  9. Birthplace (Stete or Foreign Country)  2. North Carolir  10d. Inside City Limits 1  Yes 2 No  In of Whet Country?  S. A.  Race - American Indian, Bleck, White, etc.  Pecify Black  1 of Business/Industry  1 truction  Immeme)  1 own, Stete, Zip Code)  VA 23607  Itlon-City or Town, Stete  2 ton, VA  In eral Home  D. C. 20011  Approximate Interval Between Onset and Deeth  I MO  24b. Were autopsy findings eveileble prior to confeeting or deeth?  Who 3 Probably 4 Unknown  24b. Were autopsy findings of deeth?  No 1 Yes 2 No				
ပ္ထ	aw 2 S L	pie								po		COL	mpletion of cause			
	9 - 6	E O								1 ☐ Yes	2×100	10	∃Yes 2□ No			
VITAI	ician: The certificate rector, pag	Be C	25. Wes case referred to medical					26. Plece	of Deeth	(Check only one	)	1				
>	Physician: this certific ral director,	To	examiner? 1 ☐ Yes 2 ⊠ No	Hospitel:	nt 2 ER/O	utpetient 3 🗆	DOA O	hor				er (Specifi	v)			
O	g Phys er this eral di		27. Menner of Deeth	28e. Date of Injur (Month, Day		Time of	28c. Inju		1	8d. Describe how						
0	Attending is or deeth. ector: After by the funer	27. Menner of Deeth  NCNaturel  2   Accident  3   Suicide  4   Homicide  28e. Date of Injury (Month, Day Year)  28b. Time of Injury M  28c. Injury et Work?  1   Yes 2   No.  28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)						No								
DIVISION	efter deet Director: Jin by the	III C	3 ☐ Suicide 6 ☐ Could not be determined	286. Piece of inju	ry - At home, fo	erm, street, fact	ory, office		21			er or Rura	I Route Number,			
5	s efter	Seri	building, etc. (Specify)  City or Town, Stete)													
	To the Hospital or Attending Physician: which 24 hours after death.  To the Funeral Director: After this certific completely filled in by the funeral director.											leted.				
	n 24 n 24 ne Fu	edical										the ceuse(s)				
	Within To the Com	Σ	29b. Signeture end title of cardinal	200	11	2	9c. Licen	se number		29	d. Date signe	d (Month, i	Dey, Yeer)			
			Martin	5/1	× hu	11	DC	112	0	_	July 8	3, 1	997			
,		1	30. Neme end eddress of person who c	ompleted cause of de	eth (Item 23e)	(Type, Print)						-				
	23.71			out My	1299	SHOPF	FIEL	POA	10 1	UHCAT	ע ענק	0 2	0902			
	Sta	te	31. Dete filed (Month, Day Mear)	32. Regisfia	Jis Signature				., 0	-1.01) /	- F[]	, ,				
			20703	331 SW	Ma Nauda	- Randel	0_									



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 22384

							Certific	ate of	f Death			Reg. N	0.			
			1. Decedent's Nema (First, Middle, L	ast)							2. Dete of D	eeth			3. Time	e of Death
	Physic /Medi		BELLA C	OHEN	EGERT						JULY	4 19	97	Yeer	3:20	DAM
'n.	Exami		4e. Fecility Neme (If not institution, g.	ive street end nu	ım <i>ber)</i>				4b. City, To	wn, or Lo	cation of Dea	th 4	c. County	of Deeth		7111
			6050 CALIFORNIA	CIRCLE,	APT. #	107			ROCKVI	LLE		MO	NTGO	MERY		
	Funeral Director		083-07-7301	Sex 1□M 2⊠F	7. Age (In yrs.	last birth	Mont	ndar 1 Yaa ths Day		Min.	8. Date of Bi (Month, D			9. Birthp Coun IEW Y		te or Foreign
	r 28a-f show	tor	Usual Residence of Decedent  10e. Stete 10b. County  MARYLAND MONTGOME	CRY		ky, Town	or Location			, in			T	1		e City Limits
	or 28	Director	10e. Streef and Number		Roc	TC V I II		. Zip Code				10g. C	itizan of V	Vhat Coun	ntry?	
	ath with 23e or wat be		6050 CALIFORNIA (	CIRCLE,	APT. #1	07	2	0852				UNI	TED S	TATE	S	
21215-0020	d within 72 hours after death with the Maryland piene. I than "natural", or items 23s or 28s-f show the Mexical Examinar must be notified at	by Funeral	11. Marital Status  1 □ Never Married 2 □ Married  3 ☒ Widowed 4 □ Divorced	12. Was Dec Armed For 1  Yas If Yes, Go Year or D	2 ØNo ive	,S.			Hispenic Orl ban, Mexican Specify:		ecify Yes or N Rican, etc.)	0-	Blec	e - Americ k, White, WHIT	etc.	,
9	2 hou		15. Decedent's I	Education		16e. D	ecedent's l	Jsuel Occ	upetion			16b. I	Kind of Bu	siness/Inc	dustry	
2	within 7 ene. than "n	Completed	(Specify only highest g Elementery/Secondery (0-12)	rede com <i>pleted)</i> College (			Giva kind of life. DO NO		e during mos red)	t of worki	ng					
	giene giene	6	12			HOMI	EMAKEF	3				OWN HOME				
Maryland	al Hygie I other	Be	17. Fathar's Nama (First, Middla, Las	it)					18. Moth	ar's Neme	(First, Middle	e, Maide	n Sumem	e)		
N/a	should be nd Mental marked o	10	LOUIS COHEN						ANNA	LUBE	LL					
a	2 sho and is me		19e. Informent's Neme/Relationship (Type, Print)  19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zig  ET.ATNE HRUSCHKA/DAUCHTER  6050 CALTEORNIA CIRCLE ARE #107 POCKET									Code)	20852			
	ロモトロ		20e. Method of Disposition 20b. Pleca of Disposition (Neme of Date 20c. Location - City or T									OCKVI	ILLE,	MD		
altimore,	t. Page trant o tant: If i		The state of the s													
nan	Depart Import Import In In In		21. Signature Funaral Service Lice	ensee			22. Name	e end Add	ress of Fecili	ty	IEMORIA	T CL	IADEI	C T	NC	
	20 E # 0		23a. Part1. Enter the disease, or too shock, or haart failura. List only	nplications that y one couse on	causad the dear		1170 1	ROCKV	ILLE F	PIKE.	ROCKV	ILLE			ND Approxir	Between
	Physician /Medical Examiner	ı	Immediate Ceusa (Final disease or condition	lisease or condition ENDOMETRIAL CANCER 6 MUNIT												
		<u></u>	resulting in death)		Due to (	or es e co	nsequence	of):								
	sxecuted n and el-transit	Examiner	Sequentially list conditions, if eny, leading to immadiate cause. Einter Underlying											·		
x 68760,	eath certificate be executed ettending physician and for use es the buriel-transit	Medical	cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest  Due to (or as e consequence of):											П		
C. Box	that the death cer ed by the ettendin deteched for use	Physician/	d. Pert II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute													
7	es that igned by										1	Yes	2A No	3 □ Prol	bably 4	I ☐ Unknow
Hecords,	requir been s should	Completed b	<u> </u>								eve	ere autop eileble pri mpletion death?				
	0 - 0	E									1 🗆	Yes 2	2 🔯 No	10	☐ Yes 2	2 X No
VIII	dclan: The certificate rector, pag	Be C	25. Was case referred to medical						26. Place	of Death	n (Check only	one)		l		
>	5 00	ToE	examiner? 1 ☐ Yes 2 No	Hospital: 1 🗆	Inpatient 2	ER/Outp	atient 3	DOA	ther:		me 5 Res		6 Othe	er (Specif	y)	
DIVISION OF	Attending Phor death.  ector: After this by the funeral	Certification:	27. Menner of Deeth  1 ANatural 5 Pending 2 Accident Investigation	on	of Injury th, Day Year)	28b. Tir Inji		28c. Inj W	ury et ork? □ Yes 2 □		28d. Dascribe	how inj	ury occurr	ed		
Š	P P P		3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)  28f. Location (Street end Number or Run City or Town, Stete)											Vum <i>ber,</i>		
	To the Hospital within 24 hours of To the Funeral completely filled	Medical	29e. Certifier 1 X CertifyIng P (Check only one) 2 ☐ Medical Exa	miner: On the b	e best of my kno esis of exemine iner steted.	wledge, o	deeth occur or Investiga	tion, in my	opinion, des	d place, oth occurr	end due to the ed et the time	, dete er	nd placa, e	end due to	the ceus	
)	200	-	290. Signature and title of ourtiller	Stu	en	щ.	0.	D386	82				ate signed		Day, Yee	ar)
			30. Name end eddress of person who DR. ALBERT STEREN	, 10215	FERNWO	OD D	R., #4		BETHES	SDA,	MARYLA	ND	2081	7		
	Sta Registi		31. Data filed (Month, Day Year)	7 199732.	Registrat's Sign	avidso	n-Rand	482								



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 22385

Certificate of Death 1. Dacedant's Nama (First, Middle, Last) 2. Data of Daath 3. Time of Deeth **Physician** Krikor 0. Ekrek July 6, 1997 7:00 AM /Medical 4a. Facility Name (If not institution, giva street and numbar) 4b. City, Town, or Location of Daath 4c. County of Death Examiner 11420 Georgetowne Drive Potomac Montgomery If Undar 24 Hrs. 8. Data of Birth Hours Min. (Month, Day, Year) If Under 1 Year 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign Country)
Turkey **Funeral** 1⊠M 2□ F Months Days Yrs 579-70-9157 Director 66 Jan. 10, Usual Rasidanca of Dacadani Pages 1 and 2 should be filed within 72 hours aftar death with the Manyland ment of Haalth and Mental thygiena.

ant: If Item 27 is marked other than "natural", or Itama 23a or 28a-f show ury or other traumetic event, I'm Medical Examiner must be notified at 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2X No Directo Maryland Montgomery Potomac 10e. Streat and Numba 10f. Zip Coda 10g. Citizan of Whaf Country? 11420 Georgetowne Drive 20854 United States 12. Was Dacadant Evar in U,S. Armad Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Was Dacedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Dacadent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education 16b. Kind of Business/Industry (Spacify only highast grada complated) Elementary/Secondary (0-12) Collega (1-4or 5+) Civil Engineer 5+ Engineering 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maldan Sumama) Be Ohannes Ekrek Takuhi Sinanian 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straet and Numbar or Rural Route Numbar, City or Town, Stata, Zip Coda) Selva H. Ekrek/Wife 11420 Georgetowne Drive, Potomac, Maryland 20854 20b. Placa of Disposition (Nama of 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata Placa of Disposition (Ivama or cematary, cramatory or other place) July 10, 1997 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from State permit. Page Department of important: If any injury or f Heaven Cemetery | Silver Spring, Maryland
Röbert A. Pumphrey Funeral Home/ Chase, Inc.
7557 Wisconsin Avenue
Bethesda, Maryland 20814-3501 4 ☐ Donation 5 ☐ Othar (Specify) Gate of Heaven Cemetery 21. Signature of Funeral Sarvica Licensee 2011 M00198 23a Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Betw Onsat and Death **Physician** /Medical Immadiata Causa (Fine disaase or condition rasulting in death) Examiner Examiner DRI 10 The law requires that the death certificate be axecuted Sequantially list conditions, if any, laading to immadiata causa. Enter Undarlying Causa (Disease or injury that initiated avants rasulting in death) Last and Records, P.O. Box 68760, Physician/Medical Dua fo (or ed by the af Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown should be date þ 24b. Were eutopsy findings availabla prior to completion of causa of daath? Completed 24a. Was an eutopsy performad? has After this certificata 1 Yas 2 No 1 Yas 2 No Division of Vital Hospital or Attending Physician: 24 hours after death. Be 25. Was casa referred to madical 26. Placa of Death (Check only ona) 1 Yas 2 No To Other: 4 ☐ Nursing Homa 5 Rasidanca 6 ☐ Othar (Specify) 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA 27. Mannar of Daath 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 28b. Tima of 1 Naturai 5 Panding 1 Yas 2 No 2 Accident invastigation Director: / 3 Suicida 6 Could not be 28a. Place of Injury - At home, farm, streat, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 Homloida To the Hospital or within 24 hours aft To the Funeral Di completely filled in edicai 29a. Cartifian 1 🔀 Certifying Physician: To the best of my knowledga, daath occurred et tha tima, data and place, end dua to tha causa(s) end mannar as stated. 2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29b. Signature and fitta of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) D19785 12 30. Nema and address of person who completed causa of death (Item 23a) (Type, Print)

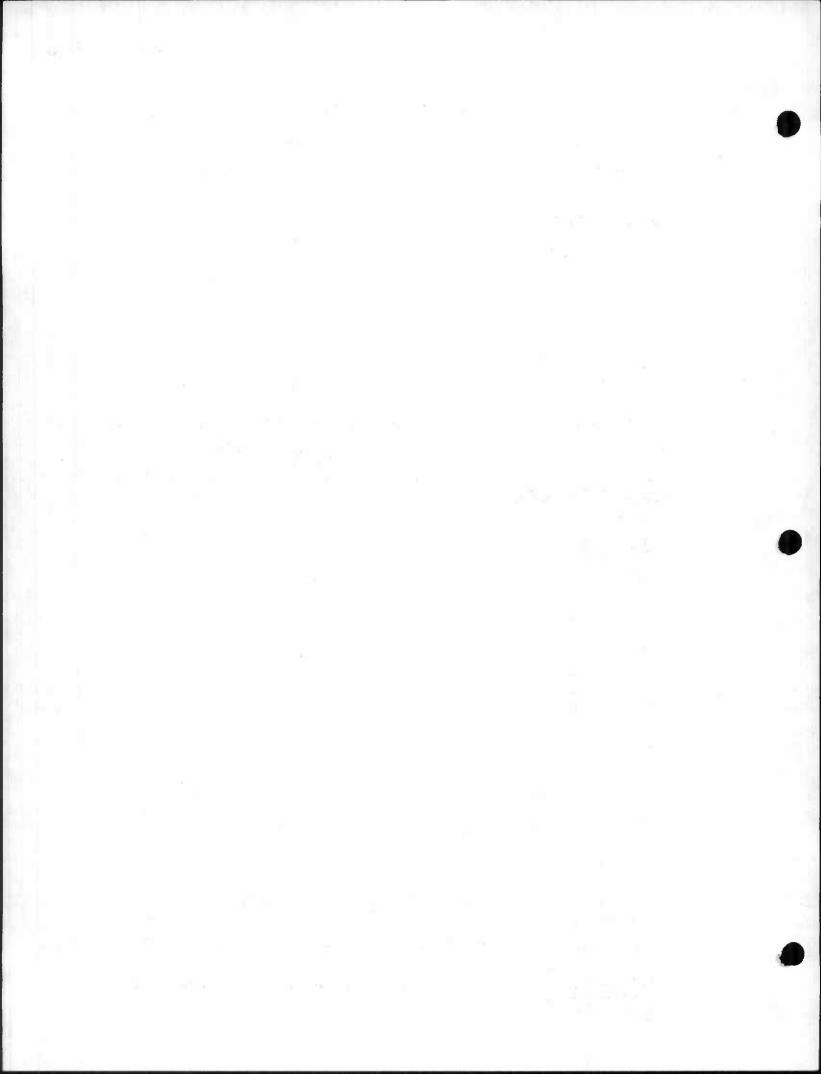
State Registrar Frauke Westphal, M.D.

31. Data filed (Mont

32. Rediskar's Fignatura

809 Veirs Mill Road, Rockville, Maryland

20851



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 22386 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3 Time of Death **Physician** ESTERMA なほってるり 4:30/M 2 July /Medical 4a. Facility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Deta of Birth (Month, Dey, Year) Funeral Birthplece (State or Foreign Country) 1⊠M 2□F Months Hours Yrs. SEPT 9, NEW YORK **Director** 032-26-8057 61 Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notitied at 1 ☑ Yes 2 ☐ No Director MARYLAND MONTGOMERY ROCKVILLE 10e. Street end Numbar 10f. Zip Code 10g. Citizen of Whet Country? ŏ items 23a 20852 UNITED STATES 5709 MAYFAIR MANOR DRIVE Funeral Was Decedent of Hispenic Origin? (Specify Yas or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - Amarican Indien, Black, Whita, atc. 11. Marital Status 12. Wes Decedant Evar in U,S. Armed Forces?

1 ⊠Yas 2 □ No
If Yes, Give
Yaar or Dates: 1 ☐ Never Married 253 Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 No Specify: Specify: þ 3 Widowed 4 Divorced WHITE Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Decedent's Education (Specify only highest grede completed) permit. Pages 1 and 2 should be filed within Department of Heelth and Mental Hygiena Important; if Item 27 is marked other than "n any Injury or other traumatic avant Elementery/Secondary (0-12) College (1-4or 5+) **JEWELER JEWELRY** 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) ELLA ROSENBLUM LOUIS ESTERMAN 19e, Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 5709 MAYFAIR MANOR DRIVE, ROCKVILLE, MARYLAND 20852 MARCIA ESTERMAN/WIFE 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Steta 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removel from State KING DAVID MEMORIAL GDNS. 7/6/97 FALLS CHURCH, VIRGINIA 4 ☐ Donation 5 ☐ Other (Specify) 21. Signetura of Funeral Servica Licensea 22. Name and Address of Fecility DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. I170 ROCKVILLE PIKE, ROCKVILLE, MARYLAND 20852 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth Physician BronchoLity OBLITERALS WITH Orbailing Purumilia Immediete Ceuse (Final disease or condition resulting In deeth) /Medical 2 WKS Examiner Prior AutoLosous BONE MARON Transport Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated avents resulting In deeth) Lest and physicien s the burial Box 68760, Physician/Medicai Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy certificate 1 Yes 20 No 1 ☐ Yes 2 ☐ No at ar Attending Physician: T sattar death. I Director: After this certificat Be 25. Was case referred to medical exeminer? 26. Plece of Deeth (Check only one) P 1 Yes 2N No Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Inpatient 2 ER/Outpetient 3 DOA 28a. Dete of Injury (Month, Day Year) 27. Menner of Death 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Certification: 1 Neturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 ☐ Could not be determined n 24 hours aftar des ne Funeral Directo oletely filled in by th 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide the Hospital 29e. Certifier Certifying Physicien: To the best of my knowledge, deeth occurred et tha time, date end place, end due to the ceuse(s) end menner es steted.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) end menner stated. Medicai (Check only one) within 2 To the I

29d. Date signed (Month, Day, Year)

MOSICA CONTRADO. ROGENILE, INT

20

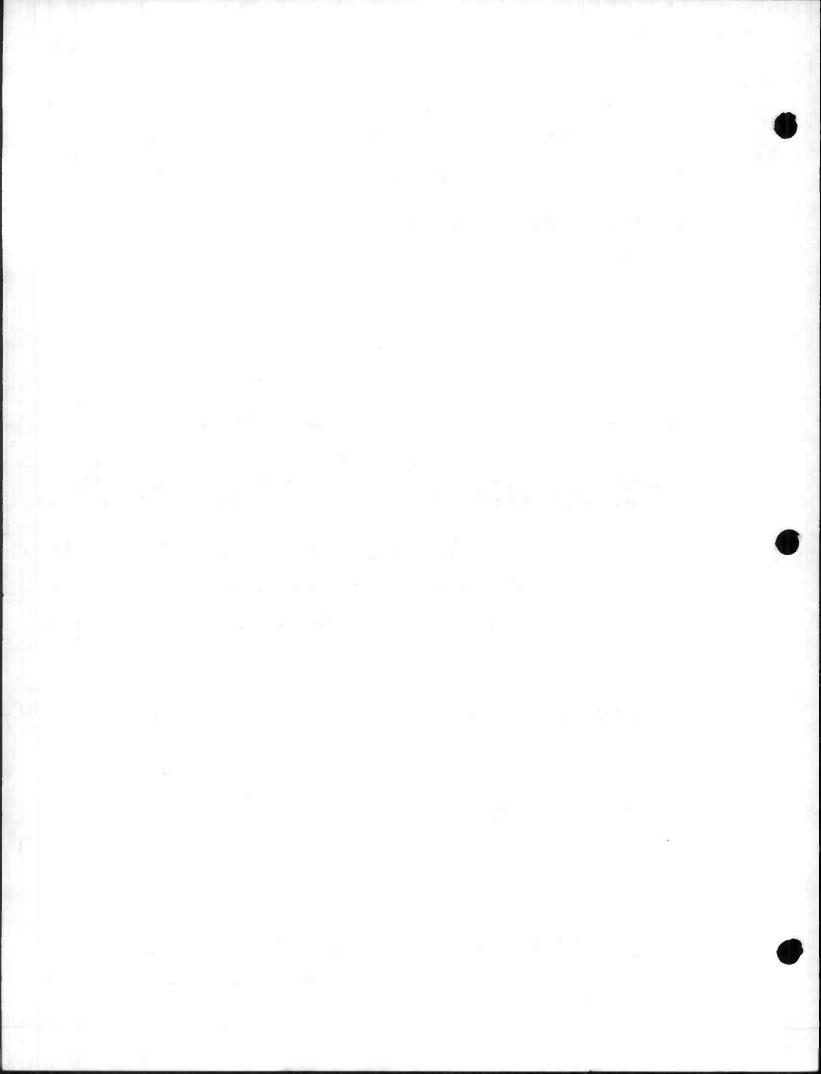
State Registrar

29b. Signature and title of caltifier

30. Neme and eddress of person.

who completed cause of deeth (Item 23a) (Type, Print)

1997 32 Hogisthir Signature

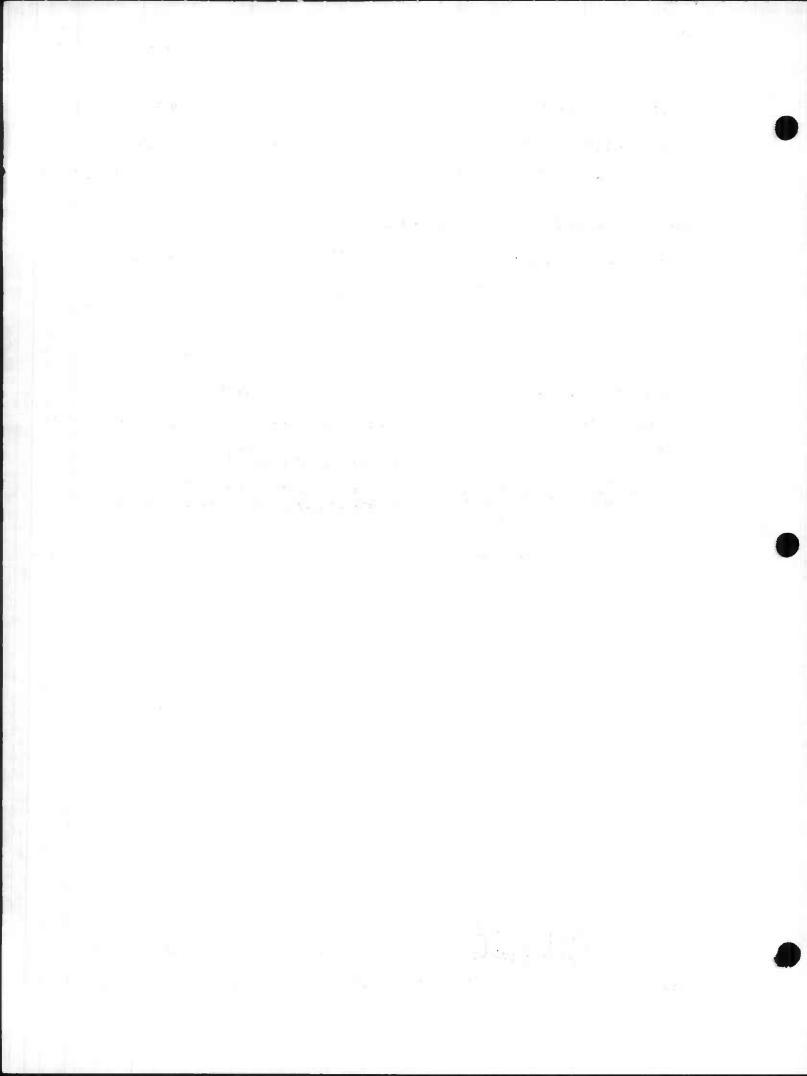


#### Please Type or Print in Black Indelible Ink. Assure All Copies Aregistic 2 3 8 7

State of Maryland / Department of Health and Mental Hygiene

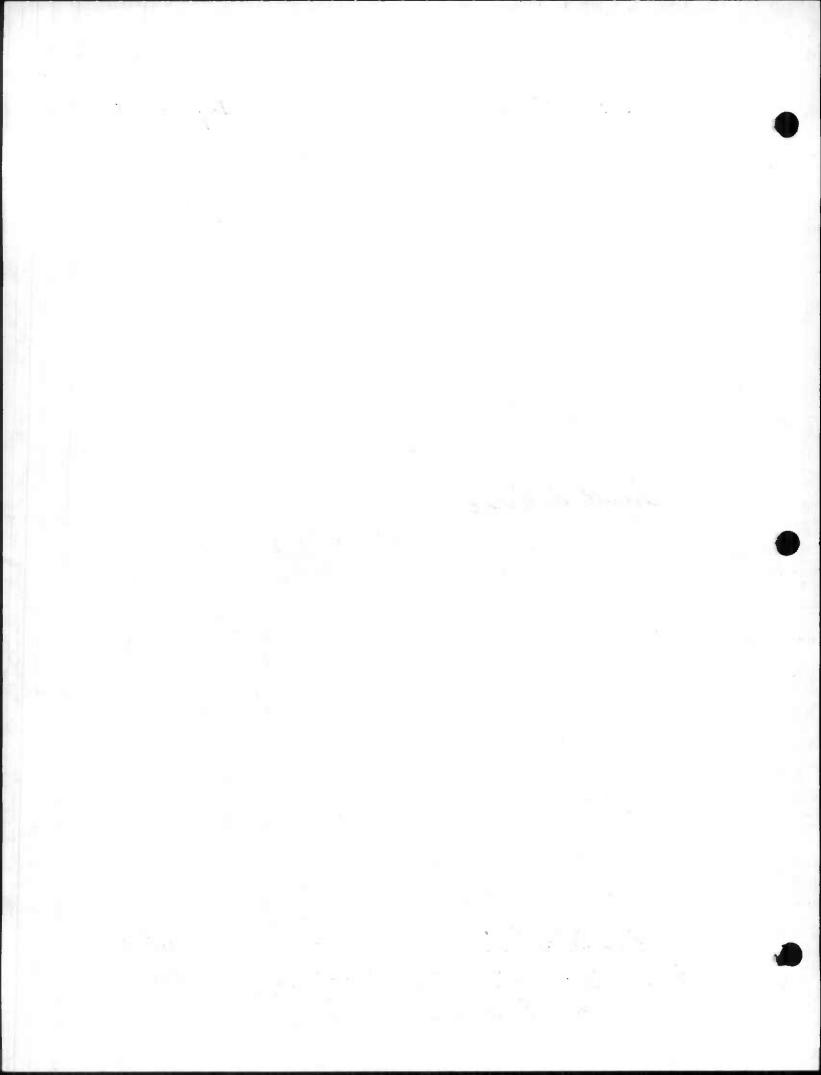
					,	Cert	ificate o	f Death		Reg. No.				
			1. Decadant's Nama (First, Middla, Las	st)					2. Date of Da	ath		3. Time of Death		
н	Physici		William Duncan	Eva					July 2	, 1997	Year	8:58 AM		
	/Medio Examir		4a. Facility Nema (If not institution, give					4b. City, Town	n, or Location of Deat		of Death			
1			6448 Western Sta	r Run				Clarks	ville	Hov	vard			
П	Funeral		5. Social Security Number 6. S	ex 7. Aga	(In yrs. last bi	irthday)_	If Under 1 Yaa Months Day	ar If Undar 24		th Veer	9. Birthp	niece (Stata or Foraign		
	Director		219-54-8044 Usual Rasidanca of Dacedent	M 2□F	83	Yrs.	Worters Day	s Hours	May 19	, 1914	South	h Africa		
	Aarylan ahow	o.	10a. Stata 10b. County		10c. City, Tov						1	0d. Insida City Limits 1 ☐ Yas 2 ☐ No		
	the A	Director	Maryland Howard  10e. Street and Number		Clark	svil	Le 10f. Zip Coda			10g. Citizan of	Afhat Cour			
	with o	급		_			·					nry r		
	eeth	era	6448 Western Star	12. Wes Dacedent E	ver in U.S.	13 W	2102		n? (Specify Vas or No	U.S.A	1 • ce - Amaric	an Indian		
21215-0020	thin 72 hours after deeth with the Maryland 9. In "natural", or items 23s or 28s-f ahow Wichel Example must be notified at	by Funeral	1 ☐ Navar Marriad 2⊠ Married 3 ☐ Widowad 4 ☐ Divorcad	Armad Forcas? 1 ☐ Yas 2 ☑ N If Yas, Giva Yaar or Datas:			Yas, specify Cu □ Yas 2⊠ N		n? (Spacify Yas or No Puarto Rican, etc.)	Bia Specif	ck, White,	atc.		
9	2 hou	pe	15. Dacadent's Ed		16a	. Decede	ent's Usuai Occ	upation	_	16b. Kind of B	Whi			
215		Completed	(Spacify only highast gra Elemantary/Secondary (0-12)			(Giva ki	ind of work dor O NOT usa rati	a during most o	of working			,		
21	liend that	E	Elemaniary/Secondary (0-12)	Collega (1-4or 5- 5+		nist	er			Religio	on			
pc		Bec	17. Fethar's Neme (First, Middla, Last)					18. Mother's	s Nama (First, Middla	(First, Middla, Maidan Surname)				
Maryland	0 2 0 0	ToE	Eugene Ingram E	lva				Rose	Duncan					
any	d 2 should th and Men 7 is marked traumatic		19a. Informant's Name/Ralationship (7		19	b. Mailing	Addrass (Stre	et and Number	or Rural Route Numb	er, City or Town	, Stata, Zip	Coda)		
			Gloria Eva		64	48 W	estern	Star Ru	ın Clarks	ville,Ma	aryla	nd 21029		
Baltimore,	permit. Pages 1 and Department of Health important: if item 27 any injury or other ti		20a. Method of Disposition 1 ⊠ Burial 2 □ Cremation 3 □		cemeta	ry, crama	ition (Nama of atory or othar p		Data 07/07/97	Marrio	ttsvi			
I	oit. Portani		4 Donation 5 Dother (Specify 21. Signature of Funeral Segvice Licen		Crest			al Gard	lens	Mary.	Land			
Ba	Depariment of the control of the con		1 William	I Bru	V	Fra	ncis J.	Collin	ns Funeral			MD 20001		
H			23a. Part1. Entar tha disaasa, or comp shock, or haart failure. List only	olications that caused	tha daath. Do	not antai	tha moda of d	ying, such as ca	ardiac or respiratory e	rrast,	- Ting ,	Approximata		
	Physician		Shock, of haart failure. List only	ona causa on aach iin	э.							Onset end Daath		
и	/Medical		Immadiata Causa (Final disaasa or condition	, Metastai	-ic Mol	211.011	9				Maryland 21029  n City or Town, Stata Ottsville, yland  Inc. Oring, MD 20901  Approximata intarval Batwaan			
	Examiner		resulting in daath)	w.	Due to (or as a						1	O HOHEHS		
	D 5	ne			(***						1			
	rtificate be executed ng physician end es the burial-transit	Examiner	Sequantially list conditions.  Dua to (or es a consequance of):											
ó,	e exe		Sequantially list conditions, if any, laeding to immadiata causa. Entar Underlying Causa (Diseasa or injury											
68760,	ate b hysic the bi	lca	thet initiated avants rasulting in daath) Last	C	ue to (or as a	consaque	ence of):							
		Physician/Medical		d										
Box	death cer e attendin ed for use	lan		u										
	0 0 0	yslc	Part ii. Other eignificent conditions of	ontributing to death but	t not rasulting i	in tha und	darlying causa	givan in Part I.	23b. Did	tobacco uae co	ntribute to	the cause of deeth?		
P.0	that the sed by th deteche								1 🗆	Yes 2⊠ No	3 Prot	bably 4 Unknown		
Records,	S 50	by									T 041 141			
0	v requires been sign should be	Completed							24a. Wes	en eutopsy ormed?	ava	ara autopsy findings ailabla prior to mpiation of causa		
Sec.	2 5 5	ldu							_		of	daath?		
	ate pag	S							1 🗆	Yas 2 No	1 [	Yas 2□ No		
Vital	Physician: The this certificate ral director, pages	Be	25. Was casa rafarrad to medical axaminar?						f Death (Check only	one)				
of	00	ို	1 ☐ Yas 2 ☑ No	Hospital: 1 ☐ Inpatier	t 2 ER/O	utpatiant	3□ DOA	Other: 4 Nurs	ing Homa 51 Ras	idanca 6 □Oth	nar (Specif	(v)		
2		:io	27. Mannar of Death 1X Natural 5 ☐ Pending	28a. Data of Injun (Month, Day	Year) 28b.	Tima of injury	28c. In	jury at fork?	28d. Dascribe	how injury occur	red			
sio	aat ber	catl	2 Accidant invastigation				M 1	☐ Yas 2 ☐ No						
Division	7 E E	Certification:	3 ☐ Suicida 6 ☐ Could not be daterminad	28a. Placa of Inju- building, etc.	ry - At home, fa (Specify)	arm, strae	at, factory, offic	а		(Straet and Num. wn, State)	ber or Rura	i Routa Number,		
	ital c													
	To the Hospital or within 24 hours efter To the Funeral Director completely filled in	edical	29a. Cartifiar 1⊠ CertifyIng Phy (Check only one) 2 Medical Exam	eician: To the best of iner: On the basis of a	my knowladge examination ar	a, deeth ond/or inva	occurred et the astigation, in my	time, date and opinion, daath	place, and dua to the occurred at tha tima,	cause(s) and m data and placa,	anner as st and due to	teted. tha ceuse(s)		
	omple omple	Me	29b. Signatura and titla of polytical	1/-1	1000		29c. Lica	nsa numbar		29d. Data signe	ed (Month,	Day, Yaar)		
	10		/\ /	14,00			D 36	497		July	3. 10	97		
).	(0	}	30. Name end eddrass of parson who d	completed cause of de	ath /Itam 22cl	(Type P		771		July	J, 17	<i></i>		
			David W. Eisele, 1		1 Nortl				Baltimore	.Marule	nd 21	203-6402		
	Sta	te	31. Data filad (Month, Julyaar) 7	32. Registra	's Signatura		- OILIIC		POTETHOLE	, ital y La	21	203 0402		
	Registr		JOE 0 7	1997 32. Registre	ha David	ion-R	nde BP							
				1										

DHMH 16 Rev 6/95



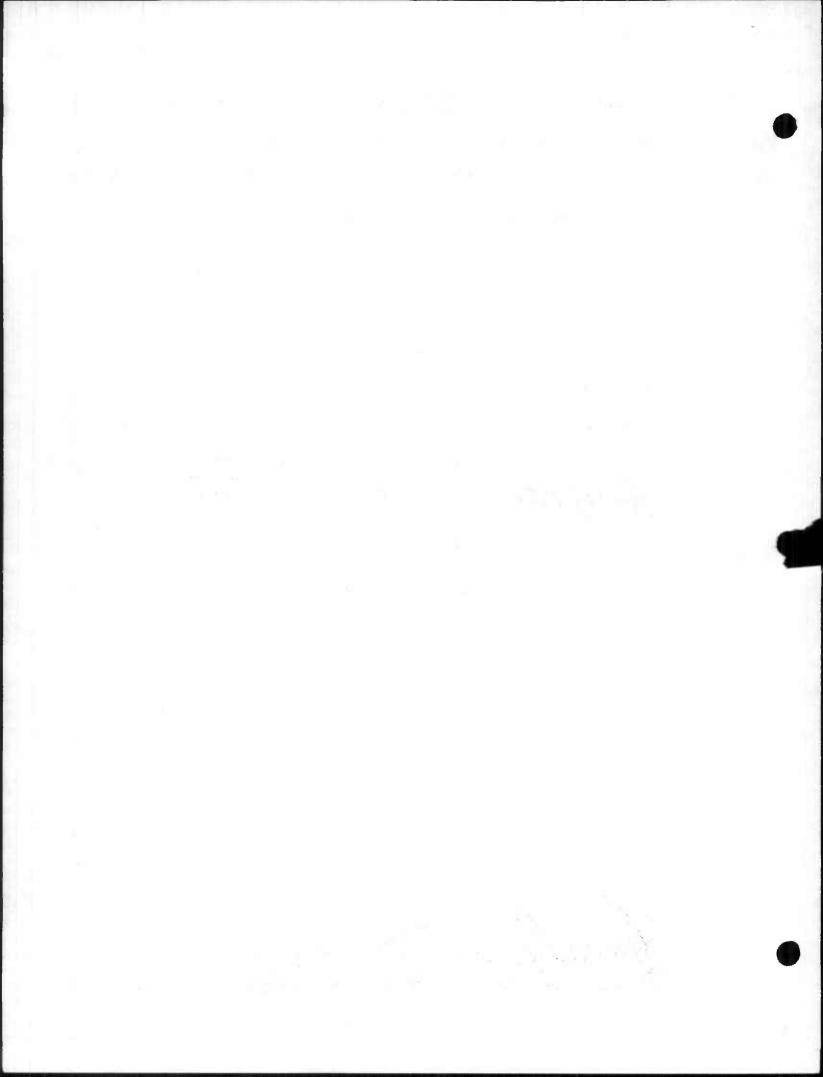
#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 22388

		Decedent's Neme (First, Middle, Le	•		Certificate o		2. Dete of D	Reg. No.		3. Time of Deeth		
Physicia /Medic		Thomas	Ensley				Month	Dey 2	Yeer	115 m.		
Examin		4e. Fecility Neme (If not institution, giv	- / /	)		4b. City, Town,	or Location of Deal	th 4c. County	y of Deeth	1 7 11		
		307 Law Street				Abero	deen	Hart	ford			
Funeral Director		217-14-3276	ex 7. Ag	ge (In yrs. lest bir 74	thday) If Under 1 Year Months Day		lin. (Month, D	rth ey, Year) 4, 1922	9. Birthple Counti Mary	ece (State or Foreign Land		
ans. than "natural", or items 23a or 28a-f ahow ha Medical Examiner must be notified at		Usuel Residence of Decadent  10e. Stete 10b. County		10c. City, Tow	or Location				10	d Inside City Limits		
Ba-f aho	ctor	Maryland Harford	d	Aberde						1 XYes 2 No		
val ben	Funeral Director	10e. Street end Number 307 Law Street			10f. Zip Code 21001					ry?		
	by Fune	11. Maritel Stetus  1 □ Never Merried 2 □ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 ∑Yes 2 ☐ If Yes, Give Yeer or Dates:		13. Was Decedent of If Yes, specify Co		(Specify Yes or Nuerto Rican, etc.)		ck, White, e	tc.		
atura cal E	pe	15. Decedent's Ed	ucation		Decedent's Usuel Occ	upation		16b. Kind of B				
than the M	Completed	(Specify only highest gra	College (1-4or	O+)	Decedent's Usuel Occ (Give kind of work dor life. DO NOT use reti		working					
	Be C	17. Fether's Name (First, Middle, Last)					Neme (First, Middle	, Malden Sumer	ne)			
	10	George Ensley				Eva N	Mae Tanne	r				
E E		19e. Informent's Name/Relationship (Type, Print)  19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, A										
CI -												
int: If item 2	1	20e. Method of Disposition		20b. Placa of cemeter	Disposition (Neme of y, cremetory or other p	lace)	Date	20c. Location	- City or Tow	m, Stete		
ury o		1 Rurial 2 Cremetion 3 ☐ 4 Donetion 5 ☐ Other (Specify			od Cemetery		7/10/97	Baltimo	ore, M	aryland		
Important: If i any Injury or once.		21. Signeture of Funerel Servica Lican	P-1-		Tarring-Ca Aberdeen,							
edical as the buriel-transit as the buriel-transit	amlner	Immediate Cause (Finet disease or condition resulting in deeth)	e. Lung	Due to (or es e o		us eell				18mas.		
uriel-t	EX	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events		(-1,1-1,1-1,1-1,1-1,1-1,1-1,1-1,1-1,1-1,			5.5					
use as the b	Physician/Medical Examiner	Ceuse (Disease or Injury thet initiated events resulting In deeth) Lest										
ne ett	SICIE	Pert II. Other significant conditions co	ntributing to death b	ut not resulting in	the underlying cause (	iven in Pert I.	23b. Did	tobacco uee co	County of Deeth  Country of Deeth  Carford  9. Birthplece (State or Foreign  Maryland  10d. Inside City Limits  1			
9 9	by Phy	Chronic Obstruct	1.	Many I				Yes 2□ No				
should	Completed						24e. Wes	en eutopsy ormed?	com	able prior to pletion of cause		
director, page 2	5						10	Yes 2 No	10	Yes 2□ No		
sctor	e C	25. Wes case referred to medical exeminer?					Deeth (Check only)	one)				
00	<u> </u>	1 ☐ Yes 2 ☑ No	Hospitat: 1 ☐ Inpatie	ent 2 ER/Out	patient 3□ DOA C	ther: 4 - Nursing	Home 5 PResi	denca 6 □Oth	er (Specify)			
or: After the funer	Certification:	27. Manner of Death  1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident investigation	28e. Date of Inju (Month, De		jury W	uryet erk? ]Yes 2∐No	28d. Describe	how Injury occur	red			
To the Funeral Director: After the completely filled in by the funeral		3 Suicide 6 Could not be determined	building, etc	c. (Specify)	m, street, fectory, office		City or To	wn, Stete)				
To the Funeral Director: After completely filled in by the fune		29e. Certifier 1	sician: To the best oner: On the bests of end menner sta	exeminetion end	death occurred et the or Investigetion, in my	ime, date end ple opinton, deeth oc	ce, end due to the corred at the time,	cause(s) and me date end ptece,	enner es stet end due to t	ted. he cause(s)		
		29b. Signeture and title of certifier  Auge / Colle	166	)		ise number 19858		29d. Date signer	g (Month, De	ey, Year)		
1081		30. Name and address of person who c	ompleted cause of d	eeth (ttem 23e) (	Type, Print) / R	3 Harris	Mol. >	-12-01	,			
State		31. Dete filed (Month, Dey, Year)	32. Registra	ar's Signeture		00000	, , , , ,					



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 2 2 3 8 9

						Certific	ate of	Death	R	eg. No.		
	Physici	ian	1. Decedant's Nema (First, Middle, La	st)					2. Data of Dea Month		Yaar	3. Tima of Death
	/Medi		LORRAINE	C.		FEGAN	Ţ		JULY 2,	1997		9:30 pm
	Examir	ner	4e. Facility Nema (If not institution, give					4b. City, Town, or I	Location of Deeth	4c. County	of Death	
			8709 Seven Lo						hesda		Montgo	omery
	Funeral Director		3/9-09-0622	□M 257E	e (In yrs. last L 77	Yrs. If Ur Mont	ths Days		8. Date of Birth (Month, Day Oct. 19,	Year) 1919	9. Birthpla Countr Vashir	aca (State or Foreigny) ngton, D.
	pue *		Usual Rasidance of Decedant  10a. State 10b. County		10c City To	wn or Location					10	d Inolda City Limita
	sho	5	MD Montg	om o M.v.	Too. Ony, To	WIT OF EGGR(IOT)	Doth	esda			10	d. Insida City Limits 13℃ Yas 2 □ No
	28a-I	ect	10e. Street and Number	Ollery		401		lesua				
	23a or	rai Dir	8709 Seven Loc	ks Road		107.	Zip Coda	20817		0g. Citizan of V	U.S.	
Maryland 21215-0020	be filed within 72 hours after deeth with the Manyland tiel hygiene. id other than "natural", or frems 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral Director	11. Marital Status  1 □ Never Marriad 2 □ Marrled  3 ☑ Widowed 4 □ Divorced	12. Was Decedant Armed Forces? 1 ☐ Yas 2 ☑ N If Yas, Give Yaar or Datas:	222011111111111111111111111111111111111			Hispanic Origin? (S an, Maxican, Puart Specify:	pecify Yas or No- o Rican, atc.)		a - America k, Whita, et : Whi	tc.
2	72 ho	ted	15. Decedant's Ed	lucation	16	a. Decedant's U	Jsual Occup	petion	ale in a	16b. Kind of Bu	ısınass/Indu	ustry
121	should be filed within and Mantel Hygiene. marked other than "r imatic event, the Man	Completed	(Specify only highest gra	Collage (1-4or 5				during most of wor	Kirig			
2	her t		17. Father's Nema (First, Middla, Last)		Н	omemake	r	40.1450	- Con Made		vn Hor	ne
and	2 2 2 3	Be	Bernard J. Coy						na (First, Middle, i	Ma <i>id</i> an Sumam	Θ)	
Ž	Mar Marke	To							Wyvill			
<u>8</u>	d 2 should th end Mar 7 is marke traumatic		19a. Informant's Name/Ralationship (	_				t and Number or Ru				
a)	l end 2 Health e m 27 is		David C. Fegan -	Son				Lane Fa			~	
0	Peges 1 tent of Ho nt: If Iten		20a. Mathod of Disposition 1⊠ Burial 2 ☐ Cremation 3 ☐	Ramoval from Stata	20b. Placa cemat	of Disposition ( ary, crematory	or othar pla			20c. Location -		
	men ant:		4 Donation 5 Other (Specify) Arlington National Cem. 7/9/97 Arlington,									
baltimore,	permit. Peges 1 end 2: Depertment of Health er Important: If item 27 is any injury or other trau		21. Signatura of Junaral Sarvice Licen	eters				ass of Fecility Jos ensin Aver				Inc.
	Physician		23a. Panyl. Pinter the disaada, or comp shock, or haart failurg. List only	olications that causad ona cause on each lin	the death. Do	o not antar the n	moda of dyl	ng, such as cardied	or raspiratory arm	ast,		Approximata intervel Between Onsat and Deeth
	/Medicai		Immediata Cause (Final diseasa or condition	. Acute M	vocard	ial Infa	arcti	on			Tm	mediate
	Examiner		rasulting in daath)	м. —		consaguanca					1	micalace
	D #	ner	Arteriosclerotic Heart Disease									Years
	tificeta be axecuted g physician and as the burial-transit	Examiner	Saguantially list conditions.	D		consequenca		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				17010
Ď,	an a lan a		Saquantially list conditions, if any, laading to immadiata cause. Entar Underlying Causa (Disaasa or injury								1	
00/00	ata ba	Ca	that initiated events rasulting in death) Last	c	Dua to (or as a	consequance	of):				-	
X OX	deeth certificeta be axecuted e ettending physician and ad for use as the bunal-transit	Physician/Medical	lasoning in death) cast	d								
POX	eeth cer ettendin I for use	clar	D						1			
į.	by the e	ys	Part II. Other algnificent conditions co	ontributing to death bu	at not resulting	In tha undarlyin	ng causa gi	van in Part I.				the cause of death
L	thet ned b								1 U Y	2 No	3 Probe	ıbly 4 ☐ Unknow
Hecords,	requiras been sign should be	Completed by							24a. Was e		evel	a autopsy findings lebla prior to pletion of causa seth?
ב	0 5 0	E							400	mer) s s		
	cian: The entificate ector, pag		25. Was casa refarred to medical						1 🗆 Ya		10	Yas 2□ No
VITA	0 5	Be c	axaminar?	Hospital:			Ott	hor:	ith (Chack only on			
		-: To	1 ☐ Yas 2 ☑ No 27. Manner of Death	1 ☐ Inpatie		Outpatient 3∐ Tima of	DOA	4 Li Nursing H	oma 5 Rasida 28d. Describe ho			
5	ding P. h. After funer	tion	1 ☑Natural 5 ☐ Panding	(Month, Da)	Year)	Injury	28c. Inju Wo		200. 0 000100 11	on anjury occurr	ou	
n	en or:	ica	3 Suicida 6 Could not be								or or Pum!	Pouto Number
DIVISION	for Att after d Direct d in by	erti	4 ☐ Homicide datarmined	building, etc	(Specify)	iaiii, siraat, iac	nory, omca		City or Town	n, Stete)	or nurari	HOUR /VUITIDE/,
	To the Hospital or A within 24 hours aftar To the Funeral Director Complataly filled in b		29a. Certifier 15 Certifying Phy	sicien: To the best of	f my knowlede	a death occurr	rad at the ti	me date and place	and due to the or	uso(s) and ma	nnas an ata	tod
	Hos 24 h Fun ataly	edicai	(Check only Medicat Exam	Iner: On the basis of	axamination a	nd/or investigat	tion, in my	opinion, daath occu	rred at tha tima, d	ata and place,	and dua to t	ha cause(s)
	ithin of the ompl	Me	29b, Signatury and titla of cartifiar	1			29c. Licans	sa number	2	9d. Data signed	(Month. D	av. Year)
	-3-8		Now of		1							
•	30		Mount of	terne	1			C 11924	/	July 3	, 199	/
			30. Name and address of person who o	1				UITE 800				
			STEVEN D. LERNI			ISCONSI	N AVE	. BETHESD	A, MD.	2	0815-	4401
	Sta	ite ar	31. Data filad (Month, Day, Year)	32. Registra	r's Signature	n-Rando P						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 22390

				Ce	rtificate o	f Death		Reg. No.		4000	
Disco	iolo	1. Decedent's Neme (First, Middle, Li					2. Dete of De	eth	Verr	3. Time of Deeth	
	ician dical	Esther L.	Ferguson				June	22, 19	Yeer 997	8:00am	
	niner	4e. Fecility Name (If not Institution, gir				4b. City, Town, o	r Location of Deet		of Deeth		
		Manor Care Be	ethesda			Bethes	sda	Mont	tgome	ry	
o Funer Direct			Sex 7. Age (In yrs	s. last birthdey) Yrs.	Months Day		n. (Month, De	th by. Yeer) 27,1916	9. Birthple Count N ∈	ece (State or Foreigny) EW York	
anyland	_	10e. Stete 10b. County		city, Town or Lo					10	Od. Inside City Limit	
Ba-f	cto	Maryland Princ	ce Georges	Hyatt	sville					1. X Yes 2 □ N	
ath with the 23s or 2	ral Director	10e. Street end Number 1406 East West	Highway		10f. Zip Code 2 0 7 8			10g. Citizen of V		ıry?	
Maryland 21215-0020 Id 2 should be filed within 72 hours after death with the Maryland lift and Mantal Hyglene. It Is marked other than "natural", or items 23s or 28s-f show traumatic event, he Medical Examinar manual be notified at	d by Funeral	Widowed 4 □ Divorced	12. Was Decedent Ever In I Armed Forces? 1 Yes 2 No If Yes, Give Year or Detes:		Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 ▼ No		(Specify Yes or No erto Rican, etc.)		e - America ck, White, e : Whi	etc.	
72 h 72 h	Completed	15. Decedent's E (Specify only highest gr	ducation ede completed)	16e. Dece	dent's Usuel Occi	upation e during most of w	orkina	16b. Kind of Bu	usiness/Ind	ustry	
Man eithin	jdr	Elementary/Secondary (0-12)	College (1-4or 5+)			e during most of w red)	OIN//Ig				
filed within Hygiane.	S	12		Cler	k			U.S. C		inment	
be filed that dother event,	B	17. Fether's Neme (First, Middle, Last	")				ame (First, Middle,		10)		
2 should be and Mental Is merked of aumatic eve	2					Rache	l Sacks	on			
Maryld d 2 should th and Mar 7 Is marke traumatic		19a. Informent's Neme/Relationship					Rurel Route Numbe				
and and aalth n 27		Daniel Leenov/I					Pl.Bethlehem, PA 18017				
baltimore, Mi pemit. Pages 1 and 2 Department of Haalth a important: if item 27 is any injury or other tra		20a. Method of Disposition  1 XBurial 2 Cremetion 3 C 4 Donetion 5 Other (Social			ce of Disposition (Neme of Lebanon Cemetery 6/24/97 Adelphi, MD						
Demit. Departmimporta	8500	21. Signature of Funeral Service Los			2. Neme end Add	ress of Fecility	Funeral	Homes	220	046	
		23a. Part1. Enter the disease, or com-	Vino.	SU			gton St		s Chu	irch, VA	
Medica Examined In and ial-transit		Immediate Ceuse (Final disease or condition resulting In death)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	e. Respirat  Due to (  Aspirati  Due to (  Sepsis								
flash conficate be executed attending physician and for use as the burial-transit	Medical	resulting in deeth) Lest	C	or es a conseq	juence of):						
the daath y tha atter ached for u	Physician/	Pert II. Other significant conditions of	ontributing to death but not res	sulting In the u	nderlying ceuse g	iven in Pert I.	23b. Did 1	obacco use con	ntribute to	the cause of death	
date date	by Phy	Dementia					10	Yes 2X No	3 ☐ Probe	ably 4 Unknow	
aw requir	Completed b	Seizures						an eutopsy med?	evei	re eutopsy findings ileble prior to pletion of ceuse eeth?	
- 40	ပ္ပ						101	es 2⊠No	1 🗆	Yes 2□ No	
ysician: The secretificate director, pag	Be	25. Wes cese referred to medicel exeminer?				26. Plece of De	eth (Check only o	ne)			
Physician: T this certificat	2	1 ☐ Yes 2 ☐ Xijo	Hospitel: 1 ☐ Inpatient 2 ☐	ER/Outpetien	t 3 DOA	ther: 4 Nursing	Home 5 ☐ Resid	lence 6 Othe	er (Specify)		
i or Attending Physician: after death. Director: After this certific d in by the funeral director,	Certification:	27. Manner of Deeth 1 ☑ Naturel 5 ☐ Pending 2 ☐ Accident investigation		28b. Time of Injury	W	ury at ork? ☐ Yes 2 ☐ No	28d. Describe h	now injury occurre	ed		
2 4 5 5	Sertific	3 Suicide 6 Could not b 4 Homicide determined	e 28e. Place of Injury - At h building, etc. (Speci	ome, farm, stre	eet, factory, office		28f. Location (5 City or Tow	Street end Numbern, Stete)	er or Rural i	Route Number,	
To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fune	edical (									ted. the ceuse(s)	
Vithin To the	Me	29b. Signeture end title of certifier			29c. Licen	ise number		29d. Dete signed	(Month, D	ey, Yeer)	
10		my line	1 (000411)	UM	D357	91		6/23/9			
		30. Neme end eddress of person who	completed cause of death (tea	23a) (Type		7 -		0,20,0	-		
		M. Vemury 9801	Georgia Av			ing, MI	20906				
	tata	31. Dete filed (Month, 1972, 1984)	32. Registras's Sign	ature .		6,					
Regis	tate trar	JULU 8	1997 Julia Da	vidson-R	indelle						

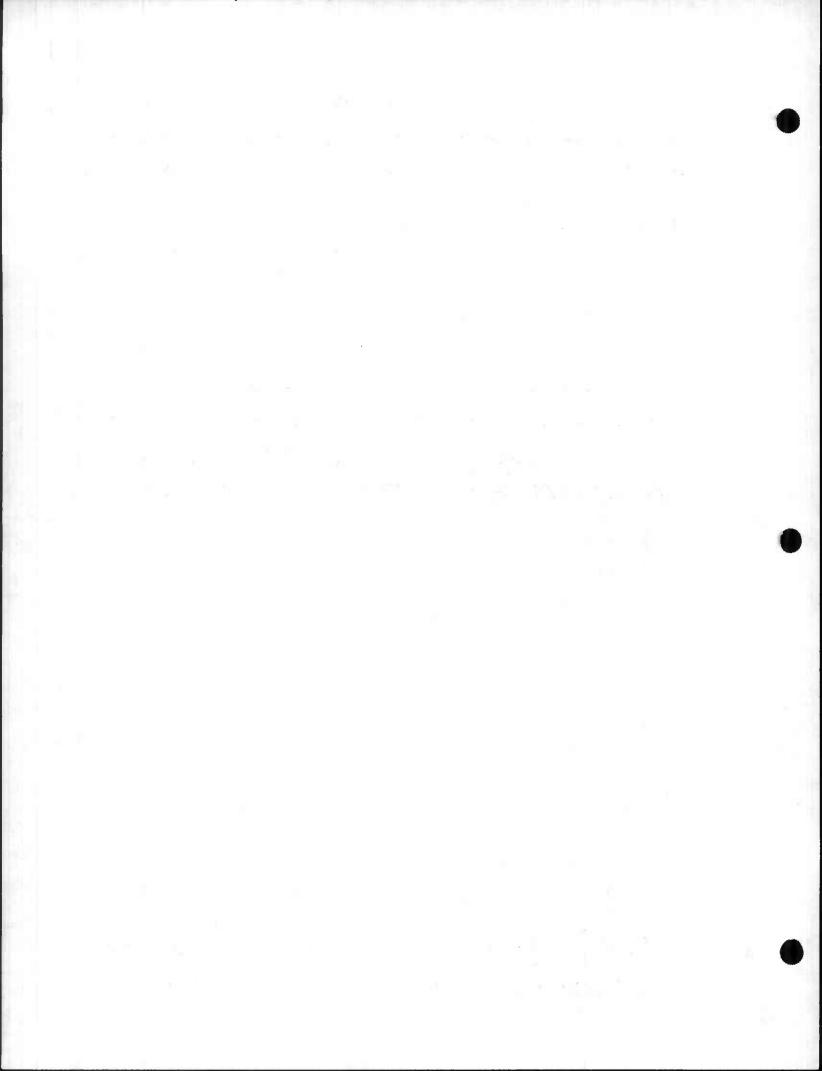
# 1. J - C.J

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

5	Type of Finit in black indelible link. Assure All Copies Are Legible				
	State of Maryland / Department of Health and Mental Hygiene 9	2	23	39	
	Certificate of Death				

			*			Cer	tificate of	Death		Reg. No.			
П	Dhuala		1. Decedent's Name (First, Middle, i					2. Dete of Death Month Dey		Year	3. Time of Death		
Physicia /Medic					H	Ferrigno		July	3. 1997	Year	9:45 PM		
	Exami		4a. Facility Name (If not institution, g	r)			4b. Cfty, Town, or L			y of Death			
			Shady Grove Adve				If Under 1 Yea	Rockvi.	су				
l	Funeral Director		5. Social Security Number 579-46-9604 Usual Residence of Decedent	1 DM OSTE	ige (In yrs. last .01	Yrs.	Months Days		8. Date of Bi (Month, D June 2	ay, Year) 1896	9. Birthp Coun S1C	lece (State or Foreign (try) 11y	
la colonia	inyiand show	_	10a. State 10b. County		10c. City, To	own or Loc	ation				1	0d. Inside City Limits	
d 2 should be filed within 72 hours efter death with the Maryland in band Mentel Hygiene. 7 Is marked other than "natural", or items 23s or 28s-f show traumetic event	w 28a-f	Director	Maryland Montg	omery	Ве	thes	da 10f. Zip Code			10g. Citizen of	What Coun	1 ☐ Yes 2 🔯 No	
	1 3	0	16 Savannah Dri	17.0			20	0817		Unita	d sta	tos	
		Funeral	11. Marital Status	12. Was Deceden	t Ever in U,S.	13. W			pecify Yes or N	o- 14. Ra	ce - Americ	an Indian,	
	al', or the	by	1 Never Married 2 Married 3 Xwidowed 4 Divorced	Armed Forces 1 ☐ Yes 2 ☑ If Yes, Give Year or Dates			Yes, specify Cu  ☐ Yes 2 No		spanic Origin? (Specify Yes or No- n, Mexican, Puerto Ricen, etc.) Specify:		Black, White, etc.  Specify:  White		
0 40	a train	ted	15. Decedent's		16	Sa. Decede	ent's Usual Occu	pation		16b. Kind of B	d of Business/Industry		
Talibhin 7		Completed	(Specify only highest g Elementary/Secondary (0-12)	rade completed) College (1-4or	5+)	(Give kind of work done during most of worki life. DO NOT use retired)  Homemaker  18. Mother's Name			king				
filod v			17. Father's Name (First, Middle, La.	eti .					B. Mother's Name (First, Middle, N		Own Home		
2	TO D	Be											
ohio	th end Mentel	2	Giuseppe Barba								0.4.7.0.11		
c			19a. Informant's Name/Relationship				a more a					Code)	
1 and	- W 64 F		Peter Dante Fer	rigno / so	n 1	6 Sav	vannah I	Orive, Bet	hesda,			817	
S	5 5		20a. Method of Disposition  1 ☐ Burial 2 ☐ Cremation 3  4 ☐ Donation 5 ☒ Other (Spec	□Removei from Stete	nt St.	Mary	atory or other pl	ace) July 7,	1997	20c. Location Washing			
nami	permit. Page Depertment Important: If any injury or once.		21. Signeture of Funeral Service Lic		M90831	22. Rob	Name end Addi	ess of Fecility Imphrey Fune		/Bethesda	-Chevy	Chase, Inc.	
Physician /Medical		23a. Part 1. Enter the disease, or co shock, or heart failure. List on	mplications that cause y one cause on each	ed the deeth. D			sin Avenue, ing, such es cerdiac			20814	Approximate Interval Between Onset and Deeth		
	/Medical		Immediate Cause (Final disease or condition	Athero	sclerot	ic Va	ascular	Disease				Years	
-	Examiner	<b>P</b>	resulting In death)	е.	Due to (or as						1		
pacition	n end el-trensit	Examiner	Sequentially list conditions, if any, leading to Immediate										
cartificate be assented	attending physician end for use es the buriel-trensit	Medical	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In deeth) Lest										
death	0 2	Physician/	Part II. Other significent conditions	contributing to death	but not resulting	In the und	derlying cause g	iven In Part I.	23b. Did	I tobacco uae co	ontribute to	the cause of death?	
that the	ned by the detache	/ Phy	Osteoarthritis 1 PYes 2								3 ☐ Prob	pably 4 ☐ Unknow	
law requires	s been sign 2 should be	Completed by	Cholelithiasis	with inter	mittent	acut	te panci	reatitis	24a. Was	s an autopsy ormed?	eva	ere autopsy findings allable prior to appletion of ceuse death?	
The	- C	Son							1 🗆	Yes 2 No	1 🗆	Yes 2□ No	
	certificete rector, pe	Be	25. Was case referred to medical					26. Place of Dee	th (Check only	one)			
Physician:	0 0	ToE	examiner? 1 ☐ Yes 2 🕅 No	Hospital: 1 Inpat	ient 2 ER/0	Outpatient	3□ DOA O			Idence 6 □Oth	ner (Specify	()	
Attending Ph	leath. tor: After this the funerel di		27. Menner of Death 1 X Natural 5 ☐ Pending 2 ☐ Accident investigati	28a. Date of inj (Month, Do	ury 28b	. Time of Injury	28c. Inju W			cribe how injury occurred			
6	efter death. Director: After I in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not 4 ☐ Homicide determine	28e. Place of in	jury - At home, tc. (Specify)	farm, stree	arm, street, factory, office  28f. Location (Street and Number or Rural Route Number, City or Town, Stete)						
Hospital	within 24 hours effer of To the Funeral Direct completely filled in by	edical C		hysician: To the best miner: On the basis of and menner s	of examination a								
To the	within To the comple	Me	29b. Signature and title of certifier	with manifel 2			29c. Licen	se number		29d. Date signe	d (Month, I	Day, Year)	
			Byrd O. Valn	usm. M	Ω.		D1	9042		In1 /.	100	7	
	#		30. Name and address of person who	completed ceuse of	death (Item 23a	) (Type, P		7044		July 4	1997		
			Byrl D. Johnson,	M.D. 911	Russe1	1 Ave	enue, Ga	ithersbur	g, MD	20879			
	Sta		31. Date filed (Month, Date ar)	3 1997 <sup>82. Regist</sup>	refr's Gignature.	drun 7	Daniel an						
	Registr	ar		-		And And	more		,				

DHMH 16 Rev 6/95



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are epible 2 3 9 2 State of Maryland / Department of Health and Mental Hygiene

				State of Ivia	iryiariu		tificate of		wentai myg	eg. No.	1		
	Physic /Medi		1. Decedent's Nema (First, Middla, Last) Add Moss			Fish	ner		2. Dete of Dea Month	Day Year 3. Time		3. Time of	e of Deeth
	Exami		4a. Facility Name (If not institution, give s				4b. City, Town, or						
1			HERMAN WILSON	HEALTH CA	ARE C	RE CENTER GAITHERSB			BURG	MONTGOMERY			
	Funeral Director		5. Sociel Security Number  244-18-9945  Usual Rasidence of Decedent	7. Aga M 2⊠F	(In yrs. la:	st birthday) Yrs.	Months Deys			Year) ,1908	9. Birthp Coun NOR	oleca (Steta d htry) TH CAF	or Foreign
	show		10a. State 10b. County		10c. City, Town or Location						1	0d. Inside Ci	Ity Limits
	death with the Marylend me 23s or 28s-f show	tor	MD. MONTGOME	ERY	GAITH	ERSBURG			10g. Citizen of What Country?				
	or 28a-f	lirec	10e. Street end Number 10f. Zip Code								Vhat Coun	itry?	
	th wi	al C	301 RUSSELL AV	Æ.			20	877		U.	S.A.		
120		by Funeral Director	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	2. Wes Decedant E Armed Forces? 1 Yes 2 No. If Yes, Give	ver in U,S.	If	Vas Decedant of Yas, specify Cu ☐ Yes 2 No.	Hispanic Origin? ( ban, Maxican, Pue Specify:	Specify Yas or No- rto Rican, etc.)		ck, Whita,	en Indian, atc.	
9	"natural",		15. Decedent's Educ	Yaar or Datas:			ent's Usuei Occi	petion		16b. Kind of B			
21215-0020	Man	Completed	(Specify only highest grede Elementery/Secondary (0-12)	+)	16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired)  SALES PERSON  J. B. IVEY								
	e file el Hyy I othe vent,	Bec	17. Fether's Neme (First, Middle, Last)		,				18. Mothar's Name (First, Middle, Maidan Surneme)			1	
Maryland	Ment Ment arked	To	DAVID P.	Moss				SA	LLTE	NICHO	DLSON		
Ja	2 short and le m		19e. Informent's Neme/Reletionship (Typ						iural Route Numbe				
	1 end Health im 27 ther t		DOROTHY COLL/DAU  20a. Method of Disposition	JGHTER	20h Plo	2905	DAVENE sition (Neme of	ORT ST.	N.W., WAS				108
Baltimore,			1 Buriel 2 ☐ Cremetion 3 ☐ Re	emovel from Stete	cen	netery, crem	etory or other pl			20c. Location -			
Ħ	permit. Pe Departmer Important: any Injury		4 ☐ Donation 5 ☐ Other (Specify)  21. Signature of Funaral Service License	Α	SHA		Neme end Add		7/22/97	CHARLO	TTE,	N.C.	
Ba	Depa Impo any I		W.W.Chan	beisa	M000	91 CF	LAMBERS	FUNERAL 1	HOMES, P.		ERDA	LE,MD.	20737
	Physician		23a. Part1. Enter the disaase, or complic shock, or haart fellure. List only on							est,		Approximete Interval Bet Onset and I	ween
	/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in deeth)  a. Cerebral Arterios clerosis										ars
		e			Due to (or e	es e consequ	uence of):				1		
	uted ansit	Examiner	_ b				3 40				i		
ó	an en	Еха	Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury	·	s 10) Ot euc	is e consequ	Janca or):				i		
68760,	ficete be executed physician end as the buriel-transit	edical	Cause (Diseese or injury that initiated events custom in death) Lest Dua to (or as a consequence of):										
	E 0 0	Med	d d								i i		
Вох	deeth certifi e ettending f od for use es	lan									İ		
o.	the the	Physician/M	Pert II. Other significant conditions conf	ributing to death but	23b. Dld to	Did tobacco use contribute to the cause of death?			of death?				
<b>Q</b>	thet the by detection	by Pt	Varkinsoni	5m					1 🗆 Y	es 2 No	3 Prot	pably 4	Unknown
Records,	lew requires thet es been signed t 2 should be det	Completed b							24e. Wes a	n eutopsy ned?	ave	ere eutopsy f ellable prior t mpletion of c death?	0
	The le	E O							1 🗆 Y	es 2 No	10	Yes 2	No
ita		Bec	25. Wes cese referred to medical examiner?					26. Placa of De	eath (Check only or	()			
of Vital	> 00 0	2	1 ☐ Yes 2 XNo	ospitel: 1 🗆 Inpatian		R/Outpatient	3LI DOA		Homa 5 ☐ Raside	ence 6 Oth	er (Specif)	y)	
Division o	Attending Plant death.	Certification:	27. Menner of Deeth  1 Netural 5 Pending 2 Accident Investigation	28e. Dete of injury (Month, Dey Year)  28b. Time of Sec. Injury et Work?  Injury  M  28c. Injury et Work?  1 □ Yes 2 □ No				28d. Dascribe how injury occurred					
Divi	그 등 등 등		3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Plece of Injur building, etc.	ry - At hom (Specify)	e, ferm, stre	et, fectory, office		28f. Location (S City or Town	reet end Numb n, Stete)	er or Rure	I Route Num	ber,
	To the Hospital within 24 hours of To the Funeral I completely filled	edicai	29a. Certifier (Check only one) (Check only one)	clan: To the best of er: On the basis of e end manner state	examinetio	edge, deeth n end/or inv	occurred et the testigetion, in my	ime, dete end plec opinion, deeth occ	e, and due to the c urred et the time, d	ause(s) and me ate end piece,	enner es st and due to	eted. the cause(s	)
	o the	Me	29b. Signeture end titla of cartifier	end manner state	eu		29c. Licer	se number	2	9d. Dete signe	d (Month,	Day, Year)	
	4		1	NISA	1 . 5	n	0	1221		July	3 1	99.	
	7		30. Nume and address of scrools who ser	npleted cause of de	eth (item 2	3e) (Type. F	Print)	201		ימיש	ノ I	1_	
		201	clames R.M.	opre Jr	. 20	7 E	Brooke	s Ave	Gaithe	rsburg	mi	208	77
	Sta Registr		31. Dete filed (Month, Dey) (12) 0 9	1997 Negistra	's Signatur	re vidson-1	Pandelle						

the second of the second Tagrade graphing are a management of the contract of the contr 

Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible,

State of Maryland / Department of Health and Mental Hygiene / Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Yeer Sutton Flint July. 1997 5:55 AM /Medical 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth **Examiner** 6 Bethayres Court Derwood Montgomery If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) If Under 1 Year Birthplece (State or Foreign Country)
 New York 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Months Deys 1□ M 2⊠ F Director 213-56-3875 July 25,1920 76 Usual Residence of Decedent with the Maryland 10c. City, Town or Location 10e. Stete 10b. County 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28a-f show traumatic event, the Madical Examiner must be notified at 1 ☐ Yes 2 X No Director Maryland Montgomery Derwood 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 20855 6 Bethayres Court United States 2 should be filed within 72 hours after death and Mentai Hygiene. Is marked other than "natural", or Rema 234 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Maritei Status 1 X Yes 2 No If Yes, Give Year or Dates:1942/1946 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: White þ 3 X Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Registered Nurse Nursing 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) Be Sutton Samuel Alvinia 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 st Department of Health and Important: If Item 27 Is m any injury or other traum Jeanne Flint/Daughter 2112 S. Quebec Street, Arlington, Virginia 22204 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition Date 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 7/3/1997 Alexandria, VA. Metropolitan Crematory 22. Name end Address of Facility DeVol Funeral Home 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. 10 E. Deer Park Dr., Gaithersburg, MD. 20877 Approximete Interval Between Onset and Death **Physician** /Medical Immediete Ceuse (Finei diseese or condition resulting in deeth) Examiner Examiner physician and the burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): Box 68760 Physician/Medical Due to (or es e consequence of) usa as t Pert II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. the 23b. Did tobecco use contribute to the cause of deeth? 2/ No 3 Probably 4 Unknown 1 Yes þ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed peen has 2DNO 1 ☐ Yes 2 ☐ No certificate or Attending Physician: after death. Be 25. Was cese referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 A Residence 6 Other (Specify) 1 Yes 2X No Certification: To 1 Inpatient 2 ER/Outpetient 3 DOA this After this 28a. Dete of Injury (Month, Dey Yeer) 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 ₩ Neturei 5 Pending after death. Director: Aft 1 Tyes 2 No investigation 2 Accident 3 Suicide 6 Could not be 28f. Location (Street end Number or Rurel Route Number, City or Town, State) Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide A 24 hou. Hospital Medical 29a. Certifier TX Certifying Phyelcien: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated. (Check only 2 Medical Exeminer: On the besis of examination end/or Investigation, In my opinion, death occurred et the time, date end place, end due to the ceuse(s) end menner steted. within 2 29b. Signature and title of certif 29d. Date signed (Month, Dey, Yeer) 29c. License number Tot 15+1 July 3, 1997 D 37236 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Hendricks, M.D., 9707 Medical Center Dr., #300, Rockville, MD. 20850

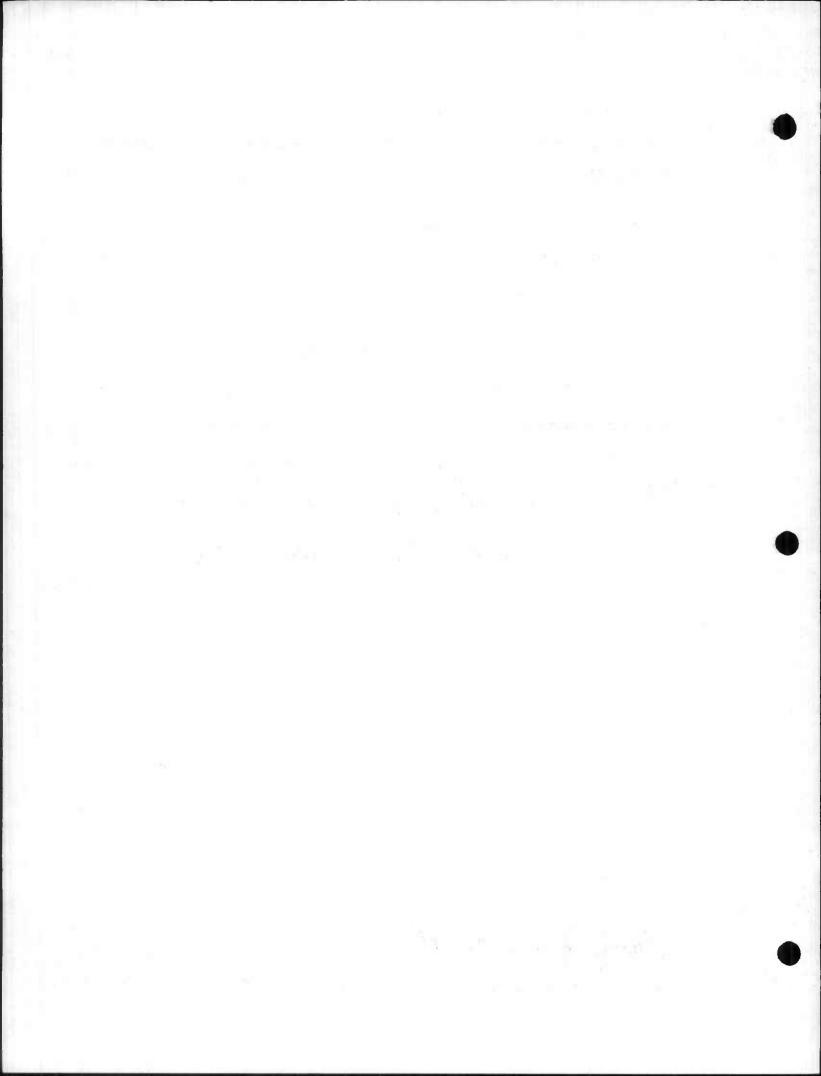
Randelle

1997 32. Registrar's Signeture

Fulia Savidson

State Registrar

Carolyn B.



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 2 3 9 4 State of Maryland / Department of Health and Mental Hygiene

	_	4 December 1 November 1	tare to a			Certificate of	Death		Reg. No.				
Phys	ician	Decedent's Neme (First, M	liddle, Lest)					2. Dete of Dee Month	oth Day	Yeer 3. Time of Deeth			
	dical		EY			101.	K.5	July	71	997 658			
Exar	niner	4a. Fecility Nema (If not instituted Washington Ac			1		4b. City, Town, or L						
		5. Social Security Number				idav) If Under 1 Year	Takoma P		Mont				
Funer Directo		5. Social Security Number 225-18-6086 6. Sex 79 Yrs. 15 Under 1 Year 17 Under 24 Hrs. 8. Dete of Birth Months Days Hours Min. Months Days Hours Min. May 11, 191								9. Birthplace (State or Fore Country) Virginia			
pur *		Usuel Residence of Decedent 10a. Stete 10b. Cou		100	. City, Town	or Location				4041-11-01-41-			
laryla sho	5		nce George										
h the Marylan	Director	Maryland Prince Georges Adelphi  10e. Street end Number 10f Zin Code											
23a or	ral Dir	1504 Merrima			10f. Zip Code 2078.	783 U.S.A.							
5-0020 72 hours after death with the Maryland natural; or Nems 23e or 28e4 show Midal Evarrant insut be notified a	by Funeral	11. Maritel Stetus  1 □ Navar Married 2 ☒ N  3 □ Widowed 4 □ Divor	Armed TOXY	Dacedent Ever in d Forcas? 'es 2 ☐ No s, Give or Dates: WW	n U,S.	13. Wes Decadent of If Yes, specify Cub		pecify Yas or No- Rican, etc.)		ck, White, atc.			
21215-0020 d within 72 hours af gjene. rr than "natural", or ne Medical Evarr	Completed	15. Decedent's Education (Specify only highest grada completed)  Elementary/Secondary (0-12)  College (1-4or 5+)		ted)	16e. Decedent's Usuel Occu (Give kind of work don life. DO NOT use retin		petion during most of work d)						
d 21	ပ်	Electrician											
Maryland 2 d 2 should be filed th and Mental Hygis 7 Is marked other traumatic event, II	To Be	17. Fether's Neme (First, Midd David O. Fo					18. Mother's Nam	a (First, Middla, Orbett	Maiden Sumem	pa)			
lary 2 shou and h		19e. Informent's Name/Relationship (Type, Print)  19b. Mailing Address (Street and Number or Ru							r, City or Town,	Stete, Zip Code)			
2 2 2 2		Mary A. folks	s/Wife			4 Merrimac							
Baltimore, semit. Pages 1 an Department of Heali mportant: If Item 2 nny Injury or other		20a. Method of Disposition			b. Pleca of I	Disposition (Name of crametory or other ple		Dete		City or Town, State			
Page Page nt: If		1 Donetion 5 Other		rom Stete Ce	edar H	ill Cemeter	ry July	y 11,199	7 Suitl	and, MD			
Baltimo permit. Pages Department of Important: If I any Injury or	9	21. Signature of Funeral Serv	ica License			22. Neme and Addre							
m gges	Duce	1 R	1110	1 Back		254 Carro							
		254 Carroll St. NW Washington, DC 20012  23a. Pert1. Enter the difference or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate Interval Between Interval Between											
ted nsit	- E	resulting In deeth)		unc	- m	yocar	leal,	mpa	releas	Comera			
x 68760, entiticate be assecuted fing physician and se as the bunial-transit	Medical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that intilated events resulting in deeth) Lest	{ b. a.	rterio Due to	o (or es a co	sequence of):  Oracle  nsequence of):  nsequence of):	heal,	nifa rt de	rcleo	e loyre			
# 0 a	Aedical	thet initieted events	6	rterio Due to	o (or es a co		heal,	nifa rt de	rcleo	e loyre			
death certified attending	Aedical	thet initieted events		Due to	o (or es a co	nsequance of):				ontgomery  9. Birthplace (State or Foreign Virginia)  10d. Inside City Limits 1			
death certified attending	Physician/Medical	resulting in deeth) Lest	litions contributing to	Due to	o (or es a co	nsequance of):		23b. Did to		ntribute to the cause of deat			
ecords, P.O. Box ( aw requires that the death certif is been signed by the attending 2 should be detached for use as	Physician/Medical	resulting in deeth) Lest	litions contributing to	Due to	o (or es a co	nsequance of):		23b. Did to	obacco use cor	atribute to the cause of deat  3 Probably 4 Unknot  24b. Were eutopsy findings aveilable prior to complation of cause			
I Records, P.O. Box ( The law requires that the death certif ate has been signed by the attending page 2 should be detached for use a	Completed by Physician/Medical	Pert II. Other significant cond  Cardiac  Congost	arrh	Due to	o (or es a co	nsequance of):		23b. Did to	obacco une cor es 20 No un eutopsy med?	attribute to the cause of deat  3 Probably 4 Unknot  24b. Were eutopsy findings aveilable prior to complation of cause of death?			
I Records, P.O. Box ( The law requires that the death certif ate has been signed by the attending page 2 should be detached for use a	Be Completed by Physician/Medical	Pert II. Other significant cond  Caralaa  Cora as  25. Wes cese referred to mediexamiper?	arving to a contributing to a	Due to	o (or es a co	nsequance of): he undarlying ceusa give	ven in Part I.	23b. Did to 1	obacco une cor ves 20 No un eutopsy med?	attribute to the cause of deat  3 Probably 4 Unknot  24b. Were eutopsy findings aveilable prior to complation of cause of death?			
f Vital Records, P.O. Box ( ysician: The law requires that the death certif is certificate has been signed by the attending director, page 2 should be detached for use as	To Be Completed by Physician/Medical	Pert II. Other significant cond  Carala  Cora as  25. Wes cese referred to medioxamiper?  1 Des 2 No	arvive dicel Hospitel:	Due to	o (or as a co	nsequance of):  the undarlying ceusa give	ven in Part I.  26. Plece of Deet	23b. Did to 1  Y  24a. Was a perform 1  Y  h (Check only or	obacco une con (es 2 No in eutopsy med?	atribute to the cause of deet  3 Probably 4 Unknow  24b. Were eutopsy findings aveilable prior to complation of cause of deeth?  1 Yes 2 No			
f Vital Records, P.O. Box ( ysician: The law requires that the death certif is certificate has been signed by the attending director, page 2 should be detached for use as	To Be Completed by Physician/Medical	Pert II. Other significant cond  CACALALA  25. Wes cese referred to med examiner? 1 DVes 2 No  27. Menner of Deeth 1 Neturel 5 Pen 2 Accident Inve	icel Hospitel: 1	Due to	o (or as a co	he undarlying ceusa given the undarlying ceusa g	ven in Part I.  26. Plece of Deet	23b. Did to 1  Y  24a. Was a perform	obacco une con (es 2 No in eutopsy med?	atribute to the cause of deet  3 Probably 4 Unknow  24b. Were eutopsy findings aveilable prior to complation of cause of deeth?  1 Yes 2 No			
f Vital Records, P.O. Box ( ysician: The law requires that the death certif is certificate has been signed by the attending director, page 2 should be detached for use as	Be Completed by Physician/Medical	Pert II. Other significant cond  CANADA  25. Wes cese referred to mediexamiper? 10 Yes 2 No  27. Menner of Deeth 1 Meturel 5 Pen 2 Accident 3 Suicide 6 Cou	icel Hospitel: 1  ding stigetion lid not be amined with the case of the case o	Due to  Due to  O death but not a  Ulaboration of Injury Month, Dey Year	o (or as a co	he undarlying ceusa given the undarlying ceusa g	zen in Part I.  26. Plece of Deet ier: 4 □ Nursing Ho y et k? Yes 2 □ No	23b. Did to 1 Ye  24a. Was a perform 1 Ye  h (Check only or one 5 Reside 28d. Describe he	obacco use cor  les 2 No  In eutopsy med?  es 2 DNo  ne) ence 6 Othe ow injury occurr  traet end Numbi	antribute to the cause of deat  3 Probebly 4 Unknow  24b. Were eutopsy findings aveilable prior to complation of cause of death?  1 Yes 2 Now  Per (Specify)			
f Vital Records, P.O. Box ( ysician: The law requires that the death certif is certificate has been signed by the attending director, page 2 should be detached for use as	Certification: To Be Completed by Physician/Medical	Pert III. Other significant cond  Carala  25. Wes cese referred to mediexamine?? 10 ves 2 No  27. Menner of Deeth 1 Neturel 5 Pen 2 Accident Inve 3 Suicide 6 Cou 4 Homicide 10 Certifier	icel Hospitel: 1  ding 28e. De (Normined burmined burmined burmined burmined burminer: On the	Due to  Due to  Due to  O death but not if  Dispatient 2  ete of injury fonth, Dey Year)  ace of injury - Al Al Aliding, etc. (Spetther best of my key to be the best of my	o (or as a co	he undarlying ceu/sa give tient 3 DOA Other of Later of L	26. Plece of Deet ler: 4 □ Nursing Ho yet k? Yes 2 □ No	23b. Did to 1 Ye  24a. Was a perform 1 Ye  h (Check only or one 5 Reside 28d. Describe he  28f. Location (Single or Town and due to the company of the compa	es 2 1 No ence 6 Other ow injury occurr tract end Number, State)	24b. Were eutopsy findings aveilable prior to complation of cause of deeth?  1 Yes 2 No  er (Specify) ed			
f Vital Records, P.O. Box ( ysician: The law requires that the death certif is certificate has been signed by the attending director, page 2 should be detached for use as	To Be Completed by Physician/Medical	Pert II. Other significant cond  CAPACIAN  25. Wes cese referred to medical example?  10 Feb 2 No  27. Menner of Deeth 1 Neturel 5 Pen 2 Accident 3 Suicide 6 Cou 4 Homicide  29a. Certifier 1 Certific (Check only 2 Medic	icel Hospitel:  diding Stigetion of the symmetric description of the symme	Due to  Due to  Due to  O death but not if  Inpatient 2  ete of injury fonth, Dey Year,  ace of injury - Airliding, etc. (Spe	o (or as a co	he undarlying ceu/sa give tient 3 DOA Other of Later of L	26. Plece of Deet  26. Plece of Deet  ier: 4 \sum Nursing Ho  y et  k?  Yes 2 \sum No	23b. Did to 1 Ye  24a. Was a perform 1 Ye  th (Check only or or or or or or or or or or or or or	obacco use cor  s 2 No  In eutopsy med?  es 2 No  ne) ence 6 Othe ow injury occurr  tract end Number n, State)  euse(s) end me ete end plece, s	24b. Were eutopsy findings aveilable prior to complation of cause of deeth?  1 Yes 2 No  er (Specify) ed  er or Rurel Route Number,  nner es steted.			
Division of Vital Records, P.O. Box ( To the Hospital or Attending Physician: The law requires that the death certif- within 24 hours after death. To the Funeral Director: After this certificate has been signed by the attending completely filled in by the funeral director, page 2 should be detached for use a	edical Certification: To Be Completed by Physician/Medical	Pert II. Other significant cond  CACALACA  25. Wes cese referred to mediexamiper?  10 Yes 2 No  27. Menner of Deeth 1 2 Accident 3 Suicide 6 Coudet 4 Homicide  29a. Certifler (Check only one)	icel Hospitel:  diding Stigetion of the symmetric description of the symme	Due to  Due to  Due to  O death but not if  Inpatient 2  ete of injury fonth, Dey Year,  ace of injury - Airliding, etc. (Spe	o (or as a co	etient 3 DOA Others of Mary M 1 1 Note of M 1 Note of	26. Plece of Deet  26. Plece of Deet  ier: 4 \sum Nursing Ho  y et  k?  Yes 2 \sum No	23b. Did to 1 Ye  24a. Was a perform 1 Ye  th (Check only or or or or or or or or or or or or or	es 2 1000  es 2 1000	attribute to the cause of deat  3 Probably 4 Unknow  24b. Were eutopsy findings aveilable prior to complation of cause of deeth?  1 Yes 2 No  ar (Specify)  ed  er or Rurel Route Number,  nner es steted.  and due to the ceuse(s)  if (Month, Dey, Year)			
f Vital Records, P.O. Box ( ysician: The law requires that the death certif is certificate has been signed by the attending director, page 2 should be detached for use as	edical Certification: To Be Completed by Physician/Medical	Pert II. Other significant cond  CACALALA  25. Wes cese referred to medical example?  10 Fee 2 No  27. Menner of Deeth 1 Neturel 5 Pen Inve 2 Accident 3 Suicide 6 Count 4 Homicide 6 Count  29a. Certifier (Check only one)  29b. Signature/and title of certifications	icel Hospitel:  ding stigetion and not be sumined when the end metal and met	Due to  Due to	o (or as a co o (or a co o (or	nsequance of):  the undarlying ceusa given the undarlying ceusa given the undarlying ceusa given the undarlying and the of the undarlying ceusa given the undarlying ceusa given the undarlying the undar	26. Plece of Deet  26. Plece of Deet  ier: 4 \sum Nursing Ho  y et  k?  Yes 2 \sum No	23b. Did to 1 Ye  24a. Was a perform 1 Ye  th (Check only or or or or or or or or or or or or or	es 2 1000  es 2 1000	attribute to the cause of deat  3 Probably 4 Unknow  24b. Were eutopsy findings aveilable prior to complation of cause of deeth?  1 Yes 2 No  ar (Specify)  ed  er or Rurel Route Number,  nner es steted.  and due to the ceuse(s)  if (Month, Dey, Year)			
Division of Vital Records, P.O. Box ( To the Hospital or Attending Physician: The law requires that the death certif- within 24 hours after death. To the Funeral Director: After this certificate has been signed by the attending completely filled in by the funeral director, page 2 should be detached for use a	edical Certification: To Be Completed by Physician/Medical	Pert II. Other significant cond  CACALACA  25. Wes cese referred to mediexamiper?  1 Des 2 No  27. Menner of Deeth 1 Neturel 5 Pen Inve 3 Suicide 6 Coudet dete  29a. Certifier (Check only 2 Medicone)  29b. Signature and title of certifications  30. Neme and address of Jers	icel Hospitel:  diding Stigetion of the symmetric description of the symme	Due to  Due to	o (or as a co o (or a co o (or	nsequance of):  the undarlying ceusa given the undarlying ceusa given the undarlying ceusa given the undarlying and the of the undarlying ceusa given the undarlying ceusa given the undarlying the undar	26. Plece of Deet  26. Plece of Deet  ier: 4 \sum Nursing Ho  y et  k?  Yes 2 \sum No	23b. Did to 1 Ye  24a. Was a perform 1 Ye  th (Check only or or or or or or or or or or or or or	es 2 1000  es 2 1000	attribute to the cause of deat  3 Probably 4 Unknow  24b. Were eutopsy findings aveilable prior to complation of cause of deeth?  1 Yes 2 No  ar (Specify)  ed  er or Rurel Route Number,  nner es steted.  and due to the ceuse(s)  if (Month, Dey, Year)			

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legiple. 22395 State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** -1510 9:00 pm /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Brandy Whe
If Under 24 Mrs. 8. Dete of Birth
Month, Day, Park 700 Flora reviges 5. Social Security Number 6. Sex If Under 1 Year 7. Age (In yrs. last birthday) **Funeral**  Birthplece State or Foreign
Country Deys Months October 23, 1907 Mag 1 M 2 F 578-10-1954 Yrs. **Director** Usual Residence of Decedent with the Maryland 10e State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at 1 TYes 2 □ No Maryland 10e. Street end Number Director Prince 10f. Zip Code 10g. Citizen of Whet Country? 50 permit. Pages 1 and 2 should be filled within 72 hours after death w Department of Health and Mental Hygiena. Important: if them 27 is marked other than "natural", or thems 23-2068. Rel 7001 Brandywine 20613 lucal USA Funeral 12. Was Decedent Ever In U,S Armed Forces? 11. Maritel Status 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 Never Married 2 Merried 1□ Yes 2⊡No ρ 3 ₩idowed 4 Divorced Black Completed Decedent's Usuel Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Homeriske Dureste 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be 2 Herbert JAnle 19a, informent's Name/Relationship (Type, Pfint) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MI Hensun Hece 8100 20613 20b. Place of Disposition (Name of 20e. Method of Disposition Date 20c. Location - City or Town, State ematory or other place 1 Duriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 18,1997 21. Signeture of Forest Service Licenses 22. Name end Address of Fecility West Adams Fineral Home 30002 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respireto shock, or hear failure. List only one cause of each line. Approximete Intervel Between Onset end Deeth Physician Immediete Ceuse (Finel disease or condition resulting In deeth) /Medical Examiner Examiner the Hospital or Attending Physician: The law requires that the death certificate be executed burial-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of) ate has been signed by the attanding physician page 2 should be detached for use as the bunal Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? After this certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3□ DOA 5 ☐ Residence 6 ☐ Other (Specify) 27. Manner of Death 28e. Dete of Injury (Month, Day Year) 28h. Time of 28d. Describe how Injury occurred 28c. Injury et Work? Neturel 5 Pending within 24 hours after death.

To the Funeral Director: A completely filled in by the fu Investigetion 2 Accident 1 Yes 2 No 6 Could not be determined 3 Suicide In by 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medical 29b. Signature end title of certific 29c. License number 29d. Dete signed (Month, Day, Year) 30. Neme end eddress of pers mpleted ceuse of deeth (Item 23e) (Type, Print) 700 Old 202 20664 31. Dete filed (Month, Day, Year) 32. Registra's Signature. State 1997 Registrar 6

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

**Physici** /Medic Examir

**Funeral** Director

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Depertment of Heelih and Mertal Hygiene. Important: if fem 27 is merked other than "natural", or items 23s or 28s-4 show any injury or other traumatic event, its Medical Examiner must be notified another.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after deeth.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit

Division of Vital Records, P.O. Box 68760,

	1. Decedent's Nama (F	First, Middle, La	ist)			-1			2. Data of De			3. Time of Death	
an	Jame.	5	A	500	150				Month	Day 2	Year	1051	
al er	4a. Fecility Nema (If no		va street and numb		,		4	b. City, Town, or	7	h 4c. County	of Death		
CI	North	An.	inde!	1-	1050	1+41	/	Olan (	2		AA		
r	5. Social Sacurity Num			Age (In yrs.	last birthdey)	If Under 1		If Undar 24 Hrs	8. Data of Bi	rth	9 Birthpled	a (State or Foreign	
	350-34-093		1 🔀 M 2□ F	5	∆ Yrs.	Months	Days	Hours Min.	(Month, De	ay, Year)	Country	e (Stete or Foreign	
	Usuel Residence of De				-				05-09-	1943	OHIO		
	10a. Stata 10b. County 10c. City, Town or Location										10d	. Insida City Limits	
to	MARYLAND	ANNE Z	ARUNDEL		SEVE	7PN				1 ☐ Yas 2√☐ No			
rec	10e. Street and Numbs		11,01,022		DEVI	10f. Zip (	Coda			10g. Citizan of What Country?			
by Funeral Director	1322 AVA R	OAD					21	144		U.S.A.			
era	11. Marital Status		12. Was Deceda	ant Evar in I.	LS 13 V	Wes Decedant of Hispanic Origin? (Specify Yes or No-					14. Race - Amarican Indian.		
Fun	1 Nevar Married	2N Marriad	Armed Force	as?		f Yas, specif	fy Cuba	in, Mexican, Puar		ck, White, ato			
by	3 □ Widowad 4 □		If Yas, Giva Yaar or Data			1 □ Yas 2	No K	Specify:		Specify	WHI	TE	
B	15	. Decadant's E		as: NA	1 11111 11111	dant's Usuai	Occup	ation		16b. Kind of B	usinass/Indus	strv	
plet	(Specify (	only highest gra	ada complated)		(Give	kind of work DO NOT use	dona	during most of wo	rking			,	
Eo	Elamantary/Seconda 12	iry (0-12)	Collaga (1-4 2	or 5+)		NSA				N	SA		
Be Completed	17. Fethar's Nama (Firs	st, Middla, Last,	)					18. Mothar's Na	ma (First, Middle	, Maiden Suman			
To B	JAMES AU	STIN	FOUSE	r C1	R.			VIRGIN	TA				
F	19a. Informant's Name			, 3		n Addrass	(Street	end Number or R			ALLISO		
	PATRICIA E			TTTW)				D, SEVER			144	Joan	
	20a. Mathod of Disposit		III TOODE		Placa of Dispo			D, SEVER	Data Data	20c. Location -		State	
	1 ☐ Buriei 2 🖾 C	remation 3 [			cematery, cran			(0)	Dutu	Loo. Loodilon	Only Or Town	, otato	
	4 Denation 5			CH				ORY, INC.	7/14/97	BELTSV	ILLE,	MD.	
	21. Signature of Furier	al Securido Day	1588		22	. Name end	Addres	ss of Fecility S	INGLETO	N FUNERA	L HOME		
	1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061												
	23a Perti. Entar the diseasa, or complications that caused the deeth. Do not entar tha mode of dying, such as cardiec or respiretory errest,  Approximate Interval Between												
1											Ö	nsat and Death	
-	Immed ata Cause (Fina dis a or condition that Iting in death)	al	Acus	Acute CArdiac Insufficiences UNK									
	iting in daath)		a. 7 10 01	Dist to for as a consequence off:									
Je l	- Arterioschenotic Heart Disease												
										000	i		
ũ	Sequantially list conditi if any, laading to Imme causa. Entar Undartyir Ceuse (Disaasa or inju	diata											
edical	that initiated evants resulting in death) Last		C	Due to (c	er es e consequ	uenca of):							
S S	rosuling in Gaalin, Last												
an/M			d										
SICE	Part II. Other signiffcar	nt conditions o	ontributing to deat	h but not ras	ultino In tha ur	ndartving ca	usa div	en in Part I.	23b, Dld	tobacco use co	ntribute to th	e cause of death	
Ť.										Yes 2□ No	3 Probat		
Ž	-									100 10 10		.,	
Be Completed by Physic										en eutopsy	24b. Were	eutopsy findings	
et				_					peri	ormed?	comp	ble prior to letion of causa	
Ē										Yas 2 No			
ŏ	25. Was casa rafarrad	to medicai	•						10	/!	1 D Y	as 2□ No	
Ď	axaminar? 1 (X Yes 2 □ No	to illedical	Hospital:	or a ch	4		Oth	ar	ath (Check only				
<u>د</u>	27. Mannar of Death		1 LJ Inp		£R/Outpatien 28b. Tima of		1	4 LI Nursing F	7	ne 5 Residence 6 Othar (Specify)  8d. Dascribe how injury occurred			
5	1 Natural 5	Pending invastigation	28a. Data of I (Month,	Day Year)	fnjury		c. Injun		EGG. Dagoribe	now injury occur	760		
ca	2 ☐ Accident 3 ☐ Suicide 6	Could not be	9 00a Diago of	M 1 Yas 2 N 28a. Placa of Injury - At homa, farm, street, factory, offica					20f Location	Street and Numb	or or Owel D	lauta Atumbar	
Ē	4  Homicida	daterminad	building.	atc. (Specil	y)	set, lactory,	OIIICA		City or To	wn, Stata)	ei oi nuizi n	outa Number,	
ŏ	29a. Cartifier 1	O and the law of the											
Medicai Certification:	140	Medical Exam	ysician: To the be niner: On the basi	s of axamina	wiedge, death ition end/or Inv	occurred al restigetion, i	tha tim	na, date and place pinion, daath occu	i, and dua to tha irrad at tha tima,	causa(s) and ma data and placa,	inner as state end due to th	ed. e ceusa(s)	
ě	29b. Signeture and titla	of cartifier	end menner	steted.		204	Licens	a number		20d Data slar-	d (Month D-	Vogel	
	255. Signeture and titla	or carriller	1	Dep	uty			a number	14	29d. Dete signe			
	Mull	wit	Ms	200	(		1	8609 5 Am	7	1/13	171		
	30. Nema and addrass	of parson who	completed cause of	of daath (Itan	n 23e) (Type, i	Print)		- 1		~			
	William	m H	Ja1	NCS.	mo	6	75	The	EVICA	4 21	035		

State Registrar

31. Date filled (Month, Day, Year)

JUL 1 5 1997

Lika Davidson Bondalle

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

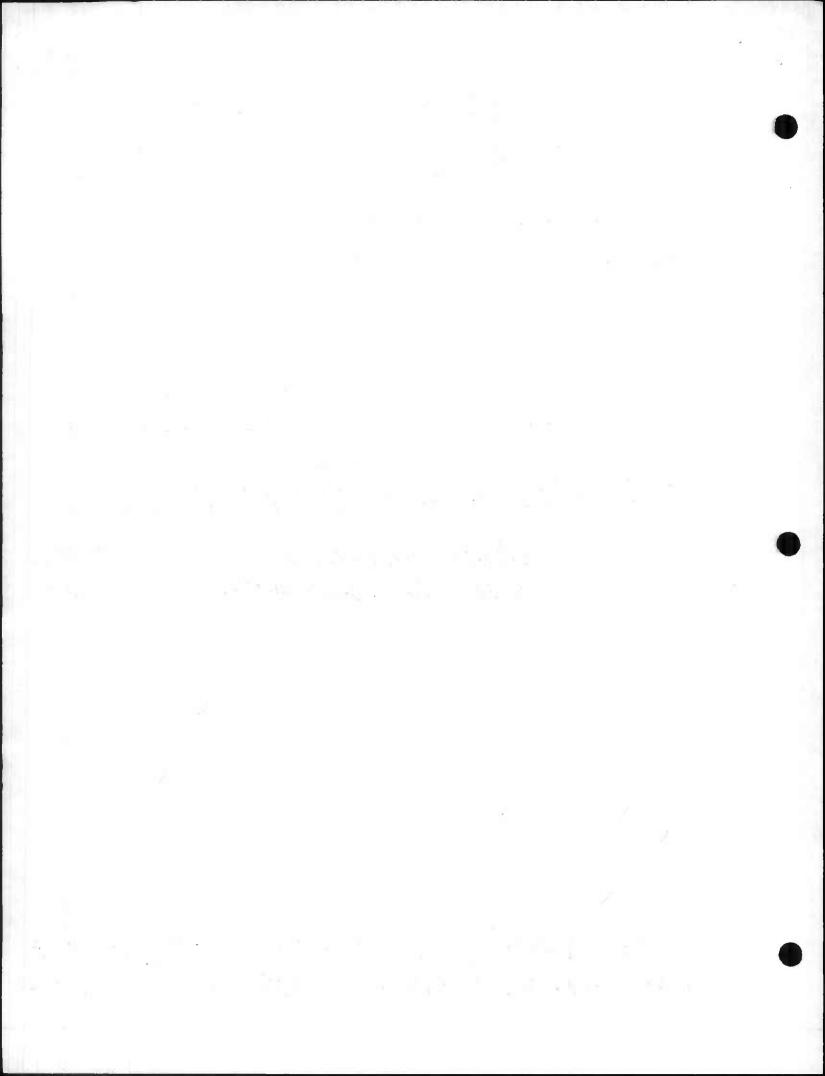
State of Maryland / Department of Health and Mental Hygiene 7 22397

						Certifica	te of	Death		F	Reg. No.			
			1. Decedant's Nama (First, Middle, Las	et)					2.	Dete of De	eth		3. Tima of i	Death
	Physic		Bina Elizabeth	Farver						Month JULY	Dey 19	Yaar 97	11:1:	CPM
2	/Medi Examir		4e. Fecility Name (If not institution, give	street end number)				4b. City, Tow						3
			Yolanda Home						ksvil		Howa			
	Funeral Director		5. Social Sacurity Number 6. Sacurity State 1	ax 7. Aga	(In yrs. last birt	/rs. Month	er 1 Yeer Days	if Under 2	Min.				aca (Stata or lry) yland	Foraign
	and **		10a. Stete 10b. County		10c. City, Town	or Location							0d. Inside City	v Limits
	8a-f eh	Director	Maryland Howard		Day	ton							1 ☐ Yes	
	23a or 2	ral Dir	10e. Street and Number 5004 Morning Star	Drive		10f, 2	ip Coda 2103	36			10g. Citizen of V United	•		
020	J within 72 hours after deeth with the Maryland jiane. I than "natural", or Itema 23a or 28a-f show the Medical Examiner must be notified at	by Funeral	11. Maritai Status  1 □ Navar Married 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. Wes Dacadant Ev Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Giva Yaar or Dates:		13. Wes Dec	ecify Cub	Hispanic Origi en, Maxican, Spacify:	in? (Specify Puarto Rica	Yes or No- an, etc.)		e - Amarica k, White, e		
15-0	natur	Completed	15. Decedant's Ed (Specify only highest grad		16a.	Decedant's Us (Give kind of v lifa. DO NOT	ual Occu	pation during most	of working		16b. Kind of Bu	isinass/Ind	lustry	
12	e filed withing Hygiane.	дшо	Elementary/Secondary (0-12) 8th	Collaga (1-4or 5+)	)	Hous					own h	ome		
d	p the fire		17. Father's Name (First, Middla, Last)			11000			's Neme (Fi	irst. Middla.	Maidan Sumam			
lan	D = 0 0	To Be	Charles E. Wilhid	le					tha Ey			-/		
Maryland 21215-0020	d 2 should be f th end Mental I 7 Is marked of traumatic eve	_	19a. Informant's Name/Ralationship (Type, Print)  Mrs. Faith Arrington Daughter  19b. Malling Addrass (Straat and Number or Rural Route Number, 5004 Morning Star Drive Dayte											
e,	s 1 and of Heeltl Item 27 other 1		20a. Method of Disposition	con baugii		Disposition (N		Star I		Dayt	20c. Location -	210		
Baltimore,	permit. Pages 1 and 2. Department of Heelth el Important: If Item 27 le any Injury or other trau 9000.		1 ☑ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donetion 5 ☐ Othar (Specify,		cematar Taylors	y, crematory of	other pla				Taylor			
Ball	Depending Depending any Injury		21. Signature of Funeral Service Licens	3 Core	Ly_	Burri	er-Q	ass of Fecility ueen Fi ld Lib	unera	l Dire	ectors, Winfiel		D 217	84
	أولساء		23a Part Entar tha diseese, or comp	olications thet count of the	ne dente. Do n	ot entar tha m	oda of dyi	ng, such es c	ardiac or re	spiretory ar	rast,		Approximata Intarval Batw	reen
	Physician /Medical		1									i	Onset and D	eath
1	Examiner		Immediate Causa (Final disaasa or condition rasulting In daath)	a	PANC	REATIC	, G	greto	2				41100	MAS
		-		De	ue to (or es a c	onsequanca o	):							
	uted d ansit	Examiner	Commence the Book land and other transfer or	b	ue to (or as a c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	۸.							
o,	icate be axecuted physician and s the burial-transit		Sequentially list conditions, if any, laading to Immadiata causa. Enter Underlying	and to for up a consequence or.										
68760,	ite be nysicia	Icai	Cause (Disaese or Injury that initiated evants resulting in daeth) Last	C. Du	ue to (or as a c	onsequance of	):							
×	eeth certificate be axecuted attending physician and I for use as the bunal-transit	√Medicai	resulting in dealth, East						į					
Bo	atter 1 for u	Physician	Data Other de Marie			a===u=Zv=	* 1-71L I						and the contractions	
0	by the datached	hys	Part II. Other significant conditions co	-		tha undarrying	cause gr	van in Part I.			obacco use cor			
S, P	es thet igned t be det	by P	PARKINSO	DN'S DIST	SE					101	res 25 No	3 Prot	eably 4⊡U	Inknown
Record	requir	Completed I	DIABGE	on's DISE	rus					24a. Was perfor	an autopsy med?	cor	ara autopsy fir alleble prior to apletion of ca death?	)
Re	The law ata hes t page 2 s	шо								1□ ∨	'es 2€No		Yas 2021	No
Vital		BeC	25. Wes casa rafarrad to medical					26 Place o	of Daeth (C	heck only o			Tido Zyeri	***
>	Physician: this certific ral director,	To B	axaminar? 1 ☐ Yas 2 ဩ√No	Hospital: 1 ☐ Inpatiant	2 ☐ ER/Out	petiant 3	OA Ot	ner .			lenca 6 □Oth	ar (Specific	()	
on of	fing Ph After th funeral		27. Mennar of Death 1 Natural 5 Pending 2 Accident Investigation	28a. Date of Injury (Month, Day )	28b. T		28c. Inju Wo		28d.		ow Injury occurr		-	
Division	or Attending efter death. Director: After I in by the fune	Certification:	3 Sulcida 6 Could not ba 4 Homicide determinad	28e. Place of Injury building, atc.	r - At homa, far (Specify)					Location (S City or Tow	Street end Numb m, Stata)	er or Rura	Route Numb	er,
	To the Hospital or within 24 hours efter To the Funeral Dir completely filled in	edicai C	29a. Certifiar (Check only one) 12 Certifying Phy 2 Medical Example one)	sician: To the best of a	xaminetion and	death occurre	d et tha ti	ma, data and opinion, daath	place, and	due to the o	causa(s) and ma date and place,	nnar as st	ated. tha causa(s)	
	o the o the omple	Mec	29b. Signatura and titla of certifiar	and mannar state	nu.	2	9c. Lican:	sa number			29d. Data signed	d (Month. I	Day, Year)	
	m s in o			1 1-			n		~					
			30. Name end addrass of person who co	ompleted cause of dea	70 th (Itam 22a) /	Type Print	1/1	574			JULYY	197	7	
			Colone 2 Th	ompleted cause of dea	(m (main 238) (	HO THE	110	w a	. //	April-	1111-5	Acr	4101	LA
	Sta	te	31. Data filed (Month, Day, Year)			- 117		1 17	2,0	Trudy	vicing.	in	7-1	-/
	Registr		IIII 0 7 400°	2 del . As.	in Par	1 11								

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 3 9 8

	7/11/97, BMW, Mon 1. Decedent's Neme (First, Middle, L		per r.hcer	uncate of	Deam	2. Dete of Dee	th	3. Time of Death		
cian	Jean	Go:	ldsmith			Month July	10, 1997	7:47 AM		
lical iner	4e. Fecility Neme (If not institution, g	ive street end number)	)		4b. City, Town, or		4c. County of			
	Holy Cross Hosp	ital			Silver Si	oring	Monte	omery		
1		1 DM 2 DE	ge (In yrs. last birthday) Yrs.	If Under 1 Year Months Days	Silver Si If Under 24 Hrs Hours Min.	8. Dete of Birth (Month, Day Oct 1		Birthplece (State or Forei Country)     Poland		
r	Usual Residence of Decedent	8	2 32			OCL. I.	, 1914	roland		
	10e. Stete 10b. County		10c. City, Town or Lo	cation				10d. Inside City Limit		
io	Maryland Montgo	omery	Silver S	pring			1 ☐ Yes 24☐ N			
Director	10e. Street end Number			10f. Zip Code		10g. Citizen of Whet Country?				
	9011 Alton Park	way		20910			United	States		
Funeral	11. Maritel Stetus	12. Wes Decedent Armed Forces?	11	Ves Decedent of I Yes, specify Cub	Hispenic Origin? (S en, Mexican, Puert	pecify Yes or No- o Rican, etc.)	14. Rece	- American Indien, c, White, etc.		
by F	1 Never Merried 2 Married  3 Widowed 4 Divorced	If Yes, Give	No 1	☐ Yes 21 No	Specity:		Specify:	White		
8	15. Decedent's	Year or Detes:	16a Deced	ent's Usuel Occup	netion		16b. Kind of Bus	singse/Industry		
Completed	(Specify only highest g	rede completed)	(Give	kind of work done OO NOT use retire	during most of word	king	TOD. TAILS OF DUS	sinesamiduatry		
Eo	Elementery/Secondary (0-12)	College (1-4or		memaker			0	wn Home		
BeC	17. Fether's Neme (First, Middle, Les	st)			18. Mother's Ner	ne (First, Middle, I	Meiden Sumeme	9)		
To	Abraham Novacl	k			Bay	а	Sofer			
	19e. Informent's Neme/Relationship	(Type, Print)	19b. Meilin	g Address (Street	end Number or Ru					
		aughter)			rkway, Si					
	20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 33	<b>⊠R</b> emovel from State	20b. Plece of Dispos cemetery, cren	sition (Neme of netory or other pla	ce)			City or Town, Stete		
	4 □ Donetion 5 □ Other (Spec	oify)	Bet Sher	mesh Cem		/11/97	Bet She	mesh, Israel		
	21. Signature of Funeral Service Lin	1	/ D	Name end Addre	-Coldbard	Mom Ch	000010	Tno		
	Danzansky-Goldberg Mem. Chapels, 1170 Rockville Pike, Rockville, M 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cerdiac or respiretory errest, shock, or heert failure. List only one ceuse on each line.									
	23a. Pert1. Enter the disease, or conshock, or heert failure. List on	mplications that caused ly one ceuse on eech li	d the deeth. Do not ente ine.	ar the mode of dyi	ng, such es cerdiad	or respiretory err	est,	D 20852 Approximete Intervel Between Onset end Deeth		
	Immediate Ceuse (Finel		7/10							
	disease or condition resulting In deeth)	. 130W	EL IIV,	FHICC	11010			36 MR		
ē		561111	EL IN Due to (or es e conseq RE ART	uence of):	C1601	CIS		MAC		
Examiner	Sequentially list conditions	b. JE VE1	CLICO	775		70				
Ä	Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury									
dical	thet initieted events resulting in deeth) Lest	c. ————	Due to (or es e consequ	uence of):						
Physician/M		d								
Sic	Pert II. Other significant conditions	contributing to death b	out not resulting In the ur	derlying cause gi	ven In Pert I.	23b, Dld to	obacco uee con	tribute to the cause of deat		
						11X(Y	es 2 No	3 Probably 4 Unkno		
						0.45 141				
by	_			24e Wes e	n eutonsv	240. Were eutopsy findings				
by						24e. Wes a	n eutopsy med?	24b. Were eutopsy findings eveileble prior to completion of ceuse		
by						perfor	med?	eveileble prior to completion of ceuse of deeth?		
Completed by	25. Was case referred to medical	1			OC Plans of Da	perfor	es 2XNo	eveileble prior to completion of ceuse		
Be Completed by	25. Wes cese referred to medicel exeminer?  1 □ Yes 2 № No	Hospitel: 1 M Inneti	ont 2∏ER/Outration	3 DOA Oth	oor.	perform	es 2 No	eveileble prior to completion of ceuse of deeth?		
To Be Completed by	exeminer? 1 Yes 2 No 27. Manner of Deeth	28e. Dete of Inju	ry 28b. Time of	3LI DOA	ner: 4 Nursing H	perfor	es 2 XNo	eveileble prior to completion of ceuse of deeth?  1  Yes 2 No		
To Be Completed by	exeminer? 1 Yes 2 No	28e. Dete of Inju (Month, De	ury 28b. Time of	28c. Inju	oor.	perform  1 □ Your Your Your Your State (Check only or I Resident)	es 2 XNo	eveileble prior to completion of ceuse of deeth?  1  Yes 2 No		
To Be Completed by	exeminer?  1 Yes 2 No  27. Manner of Deeth 1 Naturel 5 Pending Investigati 3 Suicide 6 Could not	28e. Dete of Inju (Month, De	ury Yeer) 28b. Time of Injury	28c. Inju Wo M 1	ner: 4 Nursing H ry et rk?	perform  1  Y.  with (Check only or lome 5  Residual Resi	es 2 No ne) ence 6 Othe ow injury occurre	eveileble prior to completion of ceuse of deeth?  1  Yes 2 No		
To Be Completed by	exeminer?  1 Yes 2 No  27. Manner of Deeth  1 Naturel 5 Pending 2 Accident Investigati 3 Suicide 6 Could not	28e. Dete of Inju (Month, De	28b. Time of Injury	28c. Inju Wo M 1	ner: 4 Nursing H ry et rk?	perform  1 □ You  ath (Check only or   lome 5 □ Reside  28d. Describe he	es 2 No ne) ence 6 Othe ow injury occurre	eveileble prior to completion of ceuse of deeth?  1  Yes 2 No  or (Specify)		
Certification: To Be Completed by	exeminer?  1 Yes 2 No  27. Manner of Deeth 1 Naturel 5 Pending Investigati 3 Suicide 4 Homicide 6 Could not determine	28e. Plece of Inju. (Month, De bed de 28e. Plece of Inju. building, et	28b. Time of Injury  28b. Time of Injury  28b. Time of Injury  28b. Time of Injury  28b. Time of Injury  28b. Time of Injury	28c. Inju Wo M 1 Deet, fectory, office	ner: 4 Nursing F ry et rk? I Yes 2 No	perform  1  Y.  with (Check only or lome 5  Reside 28d. Describe here)  28f. Location (S. City or Town	es 2 No  ne)  ence 6 Othe ow injury occurre  treet end Numbe n, Stete)	eveileble prior to completion of ceuse of deeth?  1  Yes 2 No  or (Specify)  ed  or or Rural Route Number,		
edical Certification: To Be Completed by	exeminer?  1 Yes 2 No  27. Manner of Deeth 1 Maturel 5 Pending Investigati 3 Suicide 6 Could not determine  29a. Certifier (Check only one)  1 Certifying F 2 Medical Exempter  1 Certifying F 2 Medical Exempter  1 Certifying F 2 Medical Exempter  2 Medical Exempter  1 Certifying F 2 Medical Exempter  2 Medical Exempter  1 Medical Exempter  2 Medical Exempter  1 Medical Exempter  2 Medical Exempter  2 Medical Exempter  1 Medical Exempter  2 Medical Exempter  1 Medical Exempter  2 Medical Exempter  1 Medical Exempter  2 Medical Exempter  2 Medical Exempter  2 Medical Exempter  3 Medical Exempter  4 Medical Exempter  4 Medical Exempter  5 Medical Exempter  4 Med	28e. Plece of Inju. (Month, De bed de 28e. Plece of Inju. building, et	lary Yeer)  28b. Time of Injury  28b. Time of Injur	28c. Inju Wo M 1  Det, fectory, office  occurred at the tile estigation, In my office	ner: 4 Nursing F ry et rk? Yes 2 No me, dete end plece	perform  1  Y:  th (Check only or  lome 5  Reside  28d. Describe he  28f. Location (S: City or Town  1, end due to the correct et the time, described he  28f. Location (S: City or Town  28f.	es 2 No ne) ence 6 Othe ow injury occurre treet end Numbe n, Stete) euse(s) end mer late end place, e	eveileble prior to completion of ceuse of deeth?  1  Yes 2 No  or (Specify)  and  or or Rural Route Number,  nner es stated.  nd due to the ceuse(s)		
Certification: To Be Completed by	exeminer?  1 Yes 2 No  27. Manner of Deeth  1 Maturel 2 Accident 3 Suicide 4 Homicide  5 Pending Investigati 6 Could not determine  29a. Certifier (Check only)  1 Certifying P	28e. Plece of Inju. (Month, De be de de l'alle	28b. Time of Injury  28b. Time of Injury  jury - At home, farm, street. (Specify)  of my knowledge, death of examination end/or invaled.	28c. Inju Wo M 1 Deet, fectory, office occurred et the tile estigation, In my control 29c. Licens	ner: 4 Nursing F ry et rk? Yes 2 No me, dete end plece se number	perform  1  Ye  with (Check only or  lome 5  Reside  28d. Describe he  28f. Location (Single or Town  c, end due to the correct et the time, described on the correct et the time, described or the correct et the time, described on the correct et the time, described on the correct et the time, described on the correct et the time, described on the correct et the time, described on the correct et the time, described on the correct et the time, described on the correct et the time, described on the correct et the time, described on the correct et the time, described on the correct et the	es 2 No  ence 6 Othe ow injury occurre  treet end Numbe n, Stete)  euse(s) end mer late end place, e	eveileble prior to completion of ceuse of deeth?  1  Yes 2 No  or (Specify)  ed  or or Rural Route Number,  nner es stated, and due to the ceuse(s)		
edical Certification: To Be Completed by	exeminer?  1 Yes 2 No  27. Manner of Deeth 1 Maturel 5 Pending Investigati 3 Suicide 6 Could not determine  29a. Certifier (Check only one)  1 Certifying F 2 Medical Exempter  1 Certifying F 2 Medical Exempter  1 Certifying F 2 Medical Exempter  2 Medical Exempter  1 Certifying F 2 Medical Exempter  2 Medical Exempter  1 Medical Exempter  2 Medical Exempter  1 Medical Exempter  2 Medical Exempter  2 Medical Exempter  1 Medical Exempter  2 Medical Exempter  1 Medical Exempter  2 Medical Exempter  1 Medical Exempter  2 Medical Exempter  2 Medical Exempter  2 Medical Exempter  3 Medical Exempter  4 Medical Exempter  4 Medical Exempter  5 Medical Exempter  4 Med	28e. Dete of Inju. (Month, Dete of Inju. (Month, Dete of Inju.) 28e. Plece of Inju. (Month, Dete of Inju.) 28e.	28b. Time of Injury  28b. Time of Injury  jury - At home, farm, street. (Specify)  of my knowledge, death of examination end/or invaled.	28c. Inju Wo M 1 Deet, fectory, office occurred et the tile estigation, In my control 29c. Licens	ner: 4 Nursing F ry et rk? Yes 2 No me, dete end plece se number	perform  1  Ye  with (Check only or  lome 5  Reside  28d. Describe he  28f. Location (Single or Town  c, end due to the correct et the time, described on the correct et the time, described or the correct et the time, described on the correct et the time, described on the correct et the time, described on the correct et the time, described on the correct et the time, described on the correct et the time, described on the correct et the time, described on the correct et the time, described on the correct et the time, described on the correct et the time, described on the correct et the	es 2 No  ence 6 Othe ow injury occurre  treet end Numbe n, Stete)  euse(s) end mer late end place, e	eveileble prior to completion of ceuse of deeth?  1  Yes 2 No  or (Specify)  and  or or Rural Route Number,  nner es stated.  nd due to the ceuse(s)		



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 2 2 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death

**Physician** /Medical **Examiner** 

ROBERT 4e. Fecility Neme (If not institution, give street end number)

Suburban Hospital

GREENBERG

Deys

10f. Zip Code

20817

3. Time of Death

10d. Inside City Limits

Yes 2 No

**Funeral Director** 

5. Social Security Number 577-38-6823 Usuel Residence of Decedent

10b. County Maryland Montgomery

1**X** M 2□ F

Yrs. 10c. City, Town or Location

Bethesda

7. Age (In yrs. lest birthday)

Bethesda If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 8. Date of Birth (Month, Day, Yeer) Jan.1,1915

4b. City, Town, or Location of Death

Montgomery Birthplece (State or Foreign Country)

New York

10e. State

filed within 72 hours after death with the Maryland

7 is marked other than "natural", or items 23a or 28a-f ahor traumatic event, tra Modical Examiner must be notified at Hygiana.

21215-0020

EBaltimore, Maryland pemit. Pages 1 and 2 should be file Department of Haath and Mental Hy Important: If Item 27 is marked othe any Injury or other traumatic event. **Physician** /Medical Examiner

The law requires that the death certificate be asscuted the bunal-transit and ed by 99 certificate or Attending Physician: / S after dea... -al Director: After n... -w the funaral di To the Hospital within 24 hours a To the Funeral C completely filled Hospital

O. Box 68760.

مَ

Records,

Division of Vital

Director Funeral þ Completed Be

Physician/Medical Be Completed by 2

10e. Street end Number 7012 Braeburn Place 1 Never Married ( Married 3 ☐ Widowed 4 ☐ Divorced Elementary/Secondery (0-12) 17. Fether's Name (First, Middle, Last)

21. Signature of Funeral Service Im Immediate Ceuse (Finel diseese or condition resulting in deeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest B

1 Naturel 2 Accident

3 Suicide

4 ☐ Homicide

Certification: Medical 29a. Certifier

Louis Greenberg 19e. Informant's Neme/Reletionship (Type, Print) Gail F. Greenberg/Wife 20e. Method of Disposition 1 X Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify)

12. Wes Decedent Ever in U,S. Armed Forces? X Yes 2 No If Yes, Give Year or Detes: 15. Decedent's Education (Specify only highest grede completed) College (1-4or 5+)

13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 ☐ Yes 2 X No

Bleck, White, etc. Specify: White 16b. Kind of Business/Industry

14. Race - American Indian,

10g. Citizen of Whet Country?

U.S.A.

16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) Insurance/ Agent/Broker

Self-Employed 18. Mother's Name (First, Middle, Meiden Sumeme)

Sylvia Neuman

19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Same as 10a - 10f

22. Name end Address of Fecility

Dete

20c. Location - City or Town, Stete

20b. Place of Disposition (Neme of cemetery, cremetory or other place)

National Memorial Park 7/10/97 Falls Church, VA

Ives-Pearson Funeral Homes

22046

472 N. Washington St. Falls Church, VA Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line.

CARDIAL ARREST

TE MYOCARDIAL (NFARCTION

Due to (or es e consequence of)

Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contributa to the cause of death?

PULMONARY EDEMA, RECURRENT ASPIRATION, Hypo WASHING BULLNEMIA

24b. Were eutopsy findings

MALNUTRITION, RECURRENT ATYPICAL PNEUMONIA, performed?

No

eveilable prior to completion of cause of deeth? 1 ☐ Yes 2 ☐ No

20NCH10UTIS	OBLITERANS	WITH ORGANIZING	AWEUMONDE YOS	2.13
Was case referred to medical exeminer?			ace of Death (Check only one)	

1 ☐ Yes 2 No 27. Manner of Deet 28b. Time of

1 Defination 2 ER/Outpetlent 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work?

1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, State)

5 Pending Investigation

6 Could not be determined

鑑 CertifyIng PhysIclan: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) end menner es steted. 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature

29c. License number D26571

29d. Date signed (Month, Dey, Year)

DELPAY AVE

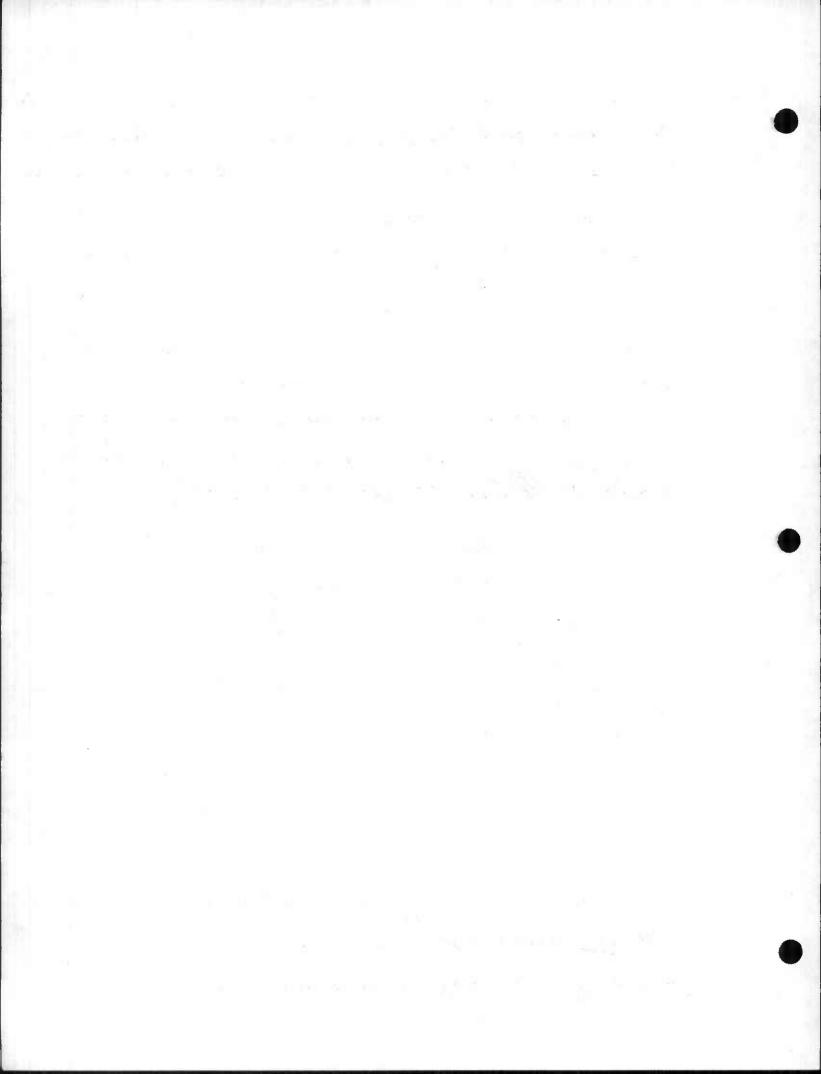
State Registrar

20 (30)

Julia Davidson-Randoll

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 22400

						Certific	ate of	Death		Reg. No.			
	Physic		1. Decedent's Name (First, Middle, Last	J. Gibbs					2. Date of De Month		Year	3. Time of D	-
	/Medi Exami Funeral Director		4a. Fecility Neme (If not institution, give GladyS)=   Mau  5. Social Security Number 6. Se	street and number) u Speciality	Hospit yrs. last bir	inch ce	ule nder 1 Year	4b. City, Town, or Chove If Under 24 Hrs Hours Min.	8. Date of Bir	1Pan	9. Birth	Ceorge (Stete or Intry) h Carol	Foreign
	show	2	10a. State 10b. County			n or Location						10d. Inside City	
	with the Na or 28a-f	Director	D.C. N/A  10e. Street end Number  1312 Gallatin Str		Washi		. Zip Coda 20011			10g. Citizan of What Country?			
020	ges 1 and 2 should be filed within 72 hours after death with the Maryland it of Health end Mental Hygiene. If Items 27 is marked other than "natural", or Items 23a or 28a-1 show or other traumatic event, the Medical Evaluation intest to notified a	by Funeral	11. Maritel Status  1 Never Married 2 Married  3 Nover Married 2 Divorced	12. Was Decedent Ever Armed Forces? 1  Yes, Give Year or Dates:	in U,S.	If Yes, specify Cuben,		Hispenic Origin? (Specify Yes or No ben, Mexican, Puerto Ricen, etc.)			ce - Ameri ck, White,	cen Indien,	
21215-0020	rithin 72 hounder.	Completed	15. Decedent's Edu (Specify only highest grad Elementary/Sacondary (0-12)	ucetion de completed) Collega (1-4or 5+)		life. DO NO	f work done T usa ratira	during most of wo.	rking	16b. Kind of E			
Maryland 21	be filed w tal Hygier d other th	Be	8 17. Fether's Neme (First, Middle, Last)		D	omesti	.c	18. Mother's Nar				nily	
yla	should be and Mental marked o	မ	Edward Jones			Bertha Timmons							
Mar	l 2 sho n end is mu		19e. Informant's Name/Relationship (T)					and Number or Ru				-	
re,	s 1 and 2 of Health el Item 27 is		Eddie Lee Mims, d			IZ Gal Disposition y, crematory		St.N.W.	, Washir	20c. Location			
Baltimore,	Set F		1 Burial 2 Cremation 3 T F 4 Donation 5 Other (Specify) 21. Signature of Funder Service Linears	) M		na Bap	tist	Ch. Cem.	7/11/97	Effing	ham,	South Carolina	a
B	Physician /Medical Examiner		Ma. Pert1. Enter the disease, or complishock, or heart feilure. List only of the disease or condition rasulting in death)			7400 not enter the	George mode of dyir	uneral Segia Ave.  Igia Ave.  Ig, such as cerdian	N.W., W	ashingt	on, I	Approximete Interval Betwee Onset end De	en eath
ox 68760,	eath certificate be executed attending physician and for use as the buriel-transit	n/Medical Examiner	Sequentielly list conditions, if eny, laading to immediata ceuse. Entar Underlying Causa (Disease or Injury thet initieted events resulting in daath) Lest	b. Casal Dua Cons	ac to (or es e	any	of): He						
W.	death e atte	sicia	Part II. Other eignificent conditions cor	ntributing to deeth but no	t resulting in	the underlyi	no cause oiv	en in Pert I.	23b. Dld	tobacco use co	ontribute t	o the cauea of	death?
s, P.C	v requires that the death cer been signed by the attendin should be detached for use	by Physician/	Pneuwoniti					1	1 🗆	Yes 2□ No	3□ Pro	bably 4 (Ur	nknown
Division of Vital Records, P.O. Bo	2 8 8	Completed								en eutopsy ormed?	ev	ere europsy find eileble prior to empletion of ceu daeth?	-
<u>a</u>									1 🗆	Yes 2 No	1 [	☐Yes 2☐ N	0
<b>\frac{1}{2}</b>	ician: The certificate rector, pag	Be	25. Wes case referred to medical exeminer?	Hospitel:			Otto	26. Placa of Das					
ō	Phys ral di	٦.	1  Yas 2 No	1 Linpatient				4 EX NUISING F	loma 5 ☐ Resi	dence 6 Ott		fy)	
o	ding th. After fune	tlon	1 Netural 5 ☐ Panding 2 ☐ Accident Investigation	28e. Deta of Injury (Month, Dey Yee	or) Ir	njury	28c. Injur Wor	k? Yas 2 □ No	20d. Describe	now injury occur	1180		
Divisi	To the Hospital or Attanding Physician: within 24 hours after death. To the Funeral Director: Atter this certifical completely filled in by the funeral director.	Certification:	3 Suicide 6 Could not be 4 Homicida daterminad	28e. Plece of Injury - A building, etc. (Sp.	At home, fer				28f. Location ( City or To	Straat and Num wn, State)	ber or Rure	el Routa Numbe	ar,
	ne Hospi n 24 hou ne Funer pletely fill	edical	29a. Cartifier (Check only one) 1 ★ Certifying Physical Cartifier 2 → Medical Examination	sician: To the best of my nar: On the basis of axan end manner steted.	knowledge, ninetion and	deeth occur Vor investige	rad et the tin tion, in my o	ne, dete end place pinion, deeth occu	, and due to the irred et tha tima,	ceuse(s) end m data and place,	ennar as s end due fe	teted. o the ceuse(s)	
)	V withi	W	29b. Signeture end fittle of certifier	eelaw As	hou		29c. Licens	9 number 48213		29d. Date signe	ed (Month,		
			30. Nema and address of person who con Neelam Ashai, M.D.	-			Char	zorla Ma	. m. v. 1 c 3				
	Sta	te	31. Dete filed (Month, Dey 1	1997 Registrary	Bray avi	Gon-Ran	delle	erry, Ma	Tyrand				

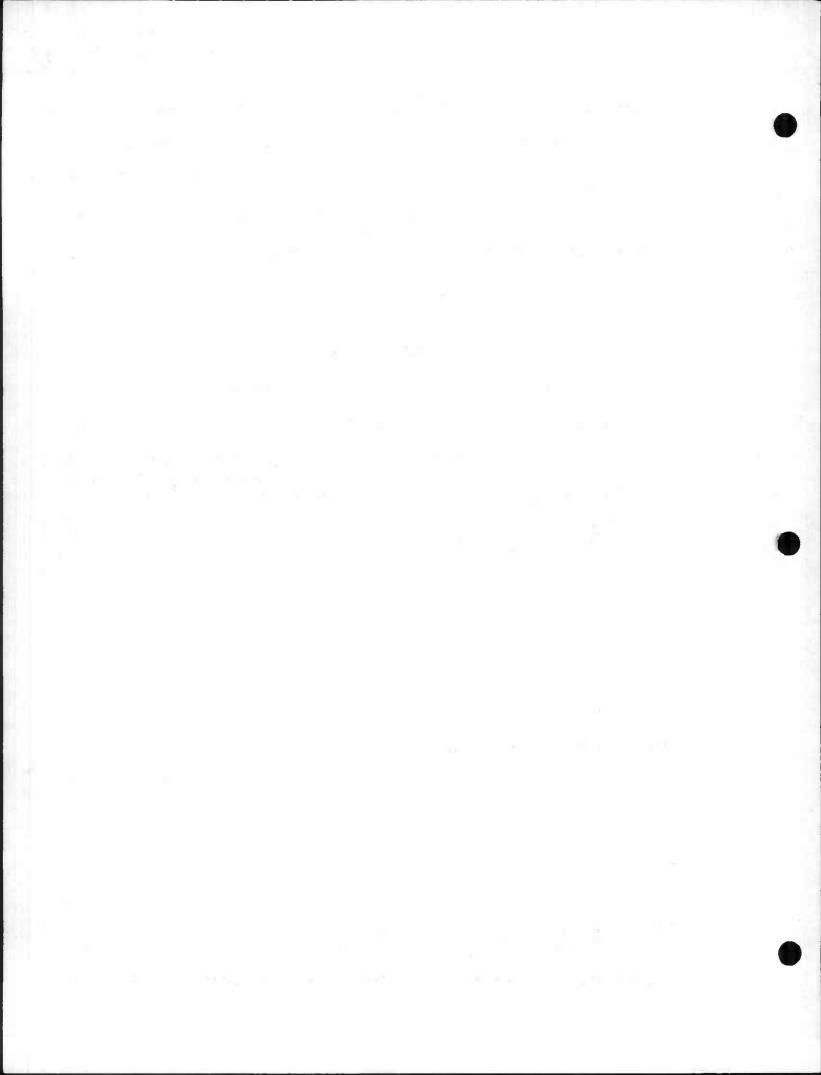


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 22401

Certificate of Death

						00111	nouto or	Doutin		Reg. No.					
	Physic /Medi		1. Decedent's Neme (First, Middle, Li Charles	v.		Gil	oson		2. Dete of D Month July 7	Dey	Yeer	Time of Deeth: 15 a.m.			
	Exami		4a. Fecility Neme (If not institution, gi	ve street end number)				4b. City, Town, or				.1. a.m.			
	LXamiii	ici	Fernwood, Manor	Care				Bethe							
	F				e (In yrs. last bir	rthday)	If Under 1 Yeer				gomery	(Ctata as Faurias			
	Funeral Director			120 M 2□F 8			Months Deys		(Month D	av Year)	Country)	(State or Foreign			
			Usuel Residence of Decedent	0					sept.	16, 1907	North	Carolina			
	and and		10a. State 10b. County		10c. City, Tow	n or Locat	ion				10d b	nside City Limits			
	ehe d	5						hington,	D. C.			X Yes 2□No			
	Ne N	SC S										20100			
	g & j	Director	10e. Street end Number				10f. Zip Code			10g. Citizen of					
	23 P	ā	4404 Yuma Stre	et N. W.				20016			U. S.	Α.			
	72 hours after death with the Meryland natural", or Items 23a or 28a-f show dical Examiner must be notified at	Funeral	11. Maritel Status	12. Was Decedent E Armed Forces?	ver in U,S.  13. Was Decedent of Hispenic Orlgin? If Yes, specify Cuban, Mexican, Pt				Specify Yes or N	o- 14. Rad	e - American Inck, White, etc.	dien,			
>	or it	Ē	1 ☐ Never Married 2⊠ Married	1  Yes 2 N	WW II		Yes 21 No		10 7 110411, 010.7						
	ours rai',	by	3 ☐ Widowed 4 ☐ Divorced	Yeer or Dates:		'-	ITOS ZALINO	Specify.		Specif	White				
200-01717	72 h	Completed	15. Decedent's E		16e.	. Deceden	t's Usuel Occu	petion	ode la	16b. Kind of B	usiness/Industry	1			
	Line Car	pje	(Specify only highest gr Elementary/Secondary (0-12)	College (1-4or 5	+)	life. DO	NOT use retire	,	irking						
	d will will will will will will will wil	ГО	12		Mil	litar	y Offic	cer		U. S.	Army				
ļ	e H of H	Be	17. Fether's Name (First, Middle, Las	1)				18. Mother's Na	me (First, Middle	e, Meiden Suman	ne)				
	enta enta c ev	To B	Richard Gibs	on						Hartil					
	marl marl	F	19a. Informent's Name/Reletionship		106	Mailina 4	Address /Stree	t end Number or R			State 7in Cod	2)			
	permit. Pages 1 and 2 should be filed within 72 hours after death with the Menylan Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examine must be notified at once.					_									
	l an leali im 2		Orville S. Gibso	on - Wife	20b. Pleca of	J4 Yu	ma St.	N. W. W							
	r of h		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐	Removel from Stete	cemete	ry, cremet	ory or other ple		Dete		City or Town, S				
Samuelo, mary arta	Part:		4 ☐ Donetion 5 ☐ Other (Speci		Arling	ton 1	Nalt. C	emetery	7/14/97	Arlingto	on, Vi	rginia			
,	Departi Departi Import any inj any inj		21. Signature of Funerel Service Lica	n <b>a</b> 69		22. Name end Address of Fecility Jo			seph Ga	wler's S	ons, In	ic.			
}	89 E 2 8		Delta !.	,		onsin Ave	. NW WD	C 20016							
ı			23a. Parti Enter the disease, or con	plications that caused	the death. Do r	not enter t	he mode of dy	ing, such as cardia	c or respiretory	errest.	App	roximete			
١	Physician		23a Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest,  Approximete Intervel Between Onset end Deeth												
ľ	/Medical		Immediate Ceuse (Finel	70								7 1			
	Examiner		diseese or condition resulting in death)	Pneumon	nia				2 1	Weeks					
		- a		1	Due to (or es e	conseque	nce of):								
	ped lisit	Physician/Medical Examiner		b											
	and and	xar	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying	[	Due to (or es e	consequer	nca of):								
( ) ( ) ( ) ( )	clan clan	E I	Ceuse (Disease or injury	c .											
)	lew requires that the death certificete be executed es been signed by the attending physician and 2 should be deteched for use as the burial-trensit	dic	thet Initiated events resulting in death) Lest	[	Due to (or es e d	consequer	nce of):								
	ing p e as	Me													
	ath c thend or us	an	_	G							1				
	res that the death signed by the atte I be deteched for	Sic	Pert II. Other significant conditions of	contributing to deeth bu	t not resulting Ir	n the unde	rlying ceuse gi	ven in Pert I.	23b. Did	tobacco use co	ntribute to the	cause of death?			
	by t	Phy.	Malnutrition, de	hydration,	hyper	tens	ion		1	Yes 2 No	3 Probably	4 Unknown			
2	s the	by			, per										
3	v require been si should b		and	1	1					en eutopsy		utopsy findings e prior to			
3	w re	jet	and congestive	heart fai	Lure				pen	ormed?		ion of cause			
2	hes ge 2	Completed													
3	r: T icate r, pe								10	Yes 21 No	1 Ll Yes	2 □ No			
	vician: The lev certificate hes rector, pege 2	Be	25. Was case referred to medical exeminer?	Hospitel:			04	hor	ath (Check only						
5	this ai dii	T0	1 Yes 2 No	1 Linpatier	nt 2 ER/Ou		3LI DOA			idence 6 □Oth					
division of vital necolus,	ing i	Certification:	27. Menner of Death 1 ⊠Netural 5 □ Pending	28a. Dete of Injun (Month, Dey	Year) 28b. 1	Time of njury	28c. Inju Wo		28d. Describe	how injury occur	red				
5	endi eeth or: A	cati	2 ☐ Accident investigation				M 1	Yes 2 No							
	rect rect	Ę.	3 ☐ Suicide 6 ☐ Could not be determined	28e. Placa of Inju building, etc.	ry - At home, fe	rm, street,	, factory, office			(Street and Numb wn, Stete)	er or Rural Rou	te Number,			
)	To the Hospital or Attending Physician: The le within 24 hours effer deeth.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page?	Ç							,	, ,					
	hou hou like iy fill		29e. Certifier 12 Certifying Pt	yelclan: To the best of	my knowledge	, death oc	curred et the ti	me, date end plece	e, end due to the	ceuse(s) end me	enner es stated.				
	n 24 n 24 ne Fi	edicai	(Check only 2 Medical Examone)	niner: On the besis of end manner stel	examination en	a/or invest	tigetion, In my	opinion, deeth occi	urred et the time,	date end plece,	end due to the	ceuse(s)			
	To the Composite of the	Σ	29b. Signeture and title of certifier	400	. 1		29c. Licen	se number		29d. Dete signe	d (Month, Dey,	Year)			
			b UU	noulle			D 425	518		July 7	. 1997				
	D		30 Name and address of sever it	completed source of de-	oth /Itom 00:11	(Time Di				July /	, 1///				
			30. Neme and eddress of person who Gui Chablani, M.		Rockvil		,	/316 R	ockvill.	e, Mary	land 2	0852			
			31. Dete filed (Month, Purple and			1	1.00	, , , , ,	CIVITI	e, mary	Lana 2	.0032			
	Sta	te	31. Dete filed (Month, Marchean)	1997 32. Registra	Signature	כאל									



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Le

State

2

of Finit in black indenble link. Assure All Copies Are Legiple.	^		-
e of Maryland / Department of Health and Mental Hygiene	2	41	J
Cartificate of Dooth			

	٥	Physic /Med Exami	ical ner	
1215-0020	within 72 hours efter death with the Marylend	hen. hen "natural", or items 23s or 28s-1 show a Medical Examinet must be notified at	mpleted by Funeral Director	

permit. Pegas 1 and 2 should be filed with Department of Health and Mental Hygiene. Important: if Item 27 is marked other than any injury or other traumatic event, it is a property of the permit in Baltimore, Maryland 2

> Physician /Medical Examiner

To the Hospital or Attending Physician: The law requiras that the death certificete be executed within 24 hours effer death.

To the Funeral Director: After this cartificate has been signed by the ettending physician and completaly filled in by the funeral director, paga 2 should be datached for use as the buriel-transit Division of Vital Records, P.O. Box 68760,

					001	imouto o	Death		Reg. No.				
cian Iical	1. Decedent's Nam William	H. Give	n						09,19	Yeer 97	3. Time of Deeth 09:55 A		
iner			give street end number)				4b. City, Town, or	Location of Deet			1		
	14 CROU  5. Sociel Security N		APEL RD.	a /la una la	and the field to the seal of	If Linder 1 Ve	Elkton ar if Under 24 Hrs	0.5-4-45	CEC				
	216-20-84 Usuel Residence of	09	1.DXM 2□ F	7 1	Ast birthdey) If Under 1 Year If Under 2.  Wonths Deys Hours			8. Dete of Birth (Month, Day, Yeer) 12-16-25		Dela Dela	nplece (State or Foreign untry) ZWALL		
	10a. State	10b. County		10c. City,	Town or Loc	ation					10d. Inside City Limits		
to	Maryland	Cecil		Elkt	ON						1 ☐ Yes 2 ☑ No		
Director	10e. Street end Nur	0 - 0 - 0		LLICI	On	10f. Zip Code			10g. Citizen of	What Cor	untry?		
	14 Crouc	h Chape	l. Rd			21921			USA				
Funeral	11. Maritel Status		12. Was Decedent Armed Forces?	Ever in U,S	i. 13. V		f Hispenic Origin? (Suban, Mexican, Puer	pecify Yes or No			ican Indien,		
	1 Never Marri	ied 2 Marrie		No		☐ Yes 2 N		to rican, etc.)		ack, White by: Whi			
d by	3 X Widowed	4 Divorced	Year or Detes:	ww	11		o specify.		Speci	y: WILL	re		
Completed	(Spec	15. Decedent's ify only highest	s Education grade completed)		16a. Deced (Give I	ent's Usual Occ kind of work dor	upation e during most of wo red)	rking	16b. Kind of E	Business/I	ndustry		
dm	Elementary/Seco	ndary (0-12)	College (1-4or						A + . 7				
e C	17. Fether's Name	(First, Middle, L	ast)		racion	y Worke		me (First Middle	Auto I		му		
To Be	Robert G		27			18. Mother's Name (First, Middle, Malden Surneme)  Marion Meisel Given							
-	19e. Informent's Na	me/Reletionshi	ip (Type, Print)		19b. Meilin	g Address (Stre	et end Number or R			, Stete, Z	ip Code)		
	E	mily Gi	ven/Sister										
	20a. Method of Disp			20b Ple	ace of Dispos	sition (Neme of	(ace)	esapeak Dete	20c. Location	- City or 1	Town, Stete		
		☐ Cremation : 5 ☐ Other (Spe	3 □Removel from State ecify)			emeteru	u 12. 19	12, 1997 Chesapeake City, 1					
	21. Signature of Fu	neral Service Li	icensee	/	22.	22. Name end Address of Facility							
	R. T. Foard Funeral Home P.O. Box 27 Chesaneabe City, M									0101			
	P.O. Box 27 Chesapeake City, MD 21915  23a. Part L. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Interval Between Onset and Deeth												
Examiner	Sequentially list confidence if eny, leeding to imcause. Enter Unde Ceuse (Disease or	nditions, imediete rlying	b		es e conseques e consequ								
Physician/Medical	Ceuse (Disease or that initiated events resulting in deeth) I		c	Due to (or e	es e consequ	vence of):							
an	d												
sici	Pert II. Other eignif	icent condition	s contributing to death b	ut not result	ting in the un	deriying cause	given In Pert I.	23b. Dld	tobacco uee co	obacco use contribute to the cause of deeth?			
	D	epressio						10	1   Yes 2   No 3   Probably 4   U				
by		90.03310	n							1			
Completed								perfe	en eutopsy ormed?	6	Vere eutopsy findings vailable prior to		
Idu								par	tial	0	completion of cause of deeth?		
								1 🗗	Yes 2□No	1	Yes 2□ No		
Be	25. Wes case referrence examiner?		Hospital:			_ [6	Whor.	eth (Check only					
. To	1XXYes 2 ☐ 27. Menner of Deeth		1 ☐ Inpatie	nt 2 E	R/Outpetient 28b. Time of Injury	3LI DUM I	4 Li Nursing r	lome 5 □Xitesi	dence 6 Ot		nify)		
Certification:	1 □ Natural 2 □ Accident	5 Pending investiga	tion Found		Injury i	tound 28c. In	ork? □Yes 2 ☑ No		flicted		hot		
flca	3 Suicide	6 Could no	ot be Ose Place of les	A-continue and a second	945 ne. farm, stre	7		28f Location /	Street end Num	ber or Ru	ral Route Number		
ert	4 ☐ Homicide	5010111111	building, et	c. (Specify)		me				Crown	Chapel Rol		
edical C	29a. Certifier (Check only one)	1□ Certifying 2XXMedical E	Physician: To the best of xaminer: On the bests of end menner sta	examination	edge, deeth	occurred et the	time, dete end plece opinion, death occa	e, end due to the urred et the time,	cause(s) end m	enner es , end due	steted. to the cause(s)		
Me	29b. Signature end	title of certifier				29c. Lice	nse number		29d. Date sign	ed (Month	n, Day, Year)		
	D N.	- 1	Ph. L.			000	AT.		7177 37	10 1	007		
	30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)									1997			
	Dennis		to mo	111	Donr	Ctro	et, Balt	imore	Marul	and	21201		
te	31. Date filed (Mont	h, Day, Year)	32. Registr	er's Signetu	N- Kond	and CILC	Ju, Dari	THOLE,	LIGT AT	and	E LLVI		
ar			197 Julia	Davidso	n-Mond	182							

Registrar

Town La

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Yee **Physician** JOY E. GWILLIM July 1997 /Medical 2200 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Elkton Cecil MedPointe 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 6 Sex 7. Age (In yrs. last birthday) Birthplaca (Stete or Foreign Country) **Funeral** Months Days Hours Min 1 □ M 2 K F 45 Yrs. Director 416-76-6389 9-6-1951 Alabama Usuei Residanca of Decadent tha Maryland 10e. State 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yes 2 No Director Cecil Earleville Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 71 Long Point Blvd. 21919 USA or items 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. filed within 72 hours aftar-Hygiane. ther than "natural", or Re-1 ☐ Yes 2 XNo If Yes, Give 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White þ 3 Widowed 4 Divorced Yaar or Dates: Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 1 2 College (1-4or 5+) permit. Peges 1 and 2 should be filled will Department of Health end Mental Hygien, important; if Item 27 is marked other transmit any injury or other traument 4 Reporter Journalism 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumama) Be Thomas Prise Gwillim, Jr. Edith Lucile Higgins 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Jane Henry Cherry Grove Rd., Earleville, MD.21919 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 X Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Capitol Crematory 7/8/97 Dover, DE. 21. Signetura of Funeral Service Licenses DANIELS & HUTCHISON FUNERAL HOMES 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,

Approximate Approximate Intervel Between Onset end Deeth **Physician** /Medical Immediete Cause (Finel Metastatic Cancer of Breast disaase or condition resulting in daath) Examiner Due to (or es e consequence of) Examiner the burial-transit Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting in deeth) Lest and Due to (or es e consequence of): Records, P.O. Box 68760. attanding physician for usa es tha buria cartificate be Physician/Medical Due to (or as a consequence of): Pert II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobecco use contribute to the cause of deeth? signed by t d be datach 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wera eutopsy findings available prior to page 2 should Completed 24a. Was an eutopsy performed? peen completion of ceuse of deeth? this cartificate 1 Yas 2 No 1 ☐ Yas 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours effect death.

To the Funeral Director: Affar this cartifica complatally filled in by the funeral director, 25. Wes cese referred to medical Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No P 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Death 28e. Date of Injury (Month, Day Year) Medical Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 X Natural 5 Pending investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1♥ Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es steted.
2□ Medical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred et the time, date and place, and due to the ceuse(s) end menner steted. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Name and address of person who completed ceuse of deeth (Item 23e) (Type, Print) 10

501

W

14st., Wilmington, DE. 19801

State Registrar Irving M. Berkowitz, DO.
31. Dete filed (Month, Day, Year) 32. Registrar's

JUL 1 0 1997

**DHMH 16 Rev 6/95** 

D. 828.6

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Gegible 2 2 4 0 4

State of Maryland / Department of Health and Mental Hygiene

		Certificate of Death	norman r ry	Reg. No.	
Phys	ician	1. Decedant's Nama (First, Middla, Last)	2. Data of Da Month	Day Year	3. Tima of Death 6:30PM
	dical	namey by mi deffen		9, 1997 Yaar	
Exan	niner	4a. Facility Nama (If not institution, give streat and number)  Southern Maryland Hosptial  4b. City, Town, or Le	ı	Prince	George's
Funera Directo		5. Social Security Number 220-66-8200 6. Sax 1 M 2 F 30 Yrs. Social Security Number 25 F 30 Yrs. Social Security Number 1 Year 1 f Under 24 Hrs. Months Days Hours Min.	8. Data of Bir (Month, Da May 2	th Yaar) 9. Bir 5, 1967 Wa	thplaca (Stata or Foreign ountry) ShingtonDC
pue A		Usual Residance of Dacedant  10a. State 10b. County 10c. City, Town or Location			
Aaryle	5	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			10d. Insida City Limits 1 ☐ Yas 2 ☐ No
1 the 1 the 1	rect	10a. Street end Number 10f. Zip Coda		10g. Citizan of What Co	4444
3a or	Ö	9411 Eugina Park Street 20743		United S	
21215-0020  d within 72 hours after death with the Maryland glena. In than "natural", or frems 23a or 28a-f show tra Medical Examiner must be notified at	by Funeral Director	If Yas, Give ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑	acify Yas or No Rican, atc.)		arican Indian, la, atc.
72 hours	Completed	15. Decedant's Education 16a. Decedant's Usual Occupation		16b. Kind of Businass	/industry
T. S. T.M.	nple	15. Decedant's Education (Specify only highast grade complated)  Elementery/Secondary (0-12)  Collega (1-4or 5+)  16a. Decedant's Usual Occupation (Giva kind of work dona during most of work			
	S				Subcontrac
ed ita	Be		a (First, Middla	, Maidan Sumama)	
Marylat d2 should b th and Mante 7 is marked traumatic e	2				
Mar d2 sh th and 7 is m treum					
other tr		20a, Mathod of Disposition 20b. Place of Disposition (Nama of Table 1	Date QQ	7 20c. Locetion - City or	F'1 32127 Town, Stata
0 80= 5		Burial 2 Cramation 3 Ramoval from Stata		C	
Baltimore, bermit. Pages 1 at Depertment of Hea moortant: if Item:	ė	4 Donation 5 Other (Specify)  21. Signature of Funaral Sarvica Licensea  22. Nama and Addrass of Facility Ce	Funei	cal Home,	Inc 6633 0
n ades		Alexandria Ferry	Rd, C	Clinton, Ma	aryland
		23a. Part. Enter the disease, or complications that ceused the death. Do not anter the mode of dying, such as cerdiac shock, or heart failure. List only one cause on each line.	or raspiratory a	rrest,	Approximata Intarval Between
Physician /Medica Examine	,	Immediata Causa (Final disaasa or condition rasulting in death)  a. GS to the final flow flow flow flow flow flow flow flo	lwon	reje	Onsat and Death
BOX 58/6U, sath certificate be assecuted attending physician and for use as the bunal-transit	In/Medical Examiner	Sequantially list conditions, if any, laading to immadiate ceuse. Entar Underlying Causa (Disease or Injury that Initiated avants rasulting in death) Last  Due to (or as a consequence of):			
death ce	sicia	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	23b. Did	tobacco usa contribute	to the cause of death?
as that the death cer igned by the attendir be datached for use	by Physician/		10		robably 4 🗆 Unknown
aw requir	Completed b		24e. Wes	rmed?	Ware autopsy findings avallabla prior to completion of ceusa of death?
= + # 2	Com		10	Yes 2 No	1 □ Yas 2 □ No
ysician: The is cartificata director, pag	Be	25. Was cesa rafarred to medicel examinar? 26. Placa of Death	(Check only o	ona)	
thys al di	2			dance 6 Othar (Spe	city)
tending P death. tor: After the funer	0	1 ☑Naturel 5 □ Panding (Month, Day Year) Injury Work?	28d. Describe I	now Injury occurred	
Or Attending after death.  Director: After dine din by the fune	Certification:	2 Accidant Invastigation M 1 Yas 2 No 3 Suicida 6 Could not be	20f Location /	Street and Number or Di	real Courte Number
or Attendate after deat Director:	ertit	4 Homicida  datamined  28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)	City or Tov	Street and Number or Ru vn, Stata)	irai Houta Number,
To the Hospital or Att within 24 hours after d To the Funeral Direct completaly filled in by	edicai C	29a. Certifiar (Check only one)  1  Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, a company of the part stated one)  2  Medical Examiner: On the part stated one of the part stated	and dua to tha ed at tha tima,	ceuse(s) and mannar as date and place, end dus	s stated. to the cause(s)
o the	Me	one) and mannar statad.  29b. Signature and this of certifier 29c. Licansa number	1	29d. Date signed (Mont	h_Day, Year)
r s r o		MC6/12 04563	0	7/18/9	7
		30. Nama and addrass of person who complated ceuse of deeth (Itam 23a) (Type, Print)		/	
		Arnulfo Bonavente, MD 6409 SW Crain Hwy, Uppe	r Marl	boro, Md 2	0772
S <sup>i</sup> Regis	tate trar	31. Data filad (Month, Day, Year) 32. Registrar's Signatura fluor of the signature of the s			

A Strong program there years to 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Year **Physician** William Raymond Grosskurth July 12, 7:50AM 1997 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 8609 Vistula Drive Ft. Washington Prince Georges Hours Min. 8. Date of Birth (Month, Day, Year)

March 2,1927 6. Sex **X**M 2□ F 7. Age (In yrs. last birthday) 5. Social Security Number If Under 1 Year Birthplace (State or Foreign Country) **Funeral** Months Days Yrs Director 578-30-1924 Washington DC Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location ral', or Items 23s or 28s-f show Examiner nast be notified at 10d. Inside City Limits Director 1 ☐ Yes 2 XNo Maryland Prince George's Fort Washington 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8609 Vistula Drive permit. Peges 1 end 2 should be filed within 72 hours atter death v. Depertment of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s any Injury or other traumatic event, the Medical Examinations once. 20744 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 (∑X)\*es 2 □ No 1950— If Yes, Give Year or Dates: 1954 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. Marital Status 14. Rece - American Indian, Bleck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1□ Yes 2QNo Specify: þ White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) N/A Aircraft Instructor U.S.A.F. 17. Fether's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) Carl William Grosskurth Florine Christine White 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Agnes Grosskurth (Wife) 8609 Vistula Drive Ft. Washington MD 20744 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete July 943, 1 ☐ Burial 2 XCremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Lee Crematory 1997 Clinton, Maryland 22. Name and Address of Facility Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, MD 20735 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heer failure. List only one cause on each line. Physician Immediate Cause (Final disease or condition resulting in death) **/Medical** Lung CANCER 9 months Examiner Due to (or as a consequence of) Examiner potal or Attending Physician: The law requires that the death certificate be executed ours after death.

ours effer death.

eral Director: After this certificate hes been signed by the attending physician and filled in by the functional director, page 2 should be detached for use as the bunat-trensit Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Obstructice Pulmonary Diseage þ Completed 24b. Were autopsy findings eveileble prior to completion of cause of deeth? 24a. Was an eutopsy performed? 2 No 1 Yes 1 ☐ Yes 2 ☐ No Be 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient Other: 4 Nursing Home 58 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 2 ER/Outpatient 3□ DOA 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28b. Time of Injury 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending Investigation 1 Netural 1 TYes 2 TNo 2 Accident 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital or within 24 hours eff To the Funeral Di completely filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) end manner as stated.

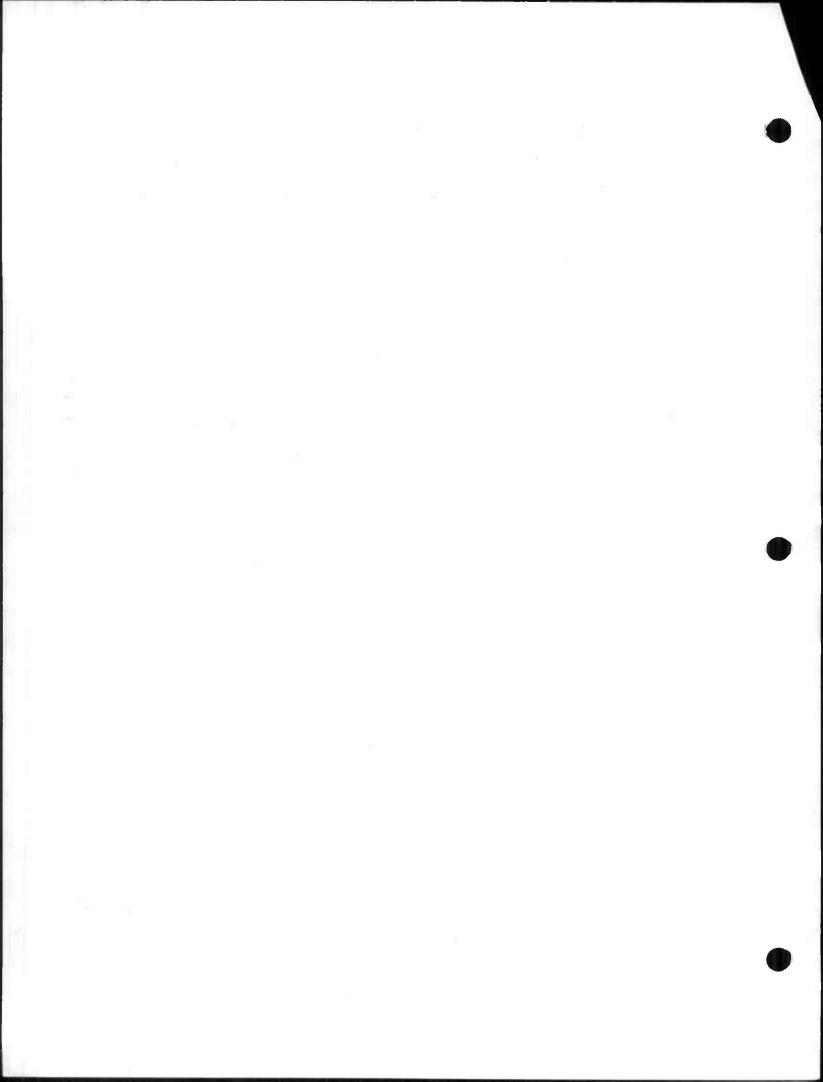
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) and manner stated. Medical 29a. Certifier 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D30484 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Charles A. Umosella, M.D. 4333 Old Branch Ave. Marlow Hots. Md. 20748 31. Date filed (Month, Day, Year)
JUL 1 5 1997 32. Registrer's Signature
Salia Davisleon Randall State

Registrar

**.** Land Albert Co. 199 

DHMH-16 Rev 1/89

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH										
	Wellie Hedding 7 2 97 12 NOON M										
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday)   FUNDER 1 YEAR   IF UNDER 24 HRS.   7. DATE OF BIRTN   8. BIRTNPLACE (State or Foreign Country)   MONTHS   DAYS   HOURS   MIN. (Month, Day, Year)										
1 1	214-28-4823 A <sup>M2</sup> + 71 YRS. 03-19-26 Virginia										
Le	98. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATN  96. COUNTY OF DEATN Carroll  97. COUNTY OF DEATN Carroll										
DIRECTOR	RESIDENCE OF DECEDENT										
H	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?										
1 1	MD Carroll Mt. Airy 1 YES 21 NO										
FUNERAL	109. STREET AND NUMBER 4101 Baltimore Nat. Pike Pleasant View Nursing Home 21771 USA										
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— Black, White, atc.)  14. RACE — American Indian, Black, White, atc.										
ВУ	1 Never Married 2 Married IF YES, GIVE WAR OR DATES  IF YES, GIVE WAR OR DATES  If YES 2 NO Specify:  Specify:  Specify:										
0	15. DECEDENT'S EDUCATION 188, DECEDENT'S USUAL OCCUPATION 166, KIND OF BUSINESS/INDUSTRY										
ETE	(Specify only highest grade completed)  [Give kind of work done during most of working life. Do NOT use retired.]  [Give kind of work done during most of working life. Do NOT use retired.]										
COMPL	10 Laborer Phone Company										
	17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Maiden Surname)										
B	unknown  190 INFORMANT'S NAME (Total Print)  190 INFORMANT'S NAME (Total Print)										
유	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stets, Zip Code) Pleasant View Nursing Home 4101 Baltimore Nat. Pk. Mt Airy MD 21771										
	20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State										
	Springileta Cemetery // 3/ 3/ Sykesville Ind										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Haight Funeral Home  P.O. Box 195 Sykesville MD 21784										
H	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,   Approximate										
	shock, or heert fellure. List only one cause on each line.										
	disease or condition resulting in death)  CEREBRO VASCULAR ACCIDENT										
	DUE TO (OR AS A CONSEQUENCE OF):										
NO NO	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):										
AT	if any, leeding to immediate cause. Enter UNDERLYING										
FI	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST										
	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY FINDINGS										
ICA	ATHERUSCLERGTIC HEART DISEASE PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE										
MED	DEMENTIA										
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO MUNCERTAIN										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:										
I X	1 VES 2 NO 1 Inpatlant 2 ER/Outpatlant 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify)										
	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?										
ВУ	2 Accident  3 Suicide Could get by 28s. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number,										
E I	4 Homicide determined building, etc. (Specify)										
COMPLET	29a. CERTIFIER (Check only (Ch										
WO	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, desth occurred at the time, data and place, and due to the cause(s) and manner as stated.										
l w	29b. SIGNATURE AND TITLE OF CHITTIERS 29d. DATE SIGNED (Month, Day, Year)										
TO B	D43091 ► 7-3-97										
-	30. NAME AND ADDRESS OF PERSON WITO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  SAREN TAIN!  801 FOLL HOUSE AVE, FREDERICH, MY 2/701										
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE										
	JUL 09 1997 Jali Davidson Randall										



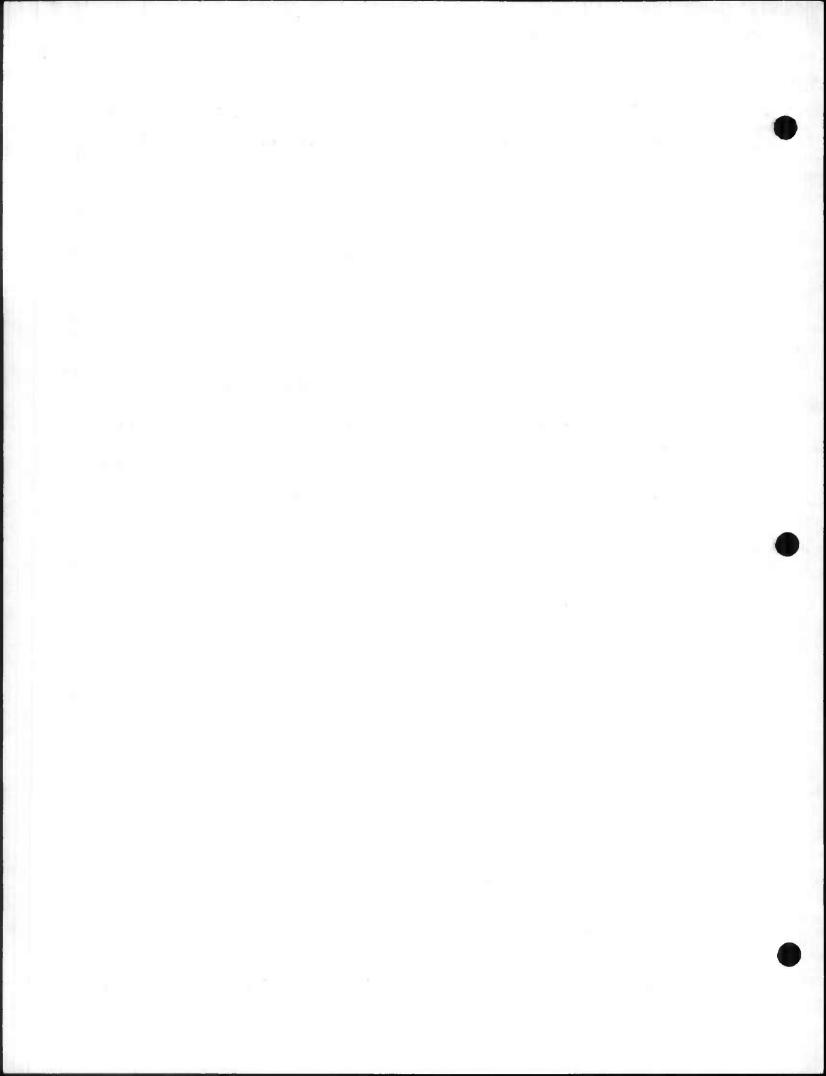
WILLIAM GARNEY ASP

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Dep

		Tim Copies Tire	-7514.0.	0	0	8	-	á
artment	of Health and	d Mental Hygiene	91	2	2	Ls	U	
	of Dooth	, ,					_	

						Cer	tificate	of D	eath			Reg. No.				
			1. Decedent's Name (First, Middle, Last	)						2	. Date of Dea	ith		3. Time of	Death	
	Physici /Modi		William Henry	v Garner	IV						Month JUI.Y	Day 0.5	Year 997	2.2	0 7	
	/Medi Examir		4a. Facility Neme (If not institution, give					4b	. City, Towr		tion of Death			3:3	8 A	
1	LXuiiii	101	MARYLAND SHOCK					I	BALTI	MOD.	E'					
	Funeral		Social Security Number 6. S			est birthday)	If Under 1 Y		if Under 24		Date of Birtl (Month, De)	h	9. Birtho	iece /Stete c	or Foreio	
	Director		219-88-1986 Usuel Residence of Decedent	AM 2DE	28	Yrs.	Months D	ays	Hours			, Yeer) 5, 1968		lece (Stete o try) y land		
	r 28a-f show	J.	10a. State 10b. County			, Town or Loc							10	Od. Inside Ci		
	Ba-f	cto	MD Frederic	ck	Fre	ederick								1 EN Yes	2 L J No	
	or 2	Olre	10e. Street and Number				10f. Zip Co	de				10g. Citizen of	What Coun	try?		
	23a or	20	1768 Carriage Way	y			217	702				U.S.A.				
1215	hours after death with the Maryland urel; or items 23s or 28s-f show at Examinet must be notified at	by Funeral Director	11. Marital Status  1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 Yes 2 It Yes, Give Year or Detes:		If	Vas Decedent Yes, specify ☐ Yes 2 【	Cuban	panic Origir , Mexican, I Specify:	n? (Speci Puerto Ri	fy Yes or No- can, etc.)		e - Americock, White, o	etc.		
	naturel',		15. Decedent's Edu	cetion		16a. Decade	ent's Usual O	ccupat	ion			16b. Kind ot B				
		Be Completed	(Specify only highest grade Elementary/Secondary (0-12) 12	e completed) College (1-4or :	5+)	(Give I life. D	sind of work d O NOT use n SCaper	lone du etired)	iring most o	f working		1		,		
	Hygi ther ont,	Ü	17. Father's Name (First, Middle, Last)			Tand	scaper		18. Mother's	Name (	First, Middle.	Lawn Ca Maiden Sumen				
Maryland	12 should be filed v h end Mental Hygie I's marked other ti traumatic event, In	œ o	William H. Garner	TTT					Jessi	ca C	ollins					
2	should od Men marke matic	2	William H. Garner III Jessica Collins  19a. Informant's Name/Relationship (Type, Print)  19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State											Code)		
N	d 2 strain trau													0000,		
Baltimore,	permit. Pages 1 and 2 should be filed within Department of Health end Mental Hygiene. Important: If Item 27 is marked other than any Injury or other traumatic event, the Mode.		Jessica Collins Garner/mother 1768 Carriage Way, Frederick, MD 2170  Oa. Method of Disposition  20b. Place of Disposition (Name of cemetery, cremetory or other place)  Date 20c. Location - City or other place)													
	age ent o ht: If		1  Buriel 2  Cremation 3  F			-	•		/	i 7	/0	M T/:	. 1	MD		
	artmortar		4 Donation 5 Other (Specify)  St. James Cemetery  7/9 New Winds 21. Signature of Funeral Service Licenses  22. Name and Address of Facility  Hartzler Funeral H													
Ba	Dep Imp		N lamba +	KILLA.	1							Funera	1 Hon	ne		
	_		220 820 500	NOTTUK	1	Drtt-			Bridg	•						
	<u>.</u>		23a. Part1. Enter the disease, or compl shock, or heart tailure. List only of	ne cause on each li	ne.	. Do not ente	r the mode of	r ayıng,	, such as ca	trolac or	espiratory an	rest,	1	Approximat Interval Bet Onset and I	ween	
	Physician /Medical		Immediate Cause (Final	10 1		7 0								011001 4110 1	o out.	
	Examiner		disease or condition resulting in death)	Much	ple	Laju	NIES									
		-			Due to (or	as a consequ	uence ot):									
	pet nsit	ulu.		0			,						į.			
_6	eath certificate be executed attending physician and I for use es the bunal-transit	Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying										i			
68760,	sicial bund		Cause (Disease or Injury that initiated events	2		.195 11-		_					- +			
89	licete phy s the	Medical	resulting in death) Last  Due to (or as a consequence ot):													
XO	certii ding Ise e	N	d													
m	death e atter	Physician											-			
o.	the d	ıysi	Part II. Other significant conditions cor	ntributing to death b	ut not resu	Iting in the un	derlying ceus	e giver	n in Part i.			obecco use co				
0	that ed b										101	res 22 No	3 ☐ Prot	ably 4	Unknow	
Records,	een sign	d by									24e. Was	en autonsv	24b. We	ere eutopsy t	tindinas	
000	- 0 0	Completed									perfor	med?	SVE	tilable prior to apletion of c	to	
Re	hes hes	m D											Of 6	death?		
	ician: The L certificate he rector, page										1 🖭 Y	'es 2□No	15	Yes 2	No	
Z Z	Physician: this certific ral director,	Be	25. Was case reterred to medical examiner?	lospital:				Other		t Death (	Check only o	ne)				
of Vital	Phys this ral dii	2	Y Yes 2 No 27. Manner of Death	1 L Inpatie		ER/Outpatient			4 LI INUIS	T		lence 8 Oth	- 4			
	ng the une	lon	1 ☐ Natural 5 ☐ Pending	28a. Date of Inju	y Year)	28b. Time of Injury		Injury 8 Work?			d. Describe n	low injury occur	red D/	iver		
Sic	Attending or death. octor: Afte by the fune	cat	2 PAccident investigation 3 Suicide 6 Could not be	7-5-6	. /	62.2			es 2 Mo	-		- auch	coll	15100		
Division	after death.  Director: A in by the f	Certification:	4 ☐ Homicide determined	28e. Place of inj	ury - At hor c. (Specify	me, tarm, stre )	et, tactory, of	fice			City or Tow	// //	oer or Hura	I Houte Num	iber,	
	urs aura		20 0 11		adw						turne					
	To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the	edical	29a. Certifier  (Check only one)  1☐ Certifying Physical Examination	sician: To the best ner: On the basis of	of my knov examinati	viedge, death ion and/or invi	occurred at the estigation, in	ne time my opii	, date and p nion, death	plece, an occurred	d due to the d at the time, o	ause(s) and made,	anner as st and due to	ated. the cause(s	s)	
	vithin o th	Me	29b. Signature end title of certifier	11/1	/		29c. Li	cense	number			29d. Date signe	d (Month, I	Dey, Year)		
<b>A</b>	->-0		) (	11 41			0.	C.I	M.E		J	ULY (	05,19	997		
		-	30. Name and address of person who co	malated cause of												
						23a) /Tuna F	Print)									

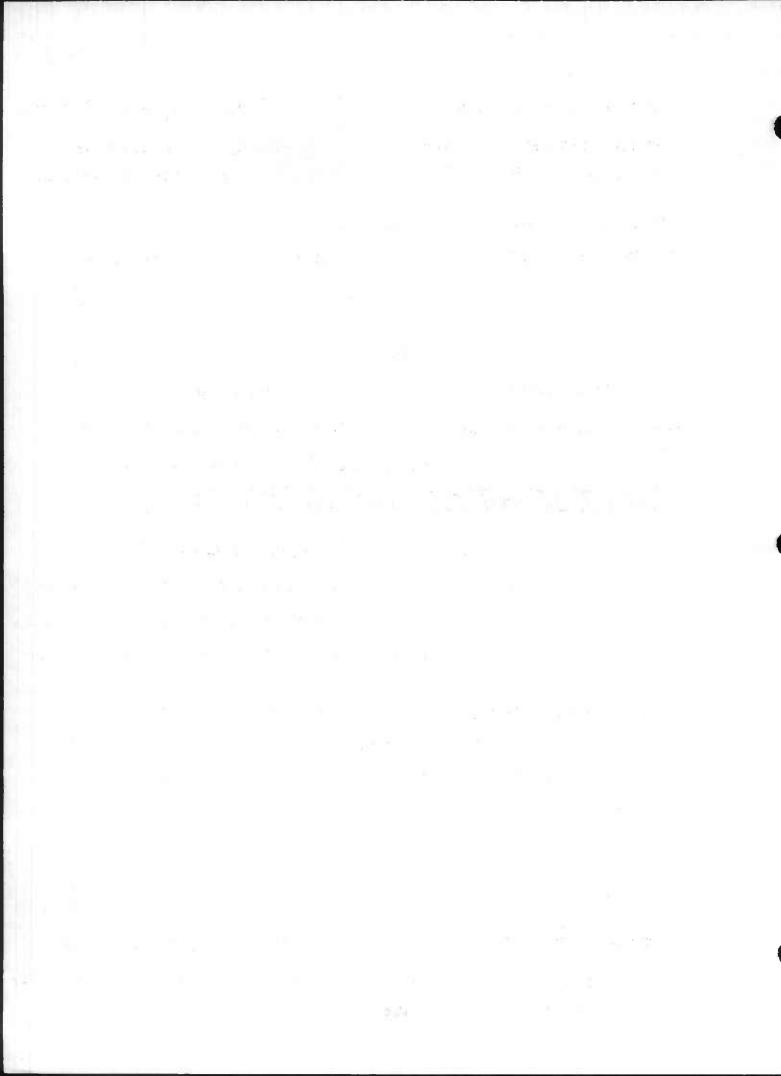


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

_	The at I this in Didak indentale link. Account All cobies Ale Eggi	DIO.			
	State of Maryland / Department of Health and Mental Hygiene 97	1 2	24	0	1
	Certificate of Death			-	

				-	Certificate of			leg. No.	22400		
m	Physici	an	1. Decedent's Name (First, Middle, Last)		100		2. Dete of Dee	th Dey Yes	3. Time of Death		
Si.	/Medi		SHIRLEY ELIZABETH GARD	NER	t -		July	2, 199	7 2:34 Am		
	Examir	ner	4a. Facility Nama (If not institution, give street and number)			4b. City, Town, or Lo	ocation of Death	4c. County of D	eath		
	Funeral Director		577-38-0939 1□M 250 F	(In yrs. last birtl	hday) If Under 1 Year Months Days	Cheve If Undar 24 Hrs. Hours Min.	rly 8. Date of Birth (Month, Dey Oct. 20	(, Year) 9.1	George's Birthpleca (Steta or Foreign Country) ashington, D.C.		
	end **		Usuel Residence of Decedent  10e. Stete 10b. County	10c. City, Town	or Location				10d. Inside City Limits		
	Marylen -f show	tor	District of Columbia	T	Jachineten				1√2 Yes 2 No		
	r 28a	Director	10e. Street end Number		Vashington 10f. Zip Code		1	0g. Citizen ot Whet	Country?		
	h wit	ai D	924 49th Street, N. E.		20	019		United S	tates		
20	filed within 72 hours after deeth with the Maryland Hygiena. ther than "naturel", or items 23a or 28e-f show int, The Medical Examinat must be notified at	by Funeral	11. Merital Status  1 □ Never Married 2 ☑ Marriad  3 □ Widowed 4 □ Divorced  12. Was Decedent E Armad Forces?  1 □ Yes 2 ☑ N If Yas, Give Year or Detes:		13. Wes Decedant of H If Yes, specify Cube 1 ☐ Yes 22 No		ecify Yes or No- Rican, etc.)	14. Race - American Indian, Bleck, White, etc.			
9	n 72 hours af naturel, or	edt	15. Decedent's Education	16e	Decedent's Usual Occup	ation		16b. Kind of Busine	Black		
215-0020	i within 72 ho lena. Than "natur The Modical	Completed	(Specify only highast grade completed)		(Give kind of work done life. DO NOT use retired	durina most of work	ing	TOO. KING OF DUSING	samuusiiy		
21	d withir giena. or than	mo	Elementary/Secondery (0-12) College (1-4or 5-		Clerk			Governme	nt		
P		Be C	17. Fether's Neme (First, Middle, Last)			18. Mother's Nam-	e (First, Middla, I	Malden Sumama)			
Maryland	should be end Mental s marked o sumatic eve	To	Otis Unknown			Hel	len Whit	e			
lar	d 2 should th end Men 7 is marke traumatic		19e. Intorment's Name/Relationship (Type, Print)	19b.	Mailing Address (Street	end Number or Rur	el Route Number	r, City or Town, Stete	e, Zip Code)		
ore,	t. Pages 1 en rment of Heal rant: if Item 2 jury or other		Raymond A. Gardner - Husbar  20a. Method of Disposition  1  Buriel 2 Cremation 3 Removel from State	20b. Piece of	24 49th Stre Disposition (Name of y, cremetory or other place		Washing Dete	ton, D. C 20c. Location - City	. 20019 or Town, State		
tim			4 ☐ Donetion 5 ☐ Other (Spacify)	Mt.	Olivet Cem	etery	7/8/97	Washingto	n, D. C.		
Bal	Departiment Introducer		21. Signeture of Funarel Service Licensee		22. Neme end Addre	,	Œ Inc				
	Physician		23a Inti. Entar tha disease, or complications that caused nock, or heert feilure. List only one ceuse on eech line		4001 Benni ot antar tha mode of dyir	ng Road, ng, such es cerdiac	N. E. W	ast,	Approximete intervel Between Onset end Deeth		
	/Medical Examiner	L			SINUS				5 Mins		
	pei jist	nine	D			SEVEN	CIAI	COM DOS	GS SH HKS		
68760,	ificate be executed g physician and es the burial-transit	al Examiner	Ceuse (Diseese or Injury c.						VATION 2 My		
		n/Medical	resulting in death) Lest	Due to (or es a co	onsequence of):	y D15	TRESS	SYNDRUT	WE 7 DAYS		
œ.	death e ette ed for	sicia	Pert II. Other significant conditions contributing to death but	t not resulting in	the underlying cause giv	en in Pert I.	23b. Did to	obacco use contrib	ute to the cause of death?		
s, P.O	res that the designed by the e	by Physician/M	BILATORAL LUNG	INF	"LINATE.	9	1 D Y	es 2⊠No 3⊡	Probably 4 Unknown		
Division of Vital Records,	requi	Completed	CON 6 GSTIVE HE			E	24e. Wes a perform		b. Were eutopsy findings available prior to completion of cause of deeth?		
æ	ysician: The lew is certificate hes director, page 2	EO	RESPIRATORY FA	TILUR	20		1 D Y	es 2 No	1 ☐ Yas 2 ☐ No		
ta	ian: rtifica ctor, p	Bec	25. Wes case reterred to medical			26. Plece of Deat	h (Check only or	10)			
<u></u>	Physic this ce	To	examiner?  1  Yes 2 No Hospital: 1 Inpatier	nt 2□ ER/Out	patient 3 DOA Oth	er: 4 🗆 Nursing Ho	me 5 🗆 Reside	ence 6 Other (S	pecify)		
ion o	after une		27. Menner of Death  1 Netural  2   Accident   28e. Dete of Injung (Month, Day)	Year) 28b. Ti	jury Wor	y et k? Yes 2 □ No	28d. Describe h	ow injury occurred			
Divis	tal or Attendi	Certification:	3 ☐ Sulcide 4 ☐ Homicide  6 ☐ Could not be determined  28e. Plece of Injurbuilding, efc.	ry - At home, ten (Specify)	m, street, factory, office		28t. Location (Si City or Town	treet end Number or n, Stete)	Rural Route Number,		
	the Hospital or Ati in 24 hours effer of the Funeral Direct inplataly filled in by	edical	29a. Certifier (Check only one)  1 Certifying Phyeician: To the best of 2 Medical Examiner: On the basis of end manner stat	examinetion end	death occurred et the tin Vor investigetion, in my o	ne, date end plece, pinion, deeth occurr	red et the time, d	ate end place, end o	due to the ceuse(s)		
1	To the interest to the complete	M	29b. Signeture end title of certifier	).	29c. Licans	8 1 95	2	9d. Date signed (Mo	onth, Day, Year) 2 - 9 7		
(	0)		39 Name end eddress of person who completed cause of de	eth (Item 23a) (1 1216L	Type, Print) + Centra	l Ave.	#200	Mitchell	11/1e MD, 20721		

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and	Mental Hygiene 7
--	------------------

Certificate of Death Reg. No. 1. Decedent's Neme (First, Middla, Last) 2. Deta of Daath 3. Time of Deeth **Physician** Month DESSEY LANDRUM HARRISON JULY 1997 1:15AM /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth **Examiner** 263 CONGRESSIONAL LN. #320 ROCKVILLE MONTGOMERY | H Under 1 Yaer | If Under 24 Hrs. | 8. Deta of Birth (Month, Day, Year) | FEB. 26,1936 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1**X** M 2□ F 252-50-1753 61 Yrs Director GA. Usual Residence of Decedent the Maryland 10e, Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show notified at 1 XYes 2 No Director RICHMOND GA. AUGUSTA 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 8 must be heme 23a 1208 COLONY PLACE DR. 30907 U.S.A. Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yas 2 Z No Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Rece - Amarican Indian, Black, Whita, atc. 11. Marital Status Sled within 72 hours after Hygiene. Wher than "natural", or its 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🗓 No Specify: Specify: þ 3 Widowed 4 Divorced WHITE Completed 16a. Decedent's Usual Occupetion (Giva kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 5+ MANAGER PRIVATE CO. poemit. Pages 1 and 2 should be fits
Department of Health and Mental Hy,
Important: If New 27 is marked other
any Injury or other to 17. Fether's Nema (First, Middle, Last) 18. Mother's Name (First, Middla, Meiden Surnama) JAMES C. HARRISON LAURA B. KUHLKE 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) DORIS HARRISON/WIFE ITEM #10 SAME AS 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Mathod of Disposition Date 20c. Location - City or Town, State 1 ☐ Buriel 2 Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) CHAMBERS CREMATORY 7/7/97 RIVERDALE, MD. 21. Signeture of Funerel Service kicensee 22. Neme end Addrass of Facility rambersan M00091 CHAMBERS FUNERAL HOME, P.A., RIVERDALE, MD. 20737 23a. Pert1. Enter the disease, or complications that caused the daath. Do not enter the moda of dying, such as cardiac or respiretory arrest, shock, or heart fellure. List only one causa on aech line. Approximete Intarval Between Onset and Death **Physician** /Medical tobokin's LympHoMA immediete Cause (Final NON diseese or condition rasulting in daeth) Examiner Examiner physician end s the burial-trensit Sequentially list conditions, if any, leeding to immadiate cause. Enter Underlying Couse (Disease or injury that initioted events resulting in daath) Last Dua to (or es e consequance of): P.O. Box 68760 Physician/Medical Dua to (or es e consaguance of): for use es Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? ate hes been signed by page 2 should be detac 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings availeble prior to completion of cause of deeth? Be Completed 24e. Was an eutopsy performed? 1 Yes certificate Division of Vital To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: Affer this certifical completely filled in by the funeral director; p 25. Wes casa referred to medical 26. Piece of Deeth (Check only ona) Other: 4 Nursing Home 5 Rasidence 6 Othar (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 27. Menger of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Meturai 5 Pending 1 Yes 2 No Investigation 2 Accident 3 Suicida 6 ☐ Could not ba datarmined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At homa, farm, street, factory, offica building, etc. (Specify) 4 Homicide 1 Certifying Phyeician: To the best of my knowledge, death occurred et the time, date and piace, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete and piace, and due to the cause(s) and manner stated. Medical 29a, Certifier 29c. License number RES-000 29b. Signature and title of certifier 29d. Deta signed (Month, Dey, Year) 6 FEDERAL DOCTOR eted cause of deeth (Item 23e) (Type, Print)

FIMACH 9000 ROCKVILLE PIKE, BETHESDA, MARYLAND 20892 BREATHMACH State

Registrar

The second of th 

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

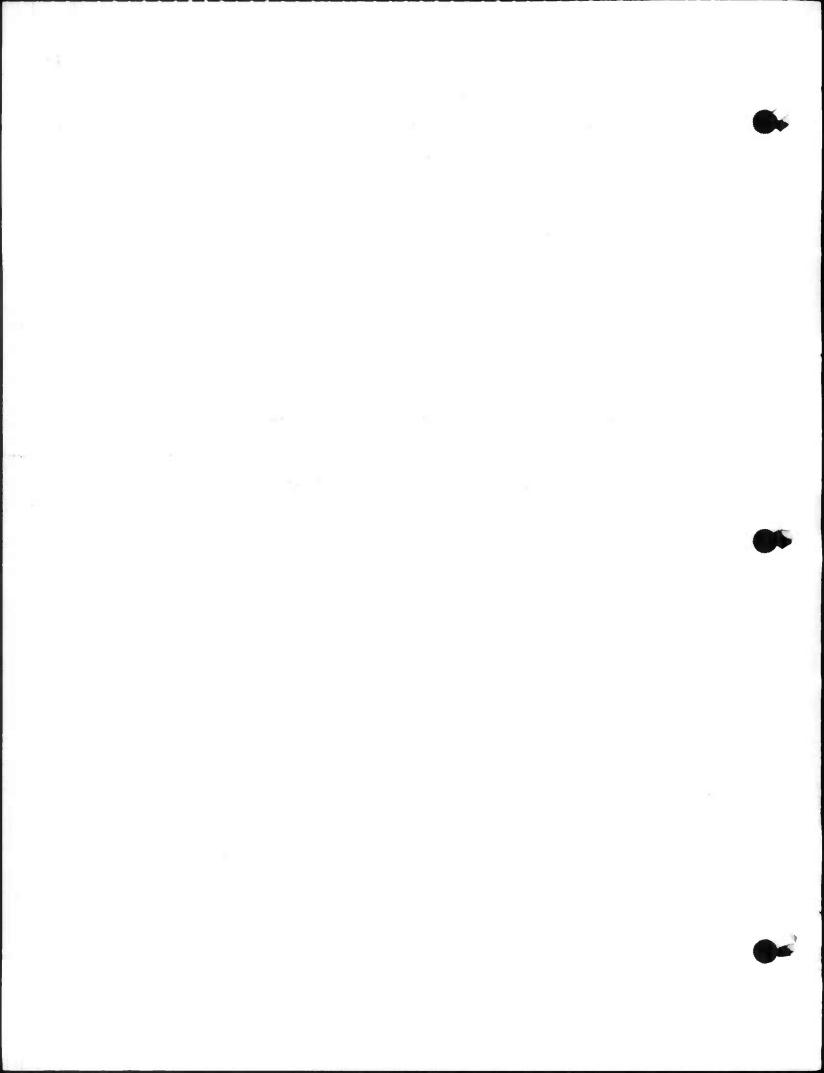
Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARY			OF HEALTH		MENTAL HYGIEN REG. NO	-				
1. DECEDENT'S HAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATN		
Emma	Lettie	Haugh				July 6	19	997	1:09 PMm		
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1	YEAR IF UNDER	1 24 HRS.	7. DATE OF BIRTH		Countr	PLACE (State or Foreign		
218-20-2356	1 🗌 M 2 🔀 F	90 YRS.	MONTHS	DAYS HOURS	MIN.	Dec. 28,	1906	Wash	ington, D.C.		
9e. FACILITY NAME (If not institution, give	,			OWN OR LOCAT		EATN	9c. COL	INTY OF D	EATH		
913 Hollywood Av	enue		Silv	er Spr	ing		Mo	ontgo	mery		
10e. STATE 10b. COUNT	TY	10c. CITY	r, TOWN OR	LOCATION					10d, INSIDE CITY		
Maryland Mont	gomery	Si	lver	Spring					LIMITS?		
10e. STREET AND NUMBER		E		10g. CIT	IZEH OF W	HAT COUNTRY?					
913 Hollywood Avenue 20904 USA											
11. MARITAL STATUS  12. WAS DECEDENT EVER IH U.S. ARMED  13. WAS DECENDENT OF HISPAHIC ORIGIN? (Specify Yee or Ho—  14. RACE — Arm.  15. WAS DECENDENT OF HISPAHIC ORIGIN? (Specify Yee or Ho—  16. RACE — Arm.  17. Haver Marriad 2 Marriad 19. Marri											
1 Hever Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			YES 2 HO				Specif			
15. DECEDENT'S ED	UCATION	16a. DECEDENT'S	IIIIAL OCC	TIBATION		16b. KIND OF BU	0114500/114	OLIOTEN/	WILLE		
(Specify only highest grad			vork done du	ring most of worki	ng	166. KIND OF BU	SINESS/IN	OUSTRY			
12	College (1-4 of 5+)	Draft	sman			FHA					
17. FATHER'S NAME (First, Middle, Last)				18. MOT	HER'S NA	ME (First, Middle, Maiden	Sumeme)				
Karl Braun				Fri	Leda	Blanc					
19e. INFORMANT'S NAME (Type/Print)						Route Number, City or Tow					
Jeannette M. War	ren/Daughter	3330 N	. Lei	sure Wo	orld	Blvd., Si	lver	Spri	ng, MD 20906		
20a. METHOD OF DISPONTION 1 X Burlel 2 Committee 3 Rer	noval from State	0b. PLACE AND DATE O	F DISPOSITI	IOH (Name of				City or To			
4 Donation 5 Other Specify)		anetery, crematory or of Sate of He				7/99/Sil	ver S	Sprin	g, Maryland		
21. SIGNATURE OF PURENAL SERVICE D	14001	//	22. NA 1.1	SOO NOT	ss of FA 7 Han	npshire Av	inalo	li Fu	neral Home		
THU C	.11000	ance	Si	lver S <sub>I</sub>	oring	g, Marylan	d 20	0904			
23 PART Entar the disesses, or shock, or heart failure	complications that cause. List only one cause on	ed the desth. Do n	ot entar th	na mode of dy	ing, suc	h as cerdisc or resp	iratory sr	rest,	Approximate		
IMMEDIATE CAUSE (Final	The state of the s		A	0 -	1	7.0			Interval Between Onset and Death		
disease or condition resulting in death)	a	/	1400	ardia	1.	Infarct	100	)	8 house		
	OUE TO (OR AS	A CONSEQUENCE OF	7:/								
Sequantially list conditions,	b. DUE TO (OR AS	A CONSEQUENCE OF									
if any, leading to immediata cause. Entar UNDERLYING			,						j		
CAUSE (Disease or injury that initiated avents	OUE TO (OR AS	A CONSEQUENCE OF	7:								
resulting in dasth) LAST	d										
PART II. Other significant condition	ns contributing to death	but not resulting in	n the unde	arlying cause	alven in	Part i. 24s. WAS AN	ALITODOV	1 245	WEDE AUTODOX FINIDINGS		
		and the state of t		arrying cause	givaii iii	PERFO	RMED?	240.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE		
						1 YES 2	NO		OF DEATH?		
DID TOBACCO USE CONT	PIRLITE TO CALISE	OF DEATH VE	S III NI	о П шис	ERTAIN				1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL	INDUIT TO CAUSE	26. PLACE OF DEAT			EKIAII	101					
EXAMINER?  1 YES 2 THO	HOSPITAL:	utpatient 3 DOA	OTHER:	n Home 50/B	neldence	6 Other (Specify)					
27. MANNER OF OEATH	28a. DATE OF INJUR	Y 28b, TIME	E OF 2	Bc. INJURY AT		28d. OESCRIBE NOW	NJURY OC	CURED			
1 Hatursi 5 Pending 2 Accident Investigation	(Month, Day, Year	) INJ		WORK?	□ NO						
3 Suicide 6 Could not be	26e, PLACE OF INJU- building, atc. (S	RY — At home, term, at	treet, factory	y, office		281, LOCATION (Street City or Town, State)		r or Rural A	oute Number,		
4 Homicide determined						Only or lown, State)					
29e. CERTIFIER (Check only	SICIAN: To the best of my known	owledge, death occurre	d at the time	e, date end plece	, end due	to the cause(e) end me	nner ee ats	rted.			
one) 2 MEDICAL EXAMIN	ER: On the beele of examinat	ion end/or investigation	n, i <i>n</i> my opi	nion, death occu	red at the	time, date end place, er	d due to t	he ceuse(e)	end menner ee stated.		
29b. SIGNATURE AND TITLE OF CERTIFIE	IR IR			29c. LIC	ENSE NUM	IBER	29d. DAT	TE SIGNED	(Month, Day, Year)		
	D14057 1July 6,1997										
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Lewis Kellert, M.D. 4000 Olney Laytonsville Rd. Olney, Md. 20832											
	, M.D. 41	500 Oln	ey L	autons	ville	e Kd, C	Ine	1, M	d. 20832		
31. DATE FILED (MJUP BY 1987) 199	32. REGISTRAR SISTE	HOSON-Mandal	102								
		4							J		





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death July Day 1997 WALTER Т. HOLLAND, SR. 11:51 P. 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Howard County General Hospital Columbia HOWARD H Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. (Month, Dey, Yea 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplace (Steta or Foreign Country) Months 1⊠M 2□ F 218-07-7991 85 May26, 1912 Maryland Usual Rasidenca of Decedant 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 □ No Howard Columbia 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7505 Oakland Mills Road 21046 U.S.A. Was Decedent Ever In U,S. Armed Forces? 14. Raca - American Indian, Black, White, atc. Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) XXes 2 □ No
If Yes, Give
Year or Dates: 44-45 1 Nevar Married 2 Married 1 Yes 2 XNo Specify: Specify: Black 3 DeVidowed 4 Divorced 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 4th Laborer Construction 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Meidan Sumama) John Holland Mary Matthews 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 20877 19a. informant's Name/Relationship (Type, Print) Janis Addison (Daughter) 208 W. Deer Park Rd., Gaithersburg, 20b. Place of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☑Burial 2 ☐ Cremation 3 ☐ Removel from State Meadowridge Mem. Park 7/12/97 Elkridge, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Euneral Service Liceries 22. Name and Address of Fecility
SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850 23a. Pert1. Enter the discusse, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallers. List only one cause on each line. Approximate Interval Betw Onset and Death

**Physician** /Medical

**Physician** 

/Medical

Examiner

10a. State

Director

Funeral

Completed by

Be

2

**Funeral** 

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23s or 28s-1 show any injury or other traumstic event, the Medical Experiment must be notified as once.

Baltimore, Maryland 21215-0020

Examiner

ettending physician for use es the burie

ed by the et deteched for

signed by t

certificate

this

After

within 24 hours effer death.

To the Funeral Director: A completely filled in by the fu

funeral

Certification: To

Medical

29b. Signatura and title of cartifiar

or Attending Physician:

the

0 10

The law requires that the death certificate be executed

Box 68760,

Division of Vital Records, P.O.

Examiner Sequentially list conditions, if any, laading to Immediata cause. Entar Underlying Cause (Disease or Injury that Initiated events resulting In death) Last Physician/Medical by Completed 25. Was case referred to medical Be

Immediate Cause (Final disaese or condition resulting in deeth)

LymphocyTic LEVKEMIA Due to (or es a consequence of)

Due to (or as a consequence of) Dua to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

PROSTATE CARCWOMA HYPERTENSIVE

23b. Did tobacco use contributs to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed?

1 Tyes 2 Who

6 years

26. Place of Death (Check only one) 1 Yas 2 No Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Watural 5 Pending Invastigation 1 Yes 2 No 2 Accident

6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29a. Certifier 1 Certifying Physicisn: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) end manner es stated. (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date and place, and due to the cause(s) end menner stated.

0 22755

29c. License number

8.97

29d. Date signed (Month, Dey, Year)

30. Neme and address of person who completed ceuse of death (Item 23a) (Type, Print)

VAON OUSEN RO # 260 LAVREL 31. Date filed (Month, Dat Utar) 1 0 1997<sup>32. Registrar's</sup> Signature

Julia Davidson-Randelle

State Registrar

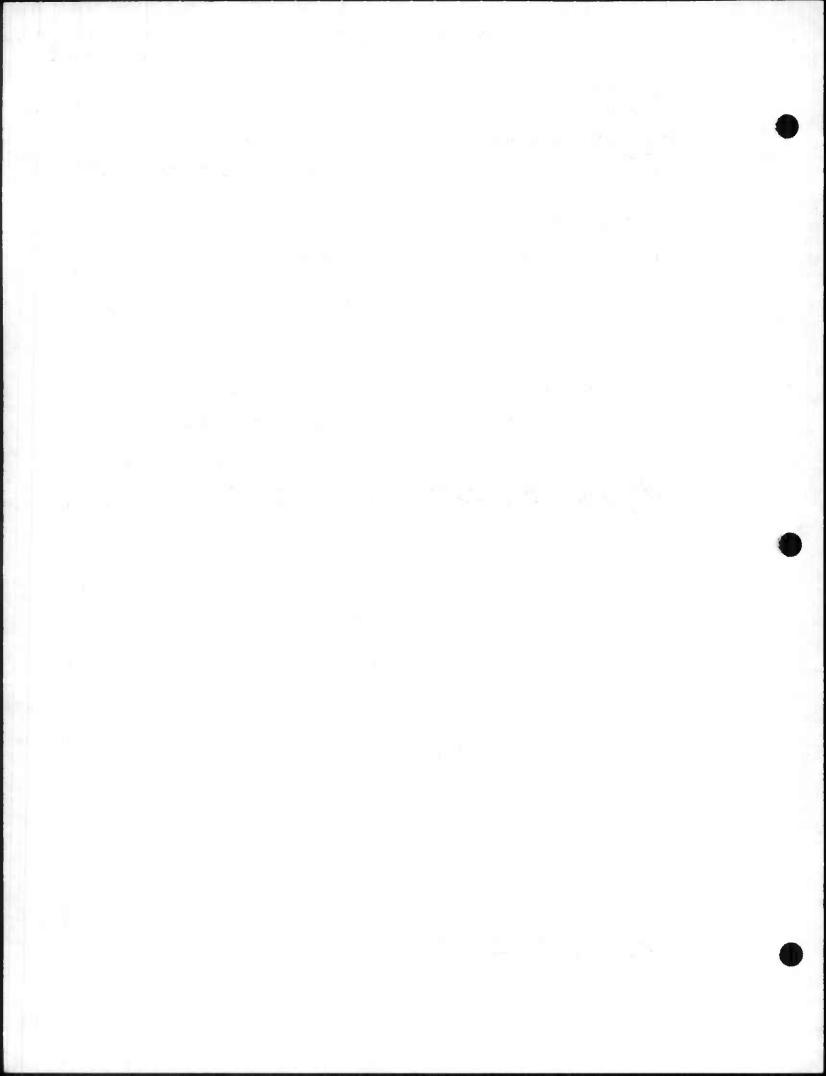
The same of the sa  Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 7 224 2

						Cer	tificate of	Death		Reg. No.			
	Physic	an	1. Decedent's Nama (First, Middla, Las Fannie E		£	-			2. Data of De Month July	ath	Yaar	3. Tima of Death	
ч	/Medi				1					1	9 7 Year	5:00 P.M	
7	Exami	ner	4a. Facility Nama (If not institution, giva Fairland Nursing		litaid	an.			Location of Daati Spring				
_			5. Social Security Number 6. Se		(In yrs. las		If Undar 1 Yaa				tgomery		
	Funeral Director			M 2√F / A9a	92	Yrs.	Months Days			, 1904	North	a (Stata or Foraign Carolina	
	land		10a. Stata 10b. County		10c. City, 7	Town or Loc	cation				10d.	Insida City Limits	
	8a-f sh	Director	Maryland Montgo	mery	Sil	ver S	pring					X Yas 2 No	
	h with th		10e. Street and Number 2101 Fairland R	oad			10f. Zip Coda	0904		10g. Citizan of	What Country		
020	72 hours after death with the Maryland "natural", or Items 23a or 28a-f show ad cell Examiner must be ricitlified at	by Funeral	11. Marital Status  1 ☐ Nevar Married 2 ☐ Marriad  3 ☑ Widowed 4 ☐ Divorced	12. Was Dacadant E- Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Give Yaar or Datas:			Vas Dacadant of Yas, specify Cu ☐ Yas 2X No	Hispanic Origin? (ban, Maxican, Pua	Specify Yas or No rto Rican, atc.)		ca - American Indian, ck, Whita, atc.		
Maryland 21215-0020	72 ho	Completed	15. Decedant's Edi (Spacify only highast grad	ucation da complatad)	1	16a. Deced	ent's Usual Occu	upation a during most of we	orkina	16b. Kind of B			
121	filed within Hygiene. ther than *	mpje	Elamantary/Secondary (0-12)	Collaga (1-4or 5+	-)	lifa. C	OO NOT usa retir	ed)					
7	e filed v il Hygie other ti		3 17. Father's Name (First, Middle, Last)				Cook	10 Mathada Na	ıma (First, Middla,		e Home:	3	
anc	od ala	Be	Unavailah	110				10. Mothat S Na	Unavai		na)		
2	should b and Mante marked	To		State 7in Co	rde l								
imore,	Health and 2 sho		19a. Informant's Name/Ralationship (Type, Print)  Roberta Hopkins (Daughter)  19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, St. 1 Forsythia Court, Burtonsville, MD. 2										
	s and 2 should Heath and Mar Iem 27 is marks other traumatic		20a. Method of Disposition		20b. Plac	a of Dispos	sition (Nama of		Data	20c. Location		Stata	
	Pages nert of ent: If the		Burial 2 Cremation 3 0 4 Donation 5 Other (Specify				Heaven (	Cemetery	7/9/97	Silver	Carina	MD	
	P 45 25		21. Signatury of Furficial Service License		oat		Nama and Add		113131	Silver	spring.	, MD.	
ñ	Depart Import any inj stice		Altaria	Ethe	11	-	McGuire	Funeral gia Ave.				20010	
	Physician /Medical Examiner		23a Peri1. Epiar tha disaasa, or comp shock, or haart failure. List only of Immediate Cause (Final disaasa di condition resulting in Totalh)	na causa on each line	eumon:	Do not ante	ar tha moda of dy				Ap Int Or	pproximata larval Batween nset and Death	
		10.			Years								
	per per per per per per per per per per	Examine	Hypertensive Cardiovascular Disease  Dua to (or as a consequence of):										
o,	enflicate be executed fing physician and se as the bunal-transit		Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying					liovascul	ar Disea	se	1	Years	
68/90,	d d d d	edical	causa. Entar Undarlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last										
ž	ng ph	Med	rasuling in daath) Last			s a consaqu		Years					
nox	0 9 9	an/	Cerebrovascular Disease									lears	
	be atterned for u	sici	Part II. Other aignificant conditions co	ntributing to death but	not rasultin	ng in tha un	darlying causa g	jivan in Part I.	23b. Did	tobacco use co	ntributa to th	e cause of death?	
,	as that the de igned by the be datached	by Physician	Peripheral Vaso	cular Disea	ase				10	Yes 2□ No	3 Probab	ly 4X Unknow	
or Vital Records,	been s	Completed t	Pacemaker - Ver	ntricular A	Arrhy	thmia			24a. Was	an autopsy rmad?	avallal	autopsy findings bla prior to etion of causa	
Ž	The law ata has b page 2 s	E	Peg Placement						10	Yas 210 No		as 2 No	
Ø		Be C	25. Was casa referred to medical					26 Place of De	ath (Check only o			20 20140	
>	Physician: this certific rai director,	To B	examinar? 1 ☐ Yes 2 🛣 No	Hospital: 1 ☐ Inpatlan	t 2DER	VOutpatient	3 DOA O	thor:	Home 5 Rasi		nar (Specify)		
	g Ph er thi		27. Mannar of Death	28a. Data of Injury (Month, Day	28	3b. Tima of	28c. Inj			how Injury occur			
Ö	Attending Rater death.  Coor: After by the funer	atio	1 XNatural 5 Panding 2 Accidant invastigation	(Mortal, Day	rear)	Injury		Yas 2□No					
DIVISION	i or Attendated after death	Certification:	3 ☐ Suicida 6 ☐ Could not be 4 ☐ Homicida dataminad	28e. Placa of Injur building, atc.	y - At home (Spacify)	a, farm, stre	et, factory, office	1	28f. Location (: City or To	Straat and Numi vn, Stata)	ber or Rural Re	outa Number,	
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edicai C	29a. Cartifiar (Check only one) 1 Certifying Phy 2 Medical Exami	aician: To the best of iner: On the bests of e and manner state	examination	edge, death and/or inv	occurrad at the tastigation, in my	time, date and plac opinion, daath occ	e, and dua to tha urred at tha tima,	causa(s) and m data and place,	annar as state and dua to the	d. a causa(s)	
	To the Vithin 2 To the Complete	Me	29b. Signature and title of certifier	C. Arm	retre	mak		nsa numbar 2618		29d. Data signa	3,1997	, Yaar)	
	•		30. Name and addrass of person who co	omplated cause of dea	ath (Item 23	3a) (Type, F	Print)						
			Patricia S. Arms	•			'	e,Silver	Spring.	Marylan	d 2090	)4	

DHMH 16 Rev 6/95

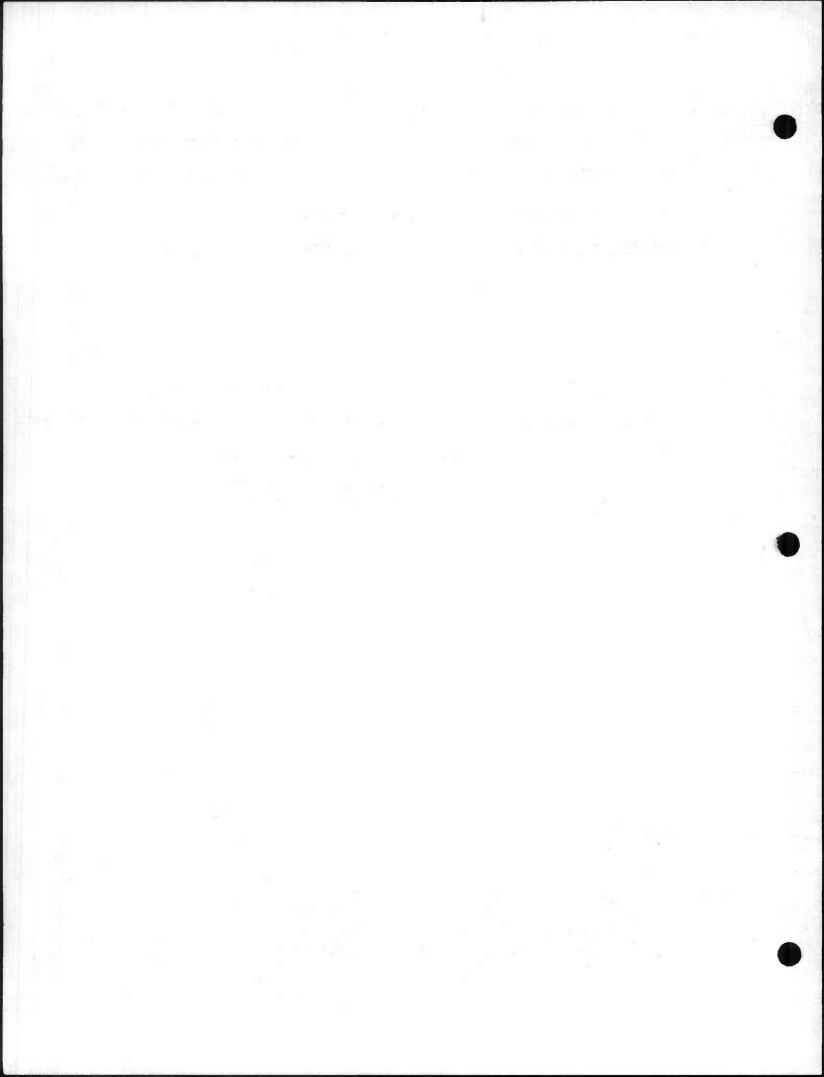
State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 224 13

					Ce	rtificate of	Death	Re	eg. No.							
Т			1. Decedent's Neme (First, Middle, Last)					2. Dete of Deat	h	ios I	3. Time of Dee					
	Physic /Medi		WILLIE	B. HUGI	HES			JULY	8,	1 <sup>Yeer</sup> 7	6:55	P.				
	Exami		4e. Fecility Name (If not institution, give s				4b. City, Town, or	Location of Deeth	4c. County							
			1003 Fairland	Road			Silve:	r Spring	MON'	TGOM	ERY					
	Funeral Director	Γ		Months Dave House After								na na				
21215-0020	deryland f show	Funeral Director	Usuel Residence of Decedent   10e. Sfefe				0d. Inside City Li									
	with the Range of 28a-		10e. Sfreet end Number 1003 Fairland I	Road		10f. Zip Code 2 0 9	904	10	10g. Citizen of Whet Country? U.S.A.							
	permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Meryland Depertment of Health end Mental Hygiene. Important: if item 27 is marked other than "natural", or itema 23a or 28a-f show any injury or other traumatic event, the Medical Examinet must be notified at ance.	þ	11. Marital Status 1 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	2. Wes Decedent Ever In U,S Armed Forces? 1 ☐ Yes 2 ☑ No if Yes, Give Year or Dates:		Was Decedent of If Yes, specify Cul	Hispenic Origin? (§ ben, Mexican, Puer Specify:	Specify Yes or No- to Rican, etc.)	14. Raca Bleck	a - America k, White, e	etc.					
	72 ho	ted	15. Decedent's Educ (Specify only highest grede	eation	16e. Dece	dent's Usuel Occu	pation	odela a	16b. Kind of Bu	siness/ind	lustry					
	d within giene. rr than "r	Completed	Elementery/Secondary (0-12)	College (1-4or 5+)		Bardner	during most of wo	Montg. College								
pu	al Hy othe	Be	17. Fether's Neme (First, Middle, Last)				18. Mother's Ne	me (First, Middle, N	laiden Surneme	B)						
/lai	Venta Venta	To	Bonnie Hughes				Les	ssie Mal	one							
Maryland	s me		19e. Informent's Name/Relationship (Typ		urel Route Number,											
	and a saith n 27 I		Cynthia Hughes	(Daughter)	100	3 Fair	land Rd.	, Silve	r Spri	ing,	MD 20	904				
Baltimore,	Peges 1 lent of He nt: If Item ry or oth		20e. Method of Disposition  12 Burial 2 □ Cremetion 3 □ Re 4 □ Donetion 5 □ Other (Specify)	emoval from Stete	Treat Li	Rockvi										
	permit. Depentre Imports any infu		21. Signarding of Funeral Service Licensel  22. Name end Address of Fecility SNOWDEN FUNERAL HOME, P.A.													
	_		23a. Perf1. Enter the divease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart the ure. List only one ceuse on each line.  Approximate Intervel Between													
<i>2</i> 1	Physician /Medical		shock, or heart full re. List only one Immediate Cause (Fine) disease or condition	e ceuse on each line.	1 ( 11 (		Ing, such es cardia	c or respiretory erre	st,		Infervel Between Onset end Deeth					
	Examiner	er	resulting in death) e.	Due to (or	es e consec	quenca of):	09010	1			74	J				
ó	eath certificete be executed ettending physicien end for use es the buriel-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enfer Underlying													
x 68760,	artificete by ing physic e es the bi	Medical	Ceuse (Disease or Injury that initiated events resulting in deeth) Lest  Due to (or es e consequenca of):													
Вох	ath co		<b>-</b> 0.						-							
0	the e	Physician	Pert il. Other significant conditione conti	ributing to deeth but not result	ting in the u	nderlying cause g	iven in Pert I.	23b. Did to	pecco use con	tribute to	the cause of de	eth?				
S, D	requires that the death cer een signed by the ettendir hould be deteched for use	by Ph						2□ No	3 Prob	eably 4 ☐ Unki	nown					
Record		Completed						24a. Wes er perform	n eufopsy ned?	con	re eufopsy findin illebie prior fo apletion of cause deeth?					
Vital Re	icien: The law certificete hes b rector, page 2 s		OF Was seen after the seen after the					1□ Ye	/5	1 🗆	Yes 2□ No					
		o Be	25. Was case referred to medical exeminer?	ospital:	510:	Ot	hor	eth (Check only one								
ō	를 표 등		27. Menner of Deeth	28e. Dete of Injury 2	R/Outpetier 28b. Time of	IL SLI DON	4 Li Nursing P	lome 5 deside			)					
on	ith. : Afte	tio	1 Naturel 5 ☐ Pending investigation	(Month, Day Year)	Injury		ork? ]Yes 2∐No									
Division of	To the Hospital or Attending Is within 24 hours effer deeth. To the Funeral Director: Affer completely filled in by the funer	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - At hom building, etc. (Specify)	ne, farm, str	eet, factory, offica		28f. Location (Str City or Town	reet end Numbe , Stete)	r or Rural	Route Number,					
	To the Hospital or within 24 hours efter to the Funeral Director completely filled in	edicai C	29a. Certifier (Check only one) Certifying Physic Certifying Physi	clen: To the best of my knowler: On the basis of examinetic end menner stated.	edge, deeth	occurred et the tivestigation, in my	ime, dete end piace opinion, deeth occ	e, end due to the ce arred et the time, da	use(s) end men ite end pleca, e	ner es ste nd due to	ated. the cause(s)					
	To the within S To the compl	Me	29b. Signature and title of certifier	whomer Mr.		29c. Sicen	se number	29	d. Dete signed	(Month, D	ley, Year)	1				
			30 Name end eddress of person who for	npleted cause of deeth (Item 2	23a) (Type,	Print) 600	1910 A	me S,	/rens	2001	My M	1				
ľ	Sta	te	31. Dete filed (Month, Jay, Year) 019	97 32. Regultraris Signatu	green The	anda po_	, , ,				111					



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 22414

						$C\epsilon$	ertifica	te of	Death	7		Reg. No.			
Т			1. Decedent's Name (First, Middle,	Last)		11					2. Date of De Month	eth		3. Tir	me of Death
м	Physic		JAMES		HUCKEY						Dey				
/Med			4e. Facility Nama (If not institution,	Edward		LIOCAL	-1		4h Cihi Ti	our or l	JULY ocation of Death		997	1.8	3:20p
	Examir	ner	THE JOHNS HOPK						-						
1							411.4	4.57			ECITY	N/A	T		
	Funeral	-		6. Sax 1 2X M 2 □ F	7. Age (In yrs		Months	er 1 Yaa Days		Min.	8. Data of Birt (Month, Da	h y, Year)	9. Birthp	laca (St	teta or Foreign
	Director		465-54-1896	TEXTAL SELECT	5	9 Yrs.					Feb. 21	,1938	Texa		
	ъ.	1	Usual Residence of Decedent												
	h yla		10a. State 10b. County		10c. C	ity, Town or L	_ocation						1		de City Limits
	M P	Sto	D.C. N/A		W	Jashing	ton							*	Yes 2□No
	4 28 P	-	10e. Street and Number		· · · · · · · · · · · · · · · · · · ·		10f. Z	ip Code				10g. Citizan of	Whet Cour	ntry?	
	3a c	0	7707 - 12th St	reet N.W	_			200	12			IIni+	ed Sta	ator	
	s 1 and 2 should be filed within 72 hours after death with the Maryland f Health and Mental Hygiene. If Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Evanture result be notined at	Funeral Director	11. Marital Status	12. Was Dec	cedent Ever in	U.S. 13	. Was Dec	edent of	Hispanic Or	rialn? (Sp	ecify Yes or No		ce - Americ		
Maryland 21215-0020	Her C	Fur	1 ☐ Never Married 2 🕅 Marrie	Armed F	orces? 2 □ No		If Yes, sp	ecify Cul	ban, Mexica	n, Puerto	Rican, etc.)	Ble	ack, White,		
	E S	by	3 ☐ Widowed 4 ☐ Divorced	M Van C	ive Dates: 1955	5.0	1 ☐ Yes	21 <b>X</b> No	Specify.	:		Speci	y: Blac	ck	
	hou si di		15. Decedent's		54.00. 1955		adaatta I la					405 105 2 4 5			
	n 72	Completed	(Specify only highest	grade completed	)	(Giv	edent's Us e <i>kind of</i> ห DO NOT	rork done	e during mos	st of work	ing	16b. Kind of E	susiness/inc	Justry	
	filed within ? Hygiene. other then "r ent, the Med	mp	Elementary/Sacondary (0-12)		(1-4or 5+)				BO)			77 0			
	Her t		47 Fash ada Nama / Cines 14 idada (	2		Supe	rvis	or	10.00.0			U.S.		nmen	ıt
	tal r d out	Be	17. Father's Neme (First, Middle, La	ast)					18. Moth	er's Nam	e (First, Middle,	Maiden Sume	ma)		
	should be ind Mental I marked of	10	B.C. Andrews				_		Lir	nnie	Lou Hug	hey			
	ind 2 should be filed within all Mental Hygiene. 27 Is marked other than in traumatic event, the M		19a. Informant's Name/Relationshi	er or Rur	e/Route Numbe	er, City or Town	n, Stete, Zip	Code)							
	1 and 2 Health em 27 I		Wanda L. Hughe	y, wife		7707	- 121	h S	t. N.V	V V	Vashingt	on. D.	G. 200	012	
Fe	of Hee		20a. Method of Disposition		20b.	Place of Disp camatery, cre	osition (N	eme of	000)		Dete	20c. Location			ta
DU.	permit. Pages Department of Important: If I any Injury or SISE.		1 Burial 2 ☐ Cremation 3 4 ☐ Donation 7 5 ☐ Other (\$pe		State					į.	7/7/07	n			
=	" FEE				PU	. Linc					7/7/97	Brentwe	ood, I	1ary	Land
Baltimore,	Dapa mpo my iny		22. Name and Address of Facility McGuire Funeral Service, Inc.												
5	40240		1004111.	1101/	1/10	77 7	400 (	Geor	gia Av	re. N	V.W., Wa	shingt	on, D.	.C.	
		7400 Georgia Ave. N.W., Washington, 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.													dmate Il Betwaen
4	Physician	1		,									1	Onset	and Death
	/Medical	dispass or condition											1	7	and a
	Examiner		disease or condition resulting In death)  Due to (or as e consequence of):												weeks months
		ē			A		equence of	<i>)</i> :						-	
	nsit	튵		b			Cunter						<u> </u>	4	months
. 15	eath certificate be executed attending physician and for use as the burial-transit	Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Undarlying Ceuse (Disease or Injury		Due to	or as a conse	equence of	):					į		
68760,	be e liciar buri		Ceuse (Disease or Injury	c											
87	phys the	dio	that initiated events resulting in death) Last		Dua to (	ua to (or as e consequanca of):									
×	ding se as	Ceuse (Disease or Injury that initiated events resulting In death) Last  Dua to (or as e consequence of):										į			
Bo	death o			-											
0	0 0	Physiclar	Part II. Other significant condition	s contributing to c	leath but not ra	sulting in the	underlying	cause g	iven In Part	1.	23b. Did 1	obacco use c	ontribute to	the ca	use of death?
P.(	ac ac	Ph									10	Yes 2□ No	3 ☐ Prot	bably	4 Unknown
		by													
of Vital Records,	requires seen sign should be											en eutopsy			psy findings
00		Completed									репо	med?	COI	ailable p mpletion death?	n of cause
Re	has b	E G													-2
<u>a</u>	: The la										101	res 2 No	10	Yes	2 No
/It	Physician: The this certificate ral director, page	Be	25. Was case raferred to medical examiner?	11 11 1						a of Deat	h (Check only o	ne)			
JC.	5 00	၉	1 ☐ Yes 2V No	Hospital:	opatiant 2	ER/Outpatie	ent 3 🗆 C	OA	ther: 4 D N	ursing Ho	me 5 Resid	denca 6 □Ot	her (Specif)	y)	
	ding P. h. After ti funera	Ë	27. Manner of Death  1 ■ Vatural 5 □ Pending	28a. Date	of Injury oth, Day Year)	28b. Time Injury	of	28c. Inju	ury at ork?		28d. Describe I	now Injury occu	rred		
0	Attending ir death. ector: After by the fune	atic	2 Accident invastiga		,,,	,u.y	M		Yes 2□	No					
Division	l or Attending Ph after death. Olrector: After th	Certification:	3 ☐ Sulcida 6 ☐ Could no 4 ☐ Homicide datarmin	ed 28e. Plac	a of Injury - At I	nome, farm, s	treet, facto	ry, office	)		28f. Location (S		ber or Rura	/ Route	Number,
ā	5 # 5 E	ert	4   Homicide	build	ling, etc. (Spec	ify)					City or Tov	vn, Stete)			
	Hospital 24 hours Funeral stely filled	1	29e. Certifiar	Physician: To the	a beet of my ko	owledge doe	th coourre	d at the t	imo deto es	ad place	and due to the	anuan(a) and m		lated	
	Fun Fun	edical		caminar: On the b	pasis of axamin	ation and/or li	nvastigatio	n, in my	opinion, das	ath occur	red et the time,	date and place	, end due to	the cau	usa(s)
	To the Hospital or within 24 hours affer To the Funeral Oly completely filled In	Me	29b. Signature and title of certifier	end mar	nner stated.				se number						
		-	Signature and title of certifier				25	ou. LICHT	ise number			29d. Date sign	ed (wonth, i	<i>ναγ, τθ</i>	ar)
	5		John an	J. MP				RE	=5-0	00		7014	1, 1	199	7
			30. Nama and addrass of person wi	no complatad cau	sa of daath (Ite	m 23a) (Type	, Print)								
			DORRY Se	GEN, MD	JOH	ins you	cods,	To	WER 1	,00	BAUTIMO	E, MD	212	87	
	Sta	ite	31. Dete filed (Month, Day, Year)	1007 32.1	Registraris Sign	eture s	Prode			,					

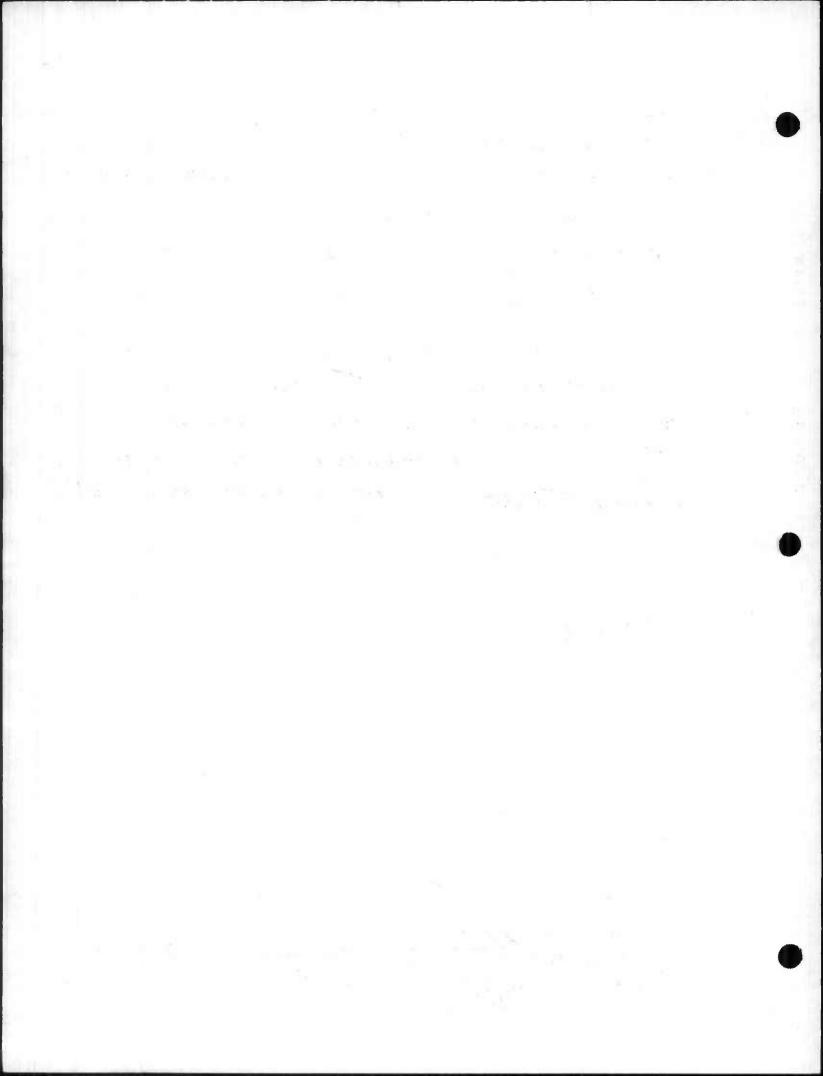
# Please Type or Print in Black Indelible Ink. Assure All Copies Are genible 24 | 5 State of Maryland / Department of Health and Mental Hygiene

				Certific	cate of	f Death		Reg. No.		
Physi	cian	1. Decedant's Nama (First, Middle, L		0 >			2. Data of De	eath Day	Yeer	3. Tima of Death
/Med		MARIE E.	HAYWA	イク			July	10 1	997	5:30 Ar.
Exam	iner	4a. Facility Nama (If not institution, gi		1 4		4b. City, Town, or	Location of Deat	. 1		
			Sax 7. Aga (In yrs		Indar 1 Yea	CO UM			ward	10
Funera Directo		The second secon	Sax 7. Aga (In yrs	Yrs. Mor			. (Month, De	ay, Yaar)	9. Birthplac Country Mary	e (Stata or Foraign
		Usual Rasidance of Decedant					ungust	15,1905	Mary	Tana
how	Ι.	10a. Stata 10b. County		ity, Town or Location					10d	. Insida City Limits
times times	cto	MD Balt:	imore City	B <b>a 1</b> f	timor	re				1 <b>XXX</b> s 2 □ No
or 22	Director	10e. Street and Numbar	_	10	f. Zip Code			10g. Citizan of	What Country	?
23.0	2	1932 Greenhave	en Drive		2	21209		USA		
nem Digital	Funeral	11. Maritai Status	12. Was Decedant Evar in U Armed Forcas?	U,S. 13. Was D	ecedant of specify Cu	Hispanic Origin? ( ban, Maxican, Pua	Specify Yes or No rto Rican, atc.)	o- 14. Rad Bla	ce - Amarican ck, Whita, atc	
o Tu	by F	1 ☐ Navar Married 2 ☐ Marriad  3 ☐ Widowad 4 ☐ Divorced	1 ☐ Yas 2 💢 💢 o If Yas, Giva	1 □ Y	as 2000	o Specify:		Specif	hite	
tural E E		15. Decedent's E	Yaar or Datas:	16a Dagadost's	Havel Occ	unation		10h Kind of D		
Amalic Amalic	Completed	(Spacify only highast gi	ada com <i>platad)</i>	16a. Dacedent's (Giva kind o lifa, DO NO	of work done  OT usa retir	a during most of wo red)	orking	16b. Kind of B	usinass/inqus	stry
there	mo	Elemantary/Sacondary (0-12)	College (1-4or 5+)	Home				Home		
ent,	BeC	17. Fathar's Nama (First, Middla, Las	")	Home		_	me (First, Middla			
La Subulu de med when it is nous ener dean win the maryand the and Mental Hygiene. It is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at	To B	Albertus V.	Reakes			Anna	Kelle	r		
nd M	-	19a. Informant's Name/Ralationship		19b. Mailing Add	dress (Strae	et and Number or R			State, Zip Co	oda)
ealth e n 27 is		Patricia H. M	urphy-daught							
othe other		20a. Mathod of Disposition	20b.	Placa of Disposition camatary, cramatory	(Nama of		Deta	20c. Location		
Department of Health e Important: If Item 27 is any injury or other transports.				Latevill			7/12/97	Delt	a,PA	
Department Important: I any Injury o		21. Signature of Funarai Sarvica Lice	nsaa			rass of Facility		-		
Departr Imports any Inju		Value 6	Teloff	Hark	ins	F.H.Inc	.,Delta	, PA 17	314	
		231 Fart 1. Enter tha disaase, or con shock, or haart failure. List only	plications that caused the dea	ith. Do not antar tha	mode of dy	ring, such as cardia	ac or raspiretory a	rrast,	A	pproximate
hysician	н	snock, or haart failure. List only								tarval Batween nsat and Death
Medica		Immadiata Causa (Final disaasa or condition	· Bilater	al Pn	0	10 h 1 1 1			4	78how
Examine	Н	rasulting in daeth)		or as e consequanca		1101100	1			
2 %	iner	_	h							
-tren	Examiner	Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying	Due to (	or as a consequence	of):					
cian		Ceuse (Disaase or injury	C						1	
iding physician end ise es the buriel-trensit	/Medical	that initieted events rasulting in deeth) Last	Dua to (c	or as a consaquance	of):					
ding physician end se es the buriel-trensit	Me		d							
	Physician									
ine iaw requires mat me deam ste hes been signed by the atter page 2 should be deteched for	ıysi	Part II. Other eignificant conditions	contributing to death but not res	sulting in tha underlyi	ing ceusa g	jivan in Part I.	23b. Dld	10	ntributa to th	e cause of death
d belg							1 🗆	Yes 2 No	3 Probab	oly 4 Unknow
been signed by the atten	d by						24a Was	an autopsy	24b. Wara	autopsy findings
peer	lete						perfo	ormed?	eveila	bla prior to lation of causa eth?
hes ye 2	Completed								of dae	eth?
certificete rector, pag		25. Was cesa referred to medical					10	- (	1 □ Y	as 2□ No
this certific irei director,	o Be	examinar?  1 Yas 2 No	Hospital:	7====	0	thor.	ath (Check only			
rthis arei di	-	27. Manner of Death		ER/Outpatiant 3 28b. Tima of	J DOA	4 M Nursing	Homa 5 ☐ Rasi 28d. Describe	dance 6 ∐Oth how Injury occur		
th. After funer	tior	1 ☑Neturel 5 ☐ Pending 2 ☐ Accidant invastigatio	28e. Data of Injury (Month, Day Year)	Injury	28c. fnju Wo	ork? ⊒Yas 2 ⊒No				
r dea	Certification:	3 Suicida 6 Could not b				100	28f. Location (	Straat and Numb	per or Rural R	outa Numbar,
Dir	ert	4 ☐ Homicida detarminad	28e. Place of Injury - At h building, etc. (Special	ify)			City or To	wn, Stata)		
within 24 hours efter death.  To the Funaral Director: After completely filled in by the fune.		29a. Cartifier Cartifying Ph	yelcfan: To the best of my kno	owladga, daath occur	rred at tha t	tima, date end place	e, and dua to the	ceuse(s) end ma	annar as state	ed.
vithin 24 hours effected within 24 hours effected:  To the Funaral Director: After completely filled in by the fune	edical	(Check only one)	niner: On the besis of axamina and mannar stated.	ation and/or invastiga	ation, in my	opinion, daath occi	urred at the tima,	data and place,	and dua to the	a ceusa(s)
To the	Σ	29b. Signatura end titla of certifiar			29c. Lican	nsa number		29d. Data signe	d (Month, Day	y, Year)
/		William Ho	WEN mi		22	0789		Julul	0, 19 5	17.
1		30. Name end eddrass of person who	complated ceuse of death (Itar	m 23e) (Type, Print)	1	141	. \	107	-1	4 .
2		30. Name end eddrass of person who	1 swells m	17 1.03	357	rittle t	while	r Cala	mbi.	My
St	ate	31. Data filed (Month, Day, Yeer)					7			
St Regist		JIII 1 1997	Red Strang Sign	Karlall						

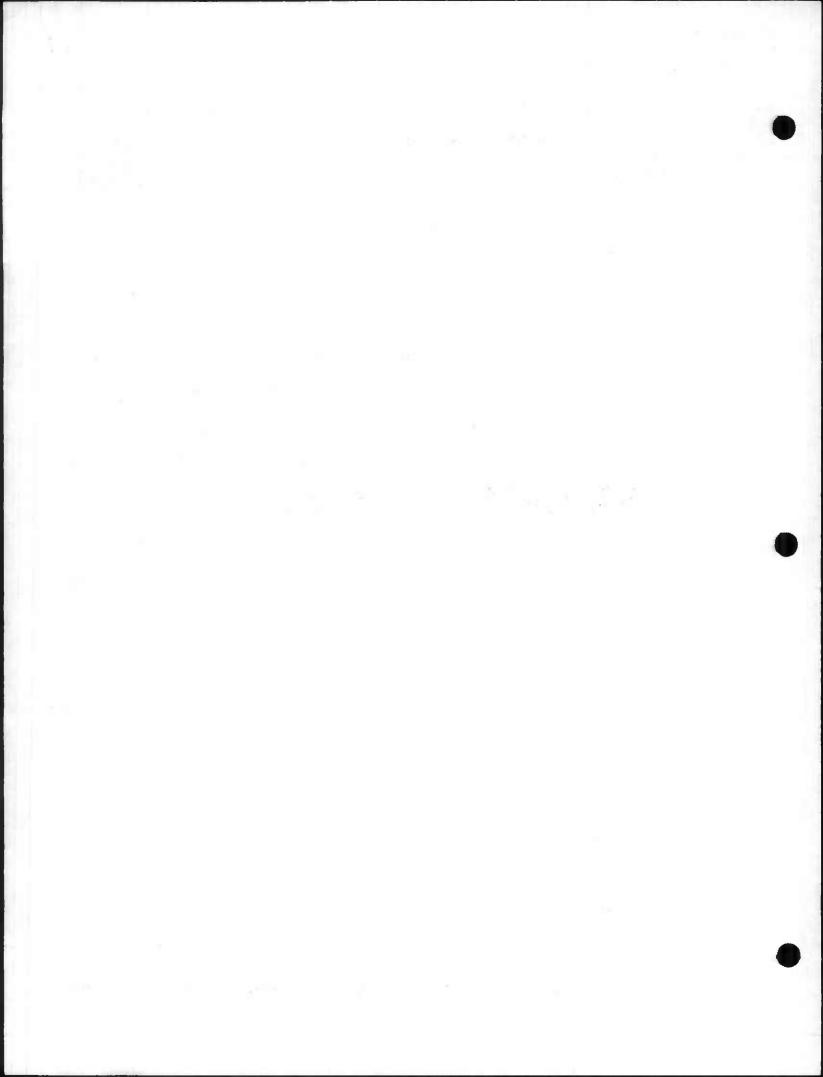
The state of the s

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 22416

				$C_{i}$	ertificate of	Death	F	leg. No.			
		1. Decedent's Neme (First, Middle, L	ast)				2. Dete of Dee	th	V	3. Time of Death	
Physicia (Madica		Samuel	Keith	Han	7507		July	Day () 3 /	997	6:00 AN	
/Medica Examine		4a. Fecility Name (If not institution, gi	va straet and number)	1 lax	1	4b. City, Town, or Lo		4c. County	of Death	3,00,1	
LAUITITI	-1	Fallston Gr	1 Horse	2.41	/	E 11th		1/2	-6		
Funeral		10-112/- 100	Sex 7. Age (la yr.	. last birthda	(y) If Under 1 Yaar		8. Date of Birth	1100	9. Birthola	ica (Stata or Foreign	
Director	ŀ	217-36-4422	100 2□ F 68	Yrs.	Months Deys	Hours Min.	8. Date of Birth (Month, Day, Year) 9. Birthplaca (State or Foreig Country) 5/24/29 Maryland				
	F	Usual Rasidence of Decedent					3/24/23 Haryrana				
28a-f show		10a. State 10b. County	10c, C	ity, Town or	Location				10	d. Inside City Limits	
notified at	ō	PA Yorl	k	De1	ta					1 ☐ Yes <b>201</b> No	
III III	Director	10e. Street and Number			10f. Zip Coda			l0g. Citizen of \	What Countr	rv2	
Z		453 Wise Roa	ad		173	314		USA	viiot court	· · ·	
7	- La			10					e - Americe	n Indian	
	Funerai	11. Meritel Status	12. Was Decedent Ever In Armed Forces?	0,5.	If Yas, specify Cul	Hispenic Origin? (Sp ben, Mexicen, Puarto	Ricen, etc.)	Bled	k, White, e		
	by F	1 Never Married 2 Married	1 ☐ Yes 2 ☑ No If Yes, Give		1 ☐ Yes 2☐KNo	Specify:		Spe	hite		
		3 Widowed 4 Divorced	Yaar or Dates:								
	Completed	15. Dacedent's E (Specify only highest gr	Education rade completed)	(Gi	pedent's Usuel Occu ve kind of work done	during most of work	ing	16b. Kind of B	usinass/Indu	ustry	
	ם	Elementary/Secondary (0-12)	Collaga (1-4or 5+)		. DO NOT use retire	•					
	S	12		Daı	ry Farme			Agric		re	
	Be	17. Fether's Name (First, Middle, Las	,			18. Mothar's Nem			na)		
	0	Crawford 1	Lemon Harris	son		Rhoda	a Spai	cks			
	.	19a. Informant's Name/Reletionship	(Type, Print)	19b. Me	iling Address (Strae	at and Number or Rur	al Route Numbe	r, City or Town,	State, Zip C	Code)	
	1	Ethelda M. Har:	rison- wife	453	Wise Ro	ad, Del	ta,PA	17314			
	ı	20a. Mathod of Disposition	20b.	Plece of Dis	position (Nama of		Dete	20c. Location -	City or Tow	vn, Stete	
		1 Denotion 5 Other (Spee			rematory or other pla Cemeter		7/7/97	7 New	Free	edom, PA	
		4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Service Lice	**		22. Neme end Addr	-	1/1/3	NEW	1166		
-6505		Victor H.	Telett			F.H.Inc.	,600 Ma	ainSt.	,Delt	17314 ta,PA	
		23a. Part1. Enter the disease, or con	nplications that caused the de-	ath. Do not a	anter the moda of dy	ing, such es cerdiec	or respiretory en	est,		Approximete Intervel Between	
an	-1	James, or fleat failure. Elst offi	y one couse on each mie.							Onset end Death	
ai		Immediata Causa (Final	0							.1, 6	
er		disease or condition resulting in deeth)	e. Preur							1/2 weeks	
4	e		Due to	(or as a cons	saquence of):						
1	Examiner		b Kespir	200	7 Lep	ressyo -	-				
	×	Sequantially list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury	Due to	or ma is cons	sequence of):		/		1		
	20	Ceuse. Enter Underlying Ceuse (Disease or Injury thet Initieted events	· Intrace	res	me He	man org	haze		-	- 15%	
	edicai	rasulting in death) Last	Due to	or es e cons	equence of):		0				
	2		a Hispor	tens	107						
	an		00								
	300	Part II. Other significant conditions	contributing to death but not re	sulting In the	undarlying ceusa g	ivan In Pert I.	23b. Did to	obacco uee co	ntribute to	the cause of death?	
1	Physician/						1 U Y	08 2 NO	3 Probe	ably 4 Unknown	
	by										
	8						24e. Wes e	en eutopsy	24b. Wer	ra autopsy findings lleble prior to	
	Completed						репо		com	pletion of ceuse eeth?	
	E						1 D Y	es 2 No		Yes 2 No	
		or 146						,	'	165 200110	
- 16	Be	25. Wes cese referred to medical exeminer?	Hospitel: V.		0	28. Plece of Deet					
	2	1 Yas 2 No	1 Descripation 2	ER/Outpet	ient 3L DOA	4   Nursing Ho	me 5 Resid			)	
	5	27. Menner of Deeth  1 Neturel 5 ☐ Pending	28e. Dete of Injury (Month, Day Year)	28b. Time Injur	/ Wo		28d. Describe h	ow injury occur	reu		
	9	2 ☐ Accident Investigation			M 1	Yes 2 No				32.3.11	
	catio		20a. Place of injury - At	home, ferm,	street, fectory, office		28f. Location (S City or Tow	traat and Numb n, State)	er or Rural	Routa Number,	
	tificatio	3 ☐ Suicide 6 ☐ Could not I detarminate	building, etc. (Spec								
	Certificatio	3 ☐ Suicide 6 ☐ Could not I	building, etc. (Spec			in a data and alone	end due to the c	euse(s) and mo	ennar as sta	ted	
	sai Certification:	3 Suicide 4 Homicide  4 Could not lidetarminate  29a. Certifier  Certifying P.	hyalclan: To the best of my kr	owledge, de	ath occurred et the t	ime, dete end piece,	orid dde to tria c	later and advanced		100.	
	edical Certificatio	3 Suicide 4 Homicide  4 Could not lidetarminate  29a. Certifier  Certifying P.		owledge, de ation and/or	ath occurred et the t Invastigation, in my	opinion, daath occur	red et tha time, o	lete end plece,	end due to t	the ceusa(s)	
	Medical Certification	3 Suicide 4 Homicide  6 Could not I detarmined	hyalclan; To the best of my kr miner: On tha basis of axamin	owledge, de ation and/or	Invastigation, In my	opinion, daath occur	red et tha time, o	lete end plece, 29d. Date signe		the ceusa(s)	
	edicai	3 Suicide 4 Homicide  29a. Certifier (Check only one)  Certifying P  Certifying P	hyalclan; To the best of my kr miner: On tha basis of axamin	owledge, de ation and/or	Invastigation, In my	opinion, daath occur	red et tha time, o	lete end plece,		the ceusa(s)	
	edicai	3 Suicide 4 Homicide  29a. Certifier (Check only one)  29b. Signature and this of certifier	hyalcian: To the best of my kr miner: On tha basis of axamir end menner steted.	ation and/or	Invastigation, In my 29c. Licer	opinion, daath occur	red et tha time, o	lete end plece,		the ceusa(s)	
	edicai	3 Suicide 4 Homicide  29a. Certifier (Check only one)  29b. Signature and this of certifier	hyalcian: To the best of my kr miner: On tha basis of axamir end menner steted.	owledge, de ation and/or om 23a) (Typ	Invastigation, In my 29c. Licer	opinion, daath occur	red et tha time, o	lete end plece,		the ceusa(s)	
pletely filled in by the funeral dire	Medical	3 Suicide 4 Homicide  29a. Certifier (Check only one)  29b. Signature and this of certifier	hyalcian: To the best of my kr miner: On tha basis of axamir end menner steted.	ation and/or	Invastigation, In my 29c. Licer	opinion, daath occur	red et tha time, o	lete end plece,		the ceusa(s)	



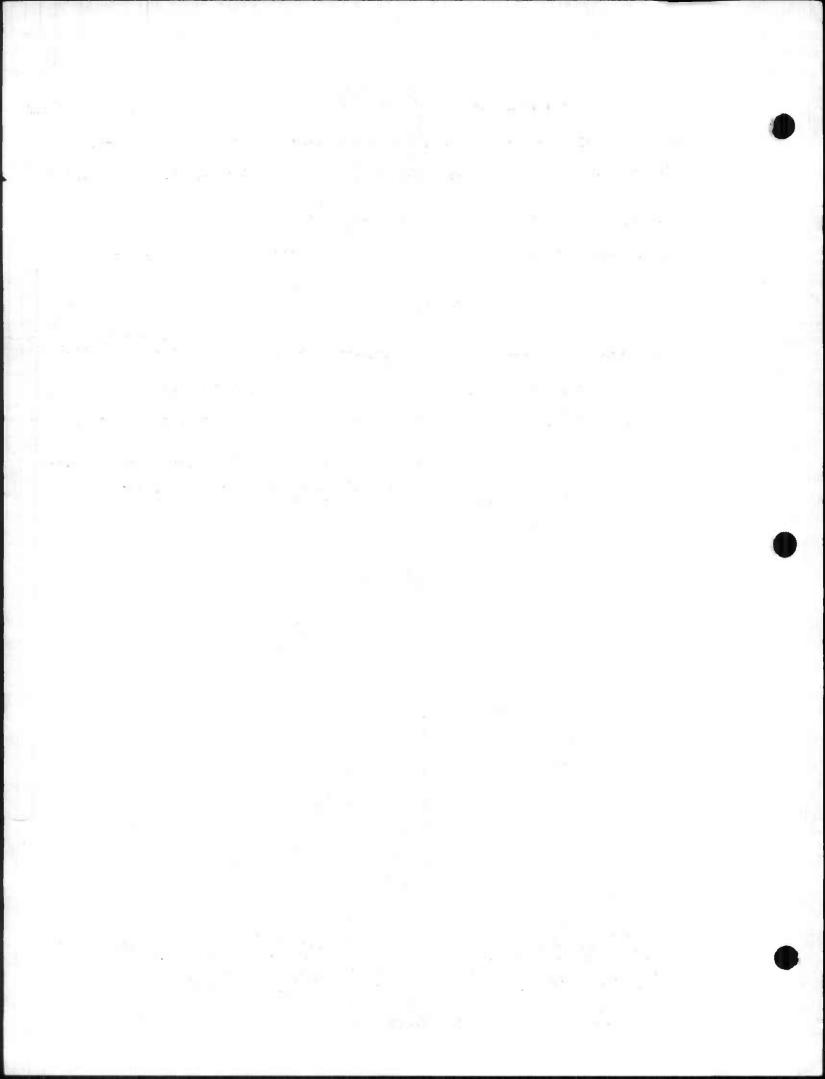
C I		a H a p	ENRY art I,II,27,28a-f per	State of Ma	ryland		artment rtificate			and M		giene	22	417
Г			1. Decedent's Name (First, Middle, La	rst)						1	2. Date of De Month	ath Dey	Year	3. Time of Deeth
	Physici /Medi			ENRY							JULY	9, 19	97	9:04AM
	Examir	ner	4a. Feclity Neme (If not institution, gir	OVER THE PARTY OF	2022			4			ation of Deeth			
			CUMBERLAND ME  5. Social Security Number 6.3				If Under 1	Voor	CUME If Under 2				EGANY	
	Funeral Director			1 M 2 F 7. Age	42	est birthday) Yrs.		Days	Hours	Min.	8. Date of Bird (Month, De ULY 8	n, Year) 1955		ce (Stete or Foreign ALIF.
	yland		10a. State 10b. County		10c. City	, Town or Lo	ocation						100	I. Inside City Limits
	e Wa	ctor	FLA. ORANGE	_	ORI	LANDO								1X Yes 2 No
	F 22	Director	10e. Sfreef end Number				10f. Zip (	Code				10g. Citizen of	What Country	n
	ath w	rai	9454 FIRST AVE.				328					U.S.A.		
21215-0020	be filed within 72 hours efter death with the Maryland tal Hygiene. d other than "naturel", or items 23a or 28a-f show event, the Medical Examination trust be notified at	by Funeral	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces?  1 Yes 2X No If Yes, Give Year or Dates:			Was Decede If Yes, specil 1 ☐ Yes 2		ispantc Orig n, Mexicen Specify:	gin? (Spe , Puerto F	cify Yes or No Rican, etc.)		ce - American ck, White, efc y: WHIT	c.
9-0	2 hou	bed	15. Decedent's E	ducetion	1	16a. Deced	dent's Usuel	Occupa	ation			16b. Kind of B	lusiness/Indu	stry
215	within 7 ene. than "n	Completed	(Specify only highest gr Elementary/Secondery (0-12)	ede completed) Cotlege (1-4or 5+	+)	(Give	kind of work DO NOT use	done d	funing most )	t of workin	ng .			
	filed wi Hygien other the	Con	12	2		PUBLI	C SUPI	ER M					MANAGE	R
and	ttal H d oth	Be	17. Father's Neme (First, Middle, Last	•								Meiden Sumer	ne)	
Maryland	should by	10	RICHARD JAMESO								BETH B			
Ma	0 0 0 0		19e. Informant's Neme/Retationship									r, City or Town	, State, Zip C	ode)
e,	Health Health Sem 27		SCOTT ELMER HENRY  20e. Method of Disposition	HUSBAN	20b. Pl	ace of Dispo	sition (Nem	e of		ANDO	FLA.	32824 20c. Location	- City or Town	n. State
JOL	Peges nent of rnt: If ite iry or o		1 ☐ Bunal 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci			emetery, crer LAWN				1 /	1007			
Baltimore,			21. Signature of Funeral Service Line	•	ICEO I		2. Name end				1997	LAVALE,	PIAKI L.	AND
ä	permit. Depertr Imports any inju		A 6 9	M = K						•	L HOME			
	Physician /Medical Examiner	iner	23e. Part1. Enter the disease, or conshock, or heart failure. List only Immediate Cause (Final disease or condition resulting in deeth)	a. ACUTE PNEUM	o. IONIA		TED WIT						i Ir	oproximete ntervat Between Anset and Death
lox 68760,	leeth certificete be executed ettending physician end I for use es the buriel-trensit	Physician/Medical Examiner	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underfying Ceuse (Disease or injury that initiated events resulting in death) Lest	C		as e conseques a conseque								
B	deet of for	sicia	Part II. Other eignificant conditions of	contributing to death but	not resu	Iting in the u	nderlying ce	use give	en in Part I.		23b. Did	obacco use co	ontribute to t	he cause of deeth?
<u>Р</u>	es that the decigned by the e		HISTORY OF REACTIVE	AIRWAY DISEA	SE						10	Yes 2 No	3 Proba	biy 40 nknown
Division of Vital Records, P.O. Box	w requir	Completed by										en eutopsy rmed?	eveil	e eutopsy findings able prior fo pletion of ceuse eth?
Ä	The lay te hes yage 2	E									167	es 2 No	10	Yes 2□ No
a		Be C	25. Was cese referred to medical						26. Place	of Deeth	(Check only o	ne)		
<u>&gt;</u>	Attanding Physician: or death. ector: After this certific by the funeral director,	To I	examiner?	Hospital: 1 🗆 Inpatien	t 2/(1)4	R/Outpatier	nt 3□ DO#	A Othe	er: 4 🗆 Nu	rsing Hom	ne 5 🗆 Resid	dence 6 🗆 Oti	ner (Specify)	
ח	ng Ph fter th uneral		27. Manner of Deeth 1 □ Natural 5 □ Ponding	28a. Date of Injury (Month, Dey	Year)	28b. Time of Injury		c. Injury Work			8d. Describe	now Injury occu	rred	
S	Attending Ph or death. ector: After th by the funeral	cati	2 ☐ Accident investigatio	100110 1/3/3		ound 7:			Yes XIXI	-	nknown			
$\leq$	アポティ	Certification:	4 ☐ Homicide determined	28e. Ptece of Injur building, etc.	(Specify	me, farm, str	eet, fectory,	office		2	City or To	Street and Num yn, State)	21 Bisho	p Lane
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical C	29a. Certifier (Check only 2 Medical Example 1	found in ho  ysicien: To the best of miner: On the basis of e and menner state	my know	vledge, death	n occurred et	t the tim	e, date and	d ptace, e	nd due to the	d, Maryla ceuse(s) end m date and place	anner as stat	red.
	the the	Med	one) XX 29b. Signature end title of certifier	and menner state	ed.				number				-	
	5.¥ ₹ 8		A .	100 .					.M.E	,		29d. Date signe		
	M.		20 Name and address of the	1. Chute a	12-	020\ (**		0.0	E			OOLY	10,	177/
	Sta	ite	30. Name and address of person who Dennis J.  31. Date filed (Month, Day, Year)	hute 10 ]	L 1 1 's Signet	Penn		et,	Bal	timo	ore, M	laryla	nd 21	201
	' Registr		JUL1 4 1997	which are them !	Rarda	à,								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 224 18

					Otate	JI IVIQ	ryland / D	Certifica	te of	Death	ATICI IVI	ciliai i i	Reg. No.	1 2	241	O
П	Physic	an	1. Decedent's Name (									2. Date of D	eeth Day	Year		of Death
	/Medi	cal	4a Farilin Name //f		1 Evert		res			the Ohn To			11	1997	11,0	SAW
	Examir	ner	4a. Facility Name (If n Residence				D 1					cation of Dea	tn 4c. Col	unty of Death		
1	Funeral Director		5. Social Security Nun 215-54-0	nber 6. S			(In yrs. last birth	nday) If Und Months	er 1 Year Days				irth ay, <i>Year)</i> .6,1932	9. Birth	cll plece (Stata ntry) rgini	or Foreign
	yland		Usuel Residence of D 10a. State 1	ecedent 0b. County			10c. City, Town	or Location							10d. inside	
	Mer at at	tor	Maryland	Се	cil				Por	t Depo	sit				1 ☐ Ye	s 2 No
	or 28	Oire	10e. Street end Numb					10f. Z	ip Code				10g. Citizen	of What Cou	ntry?	
	oth w	rail	255 Jacks	on Park						219	-		U.S.A.			
020	s 1 and 2 should be filed within 72 hours efter deeth with the Meryland f Health and Mental Hygiene. I health and Mental Hygiene. I health and 27 is marked other than "naturel", or items 23a or 28a-f show other traumetic event, the Magical Examinatory as the notified a	by Funeral Director	11. Marital Stetus  1 ☐ Never Married  3 ☐ Widowed 4 [		12. Was Dec Armed F IX XYes If Yes, G Yeer or I	orces? 2 ☐ No		13. Was Dec If Yes, sp		Hispanic Orlgoan, Mexican  Specify:	gin? (Spe , Puerto i	cify Yes or N Rican, etc.)		Raca - Ameri Black, White eclfy:		
21215-0020	thin 72 hou e. an "nature Medical E	Completed	(Specify Elementary/Second	5. Decedent's Ed only highest gra ery (0-12)	ide complated,	) (1-4or 5+)		Decadent's Us Give kind of w life. DO NOT	ual Occu ork done use ratire	ed during most of working U.S. Govern					ment	
	ed wil	Con	Seven Years Aircraft Mechan											tiona	1 Guar	
Maryland	2 should be filed with end Mental Hygiene, is marked other than aumatic event, the	Be							18. Mothe			e, Maiden Sun				
Z	d Mer marks	Lo L	Charles Daniel Hayes  19a. Informant's Name/Relationship (Type, Print)  19b. Mailing Address (Straat and Number								ye Pic		n Code)			
	od 2 s lith en 27 ls :		Joan Ann Jester-Hayes (wife)  19b. Mailing Address (Straat and Number 255 Jackson Park Ro											-	21904	
re,	Peges 1 end 2 nent of Health e ant: If Item 27 Is ury or other tra		20a. Method of Disposition 20b. Place of Disposition (Name of						Í	Dete		on - City or T	-7			
E	Pege nent o int: If		### Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)  ### Hopewell Cemetery							17	/17/97	Port	Deposi	t. Ma	rvland	
Baltimore,	permit. Peges 1 and 2 Department of Health e Important: If Item 27 is any Injury or other tra once.		21. Signeture of Fune	ral Service Licar	isee .	Eh n	- Sc	Lee Perr	A. P.		on &	Son F	uneral 903-01	Home		
			23a. Part1. Enter the shock, or heart f	disease, or com	plications that	caused the									Approximatinterval Be	ate
	Physician /Medical Examiner	ər	Immediate Cause (Fir disease or condition resulting in death)		a		0.	ling			/			so day have been also when the	Onset and	I Deeth
	secuted end el-transit	Examiner	Sequentially list condi	tions, ediate	b	D	ue to (or as a co	onsequence of	):							- 1
ox 68760,	eath certificete be executed ettending physician end for use es the buriel-transit	edicai	Sequentially list condi if any, leading to immi- cause. Enter Underly Cause (Disease or Inj thet initiated events resulting in deeth) Les	ng ury it	c	Di	ue to (or es a co	nsequence of	): 							
Box	death cert e ettendin d for use	iciai	Part II. Other eignifica	nt conditions c	ontributing to d	lasth hut	not resulting In	the underlying	cause ni	von in Part I		23h Did	I tobacco use	contribute	o the cause	of death?
. P.O.	thet the dended by the eduched	by Physician/M	-COPD	THE CONGRESSION OF	onthodding to d	Œ6	Dis	1 DS	o cause gr	veri ili Patti.		(	Yes 2□N			Unknown
Records,	law requiras thet tha death cert as been signed by the ettending 2 should be detached for use o	Completed b	-OAF										s an autopsy formed?	6.	/ere autopsy vailable prior ompletion of death?	rto
tal Re	The ete h page		- NEUMON 25. Was case referred	1/A						00 81			Yes 2 N		☐ Yes 2	<b>&gt;</b> 6
of Vital	Physician: this certific	o Be	examiner?	110000	Hospital:	Inpatient	2 ER/Out	petient 3 [	OA Ot	han	rsing Hon	(Check only	idence 8 🗆	Other (Spec	(fv)	
ion of	iling Phy h. After thi funeral	atlon: T	27. Manner of Death	5 Pending investigation	28a. Date (Mor		28b. Ti		28c. Inju Wo		2		how injury oc		.97	
Division	7570	Certification:		6 Could not be determined	289. Place	e of Injury ling, etc.	y - At home, fam (Specify)	n, street, facto	ry, office		2	8f. Location City or To	(Street and No own, Stata)	um <i>ber or R</i> ui	al Routa Nu	m <i>ber</i> ,
	To the Hospital c	edical (	29a. Certifier (Check only one) 2	Certifying Ph	niner: On the b	e best of e pasis of e	my knowledge, xamination and id.	deeth occurre or investigation	d et the ti n, in my d	me, date and opinion, deat	d place, a	nd due to the	cause(s) and , date and pla	menner es ce, and due	steted. to the cause	r(s)
	To the To the Comp	M	29b. Signature and titl	Last contract	0 1111	7		2	Dy.	ae gumber	00		29d. Date si	gned (Month	Day, Year)	9
	8, VA		30. Name and address	Sperson who	completed cau	se of dea	th (Item 23a).(T	ype, Pript)	6	1016	1	Wid	2008	1		
P	Sta Registr		31. Dete filed (Month,	Day, Year)	32. F	Registrar'	s Signature			/		1				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene / Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 3 Time of Death Jul 2:27 PM Doris Beatrice Harris 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Caath 4c. County of Death BaITIMORE Healthcare ff Under 24 Hrs. 8. Data of Birth (Month, Day, Year)
Feb. 17 Baltimore 5. Social Security Number If Undar 1 Yaar 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) Days 1 M 2 KF Months 68 368-28-4510 1929 Michigan Usual Rasidence of Dacedant 10b. County 10c. City. Town or Location 10d. Insida City Limits Frederick Frederick 1 Yas MiNo 10f. Zip Coda 21701 10e. Street and Number 2404 Ellsworth Way 10g. Citizan of What Country? USA 12. Was Decedant Evar In U,S. Armad Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Black, Whita, atc. 1 ☐ Navar Marriad 2 ☐ Married 1 ☐ Yas 2 ☐XIo Specify: Specify: White 3 Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16h Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Pharmacy Technician Pharmacy 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Joseph Martell Jeanette Blong 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Address (Straat and Numbar or Rural Route Number, City or Town, Stata, Zip Coda) Michelle Lindsay daughter 905 Edmondson Ave. Catonsville MD 21228 20b. Placa of Disposition (Nama of camatary, crematory or other p 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Springfield Cemetery7/9/97 Sykesville MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Sarvice Licentiee 22. Nama and Addrass of Facility P.O. Box 195 Sykesville MD 21784 Home 23a. Parti. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Intarval Betwaan Onsat and Death Immediata Cause (Final disaasa or condition rasulting in daath) 14 days Respiration

Dua to (or es e consequence of) Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Disaase or injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of): Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Failure Lambert Syndrume 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy 1 ☐ Yas 2 No 1 ☐ Yas 2 ☐ No 26. Plece of Deeth (Check only ona) Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Rasidenca 6 Othar (Specify) 27. Manner of Death 28c. Injury et Work? 28a. Dete of Injury (Month, Day Year) 28d. Dascribe how injury occurred 1 Natural 5 Panding invastigation 1 Yas 2 No 2 Accident 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

**Physician** /Medical Examiner

permit. Pege Depertment of Important: If any Injury or

**Physician** 

/Medical

Examiner

10a. State

Director

Funeral

þ

Completed

Be

MD

**Funeral** 

**Director** 

7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examinar must be nowined at

Peges 1 and 2 should be filed within 72 hours efter of or death of Health and Mentel Hybjene.
Int: If tem 27 is marked other than "natural", or the iny or other traumalic event, the Medical Evantral.

3altimore, Maryland 21215-0020

Box 68760.

the Maryland

death v

ettending physician end for use as the bunel-transit

Physician/Medicai δ Completed Be Medical Certification:

25. Wes case rafarred to medical axaminar? 1 Yas 250No

4 Homicida

(Check only one)

29a. Cartifiar

6 Could not be determined

28a. Place of Injury - At homa, farm, straet, factory, office building, etc. (Spacify)

1 📉 Certifying Phyalcian: To the best of my knowledge, daath occurred at tha tima, data and placa, and dua to the ceuse(s) end menner es steted. 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signatura and titla of certifier

29c. Licensa number 047484 29d. Data signed (Month, Day, Year)

30. Nema and addrass of person who completed cause of daath (Itam 23a) (Type, Print) ERIC SHEPARD

Healthcare 900 Cath Mr. Baltime

State Registrar

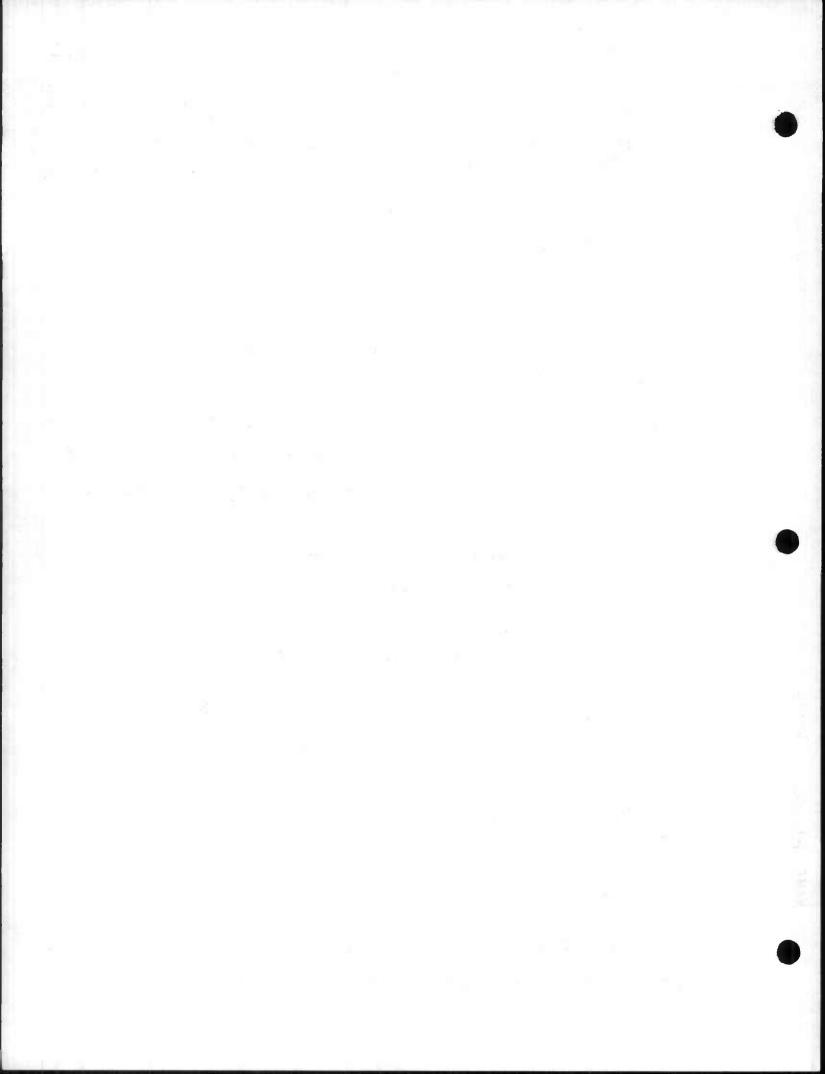
D ST. Asnes
32. Ragistrar's Signature 31. Date filed (Month, Day, Year) Taki Davdeor Radall

or Attending Physician:

death.

24 hours efter death Funeral Director: /

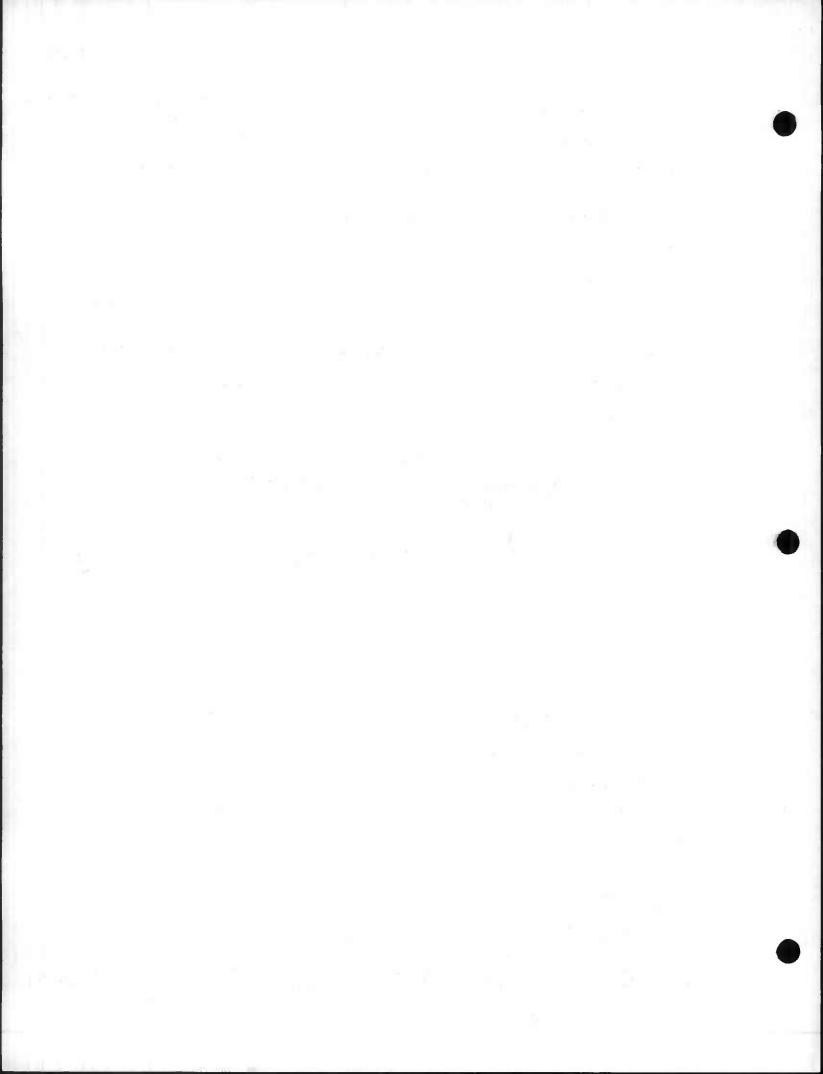
within 2



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 4 2 0

						Cen	tificate of	Death			Reg. No.		
	m		1. Decedent's Neme (First, Middle, I	Last)					2.	Dete of De		V2.111	3. Time of Deeth
	Physici		Evelyn Earle Ha	ines						Month	4-947	Yeer	38 PM
	/Media		4a. Facility Name (If not institution, g		um <i>ber)</i>			4b. City, To	wn, or Locat	ion of Deeti	tc. County	of Deeth	
4	Examin	iei	252 Bucher John		11				Bridg		,	rol1	
-				Sex	7. Age (In yrs.	last hirthday)	If Under 1 Year			Dete of Bir			In an ICtata ou Facelon
	Funeral			1 □ M 2 🖺 F		. V	Months Deys		Min.	(Month, De	v. Yeer)	9. Birthp	place (Stete or Foreign
	Director		216-10-8020 Usuei Residence of Decedent		8	0 Yrs.			Ap	ril 2	7, 1917	Mary	Land
P	*		10a. State 10b. County		10c Cit	y, Town or Loc	ation					1	Od. Inside City Limits
aryte	28a-f show	ř		1								'	1 ☐ Yes 2 No
<u>∞</u>	28a-f	ctc	Maryland Carrol	1		Union H	gridge						TO Tes ZIONO
#	or 2	i-	10e. Street and Number				10f. Zip Code				10g. Citizen of \	Whet Cour	ntry?
deeth with the Maryland	23a	a	252 Bucher John	Rd.			2179	1			U.S.A.		
	Items Der ms	Funeral Director	11. Marital Status	12. Was Dec	cedent Ever in U.	,S. 13. W	as Decedent of	Hispenic Ori	gin? (Specify	Yes or No	- 14. Rac		an Indian,
O #	or the		1 ☐ Never Married 2 Married		2 No		Yes, specify Cul			an, etc.)	BIBO	ck, White,	etc.
21215-0020 d within 72 hours ef		þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, G Year or I	ive Dates:	1	☐ Yes 2∭ No	Specify:			Specify	" Whi	te
5-0020 72 hours efter	natural',	Be Completed	15. Decedent's			16e. Decede	ent's Usuel Occu	petion			16b. Kind of B	usiness/In	dustry
		ple	(Specify only highest g			(Give k	ind of work done O NOT use retin	eduning mos: ed)	t of working				
2121 within	al Hygiane. I other than went, I'm Me	E	Elementary/Secondary (0-12)	College	(1-4or 5+)	Seams	stress				Clothin;	g Fac	tory
0	T the	O	17. Fether's Neme (First, Middle, Las	st)				18. Mothe	er's Neme /F	irst, Middle.	Maiden Sumen	ne)	,
Maryland	d d d	B	Edgar Angoll	•					-	- 117			
aryland	marked marked imatic e	To	Edgar Angell						s Warn				
2 3	is m		19a. Informent's Name/Reletionship			-					er, City or Town,		
	n 27 n 27 ner t		Roland Haines/Hu	sband			icher Jo		. Uni	on Br	idge, M		
os 1	t of Health and Mantal Hygiane. If Item 27 Is marked other than or other traumatic event, tha M		20a. Method of Disposition 1    Burial 2 □ Cremetion 3	□ D om ovel 4 oom	20b. P	lace of Dispos emetery, cremi	ition (Neme of etory or other pla	ece)		Dete	20c. Location -	City or To	own, Stete
Pages	E # >		4 □ Donetion 5 □ Other (Spec			. View	Cemeter	v	7/7	7/97	Union	Brid	ge. MD
Baltimore,	Departmant of Health Important: If item 27 any injury or other tr once.		21. Signature of Feneral Service Lip	ensee	Λ ()		Neme end Add						80,
m &	Depa Impoi any ir			10	3711								
			yelley -	5 6	men				Bridge				
١			23a. Perul. Enter the disebse, or co shock, or heart feilure. List on	mplications that ly one ceuse on	each line.	n." Do not ente	r the mode of dy	ing, such as	cardiec or re	spiretory e	rrest,		Approximete Intervel Between
	ysician			11			P					i i	Onset end Deeth
	Medical aminer		fmmediate Ceuse (Final disease or condition	No	n In	Soll G	10 2	ling	Lanc	unon	nc. 1	3	LIR
EX	aiiiiiei	.	resulting in deeth)	ð	Due to (o	r es e consequ	ence of):	1					+
77		ner										1	
OX 58/50, certificate be executed	been signed by the attanding physician end should be detached for usa as the burlet-trensit	Examiner	Sequentially list conditions	b. ———	Due to (o	r es e consequ	enca of):						
2 8	in er	Ä	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events										
D&/DU,	Asicie e bu	cai	Ceuse (Diseese or injury thet Initiated events	c	Due to (o	r as a consequ	ence of):		_				
ficat	that se	Medicai	resulting in deeth) Lest		240 10 (0	as a consequ	onoa orj.						
Control	nding usa a			d									
daath	for	by Physician											
	ched	ysl	Pert It. Other significant conditions	contributing to	death but not res	ulting in the und	derlying cause g	iven in Part t	.			ntribute to	the cause of desth?
F =	detac	윤	Carcina h	C 4.440 V	,					UB	yos 2□No	3 Pro	bably 4 Unknown
Hecords,	90	by		sing no		-							
Sprio	ouid ouid	Completed	CARCUA.	<1.					Ì	24e. Wes	en eutopsy ermed?	ev	ere autopsy findings eilable prior to
N N	S be	De	THE COUNTY	- Inc								of	mpletion of cause death?
	eta has pege 2	E	5 0.							1 🗆 '	Yes 2 No	15	∃Yes 2□No
	certificeta rector, peg		25. Wes case referred to medical	-/				00 Div	-10 (6				2010
Of VICE	is certific director,	Be c	exeminer?	Hospital:			_ 0	ther:	of Deeth (C				
5 4	si le	<sup>2</sup>	1 ☐ Yes 2 Ø No  27. Menner of Deeth	1		ER/Outpetlent	3LI DOA	4LI NU	-	-	dence 6 Oth		(y)
ng n	uner	O	Neturel 5 Pending	28a. Dete (Moi	nth, Dey Year)	28b. Time of Injury	28c. Inju			. Describe	how Injury occur	rea	
or Attending	or: A	Sati	2 ☐ Accident investigati				M 1	Yes 2 🗆 I	No				
A	ar d	Ĕ	3 ☐ Suicide 6 ☐ Could not 4 ☐ Homicide determine	286. Plac	e of tnjury - At ho	ome, ferm, stre	et, factory, office	1	28f.	Location (. City or Tox	Street end Numb	per or Rura	al Route Number,
5 🧃	a aft	Certification:				,,					, ,		
To the Hospital	within 24 hours aftar deeth.  To the Funeral Director: After this completaly filled in by the funeral di		29a. Certifier Certifying F	hyelcisn: To th	e best of my kno	wledge, deeth	occurred et the t	ime, dete en	d plece, end	due to the	ceuse(s) end me	enner es s	teted.
Ŧ;	Fu Fu	Medicai	(Check only 2 Medicat Exi	aminer: On the band man	pasis of exemine oner stated.	tion end/or Inve	estigation, In my	opinion, dee	th occurred e	et the time,	date end plece,	and due to	the ceuse(s)
e t	o th	M	29b. Signeture and Thie of certifie				29c. Licen	se number			29d. Date signe	d (Month,	Dey, Year)
	*F0		A A	,	1 1	. ^	T	GNI			2/2/	~~	
	-			ance	The "	VAN	1	مالاا	}		1/5/	71	
			30. Neme end address of person wh	o completed cau	se of deeth (Item	23e) (Type, P	rint)	11	10.10	TIE	> ,	n	1 21701
			J. M. CARICO		with	4.0	15×161	10 1	Mor	, ND	ridge	(1)	व.या ना
	Sta		31. Dete filed (Month, Day, Year)		Registrer's Signa	ture							
	Registr	ar	JUL 08	1997	whi dave	hartan	Щ						
DHMH.	16 Rev 6/0			0									



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 3 / Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** Gladys S. Harlow July 3, 1997 1:00 pm /Medical 4e. Fecility Nema (If not institution, giva streat end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 8800 Neadhouse North Beach Anne Arundel 5. Sociei Security Number If Under 1 Yeer If Under 24 Hrs. 6. Sex 7. Age (In vrs. lest birthday) Funeral 8. Date of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) 1 □ M 2 🗓 F Months Deys Hours 217-32-0095 86 Jan. 31, 1911 Maryland Usual Residence of Decadent 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 X Yes 2 □ No Maryland Prince George's Mount Rainier 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3001 Queens Chapel Road 20712 U.S.A. Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give 11. Marital Status Was Decadent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Bace - American Indien. Bleck, Whita, etc. 1 Never Married 2 Married 1 ☐ Yes 2 X No Specify: þ Specify: White 3 X Widowed 4 Divorcad Year or Dates: Completed 16a. Decedant's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elamantary/Secondery (0-12) Collega (1-4or 5+) 12 Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be William Alexander Sellers 2 Florence May von Werder 19a. Informent's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Barbara Gray - Daughter P.O. Box 1247, North Beach, Maryland 20714 20b. Place of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State 1 Buriai 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Spently) 07/07/97 Brentwood, Maryland Fort Lincoln Cemetery 21. Signafûre of Funeral Service Licensee 22. Name end Address of Fecility
Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD 20781 23e. Pert 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or haart failure. List only one cause on each line. Approximete Intervel Betw Onset end Deeth Immediate Ceuse (Final diseasa or condition resulting in death) Examir Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated evants resulting in daath) Last Due to (or es e consequence of) Physician/Medical Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? 1 ☐ Yes 2 € No 1 ☐ Yes 2 ☐ No 25. Wes case rafarred to medical axeminar? Be 28. Plece of Deeth (Check only ona) Hospitel: 1 Inpatient 1 Yes 2 → Other: 4 Nursing Home 5 Pesidenca 6 Other (Specify) Certification: To 2 ER/Outpetient 3 DOA 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? 1 Naturel 5 Panding 1 Tyes 2 No 2 Accident Investigation 3 Suicide 8 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Steta) Placa of injury - At homa, farm, street, fectory, office building, etc. (Specify) 4 Homicida 1 Certifying Rhysicien: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and menner as stated.

2 Medical Exampler: On the basis of examination and/or investigation in my calcium death account of the cause(s) and menner as stated. Medical 29e. Certifier (Check, Iner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) July 7, 1997 30. Name end eddrass of person who complated cause of deeth (Itam 23a) (Type, Print)

State Registrar

Director

23a or 28a-f show

Иетв И

Pages 1 and 2 should be filed within 72 hours after nent of Haalth end Mentel Hygiena.
int: If Item 27 Is marked other than "natural", or Ite

permit. Pages 1 and 2 s Depertment of Haalth er fmportant: If Itam 27 Is any injury or other trau

**Physician** /Medical

Examiner

pue

bunal-fransit

physicien s the buna

signed by the at d be detached for

should page 2 has cartificate

funerel director.

illed in by

this

After

s efter deeth.

I Director: Aff
I by the fu

24 hours

To the Hosp within 24 hor To the Fune completely fi

Hospital

98

The law requires thet the death certificate be axecuted

P.O. Box 68760,

Records,

Division of Vital or Attanding Physician:

Baltimore, Maryland 21215-0020

the Medical Examiner must be notified at

with the Maryland

death \

31. Deta filad (Month, Dey, Year)

Nasr. M.D.

135 W. Dares Beach Road, Prince Frederick, MD 20678 32, Registrer's Signeture July Daveler Radall

Rai-

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** Month Dev DOROTHY MAE HART 1997 JULY 9. /Medical 12:40AM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** CHEVERLY PRINCE GEORGES PRINCE GEORGES GENERAL HOSPITAL CENTER B. Date of Birth (Month, Day, Yeer) Country)
DEC. 23, 1937 SOUTH CAROLINA If Under 1 Yaar If Undar 24 Hrs.

Months Days Hours Min. 7. Age (In yrs. last birthday) **Funeral** 1□M 2XX 577-50-1427 59 Yrs. Director Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits pernit. Pages 1 and 2 should be filed within 72 hours after death with the Marylar Department of Health and Mental Hygiene. Important: If item 271s marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, the Madical Examiner, and to notified an once. MARYLAND PRINCE GEORGES Director Vy Yes 2□No SEAT PLEASANT 10e. Streat and Number 10f. Zip Code 10g. Citizen of What Country? 7018 HASTINGS DRIVE UNITED STATES Funeral 20743 12. Was Decedant Evar in U,S. Armed Forces? 13. Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puarto Ricen, etc.) 14. Race - Amaricen Indian, Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No If Yes, Give Year or Datas: 1 ☐ Yes ② ☐XNo Specify: þ Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) GOVERNMENT 12TH NATIONAL DEFENSE UN GOVERNING

18. Mother's Name (First, Middle, Maidan Sumame) 17. Fether's Name (First, Middle, Last) Be THEODORE HALL. To BERTHA ABNEY 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 7018 HASTINGS DRIVE, SEAT PLEASANT, MD WILLIAM F. HART, JR. 20b. Place of Disposition (Nama of cemetery, crematory or other piece) 20e. Method of Disposition 20c. Location - City or Town, State XX Burial 2 Cremation 3 Removel from State 4 ☐ Donation 5 ☐ Other (Specify) HARMONY MEM. PARK CEM. 07-12-97 LANDOVER, MARYLAND 21. Signature of Funeral Service Licensee 22. Name and Address of Facility DUDLEY FUNERAL HOME EDWARD M. 3200 RHODE ISLAND AVE., MT. RAINIER, MD 20712 Per11. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrast, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or as a consequence of) Physician/Medical Examiner ebral vascn physician and the burial-transit Sequantially list conditions, if any, leading to immadiate cause. Enter Underlying Causa (Disease or Injury that initieted events resulting in deeth) Lest Dua to (or as a consequence of): Part II. Other algnificant conditions contributing to death but not rasulting in the undarfying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Coronary artery disease by Completed 24a. Was en eutopsy performed? 24b. Were autopsy findings eveileble prior to completion of ceuse of death? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical examiner?

1 Yes 2 No funeral director. 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 1⊌Nnpatient 2 ER/Outpatient 3 DOA 28e. Date of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After ! 5 Pending investigation 1 Naturel To the Hospital or Attendir within 24 hours after death. To the Funeral Director: Af 1 Yes 2 No 2 Accident 6 Could not ba 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, straet, factory, office building, etc. (Specify) filled in by 4 ☐ Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the ceuse(s) and menner es stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the ceuse(s) end manner stated. Medical 29a, Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print) Prince Georges Hospital Cleverly, Bahadori

DHMH 16 Rev 6/95

State

Registrar

31. Date filed (Month, Day, Year)

1 0 1997

32. Registrar's Signaturo

Baltimore, Maryland 21215-0020

The law requires that the death certificate be executed

Box 68760.

P.O.

Division of Vital Records,

or Attending Physician:

this

10 m

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

111 Penn Street, Baltimore, Maryland 21201

	ı
Physician	ı
/Medical	l
Examiner	ľ
Examiner	ı

1. Decedent's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Month JASON DOUGLASS HOPKINS JULY 03 1997 9:57 PM 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death PRINCE GEORGES HOSPITAL CENTER CHEVERLY PRINCE GEORGES If Under 1 Year If Under 24 Hrs. 8. Data of Birth
Hours Min. (Month, Day, Year) 5. Social Security Number 6 Sax 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** 120 M 2□ F Months Yrs. Director 19 578-15-7939 August 9, 1977 Washington, D. C. Usual Rasidanca of Decedant the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Director 1⊠ Yas 2□ No District of Columbia Washington 10e. Straat and Number 10q. Citizen of What Country? 10f, Zip Coda 20020 2612 Naylor Road, S. E., Apt. T-2 United States Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? Was Decedant of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, permit. Peges 1 and 2 should be filed within 72 hours after to Department of Haalth and Mental Hygiena. Important: If Item 27 is marked other than "natural", or item any injury or other traumetic event, the Modical Examinat Black, White, etc. 1 ☐ Yes 2 ☑ No If Yas, Giva Yaar or Datas: 1 X Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Spacify: þ Specify 3 Widowad 4 Divorced Black Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilaga (1-4or 5+) N/A Unemployed 17. Father's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be Barry Hopkins Denise Hancock 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Steta, Zip Code) 2612 Naylor Road, S.E., #T-2, Washington, D.C. 20020 <u> Denise Walton - Mother</u> 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ₺ Burial 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 17/9/97 Harmony Memorial Park Landover, MD 22. Nama end Addrass of Facility STEWART FUNERAL HOME, INC. 4001 Benning Road, N. E., Washington, 23a Part I. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. **Physician** /Medical Immediata Ceusa (Final disaasa or condition rasulting in death) Examiner physicien end the burial-transit Sequentially list conditions, if any, leading to immadiate causa. Enter Underlying Ceusa (Disease or injury that initiated evants rasulting in daath) Last Due to (or as a consaquance of): Box 68760. Physician/Medical Dua to (or es e conseguance of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to complation of cause of death? 24a. Wes an autopsy Completed certificate 1 Yas 2□ No Vas 2□ No Division of Vital Hospital or Attending Physician: 24 hours eftar death. Funeral Director: After this certific Be 25. Was case refarred to medical axaminer? 26. Piece of Daath (Check only ona) 1 Yas 2 No Othar: 4 Nursing Homa 5 Residance 6 Othar (Specify) P 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA 28a. Data of Injury (Mgnth, Day Year) 27. Mannar of Death 28b. Time of Certification: 28c. Injury at Work? 28d. Dascriba how injury occurred 1 Natural 5 Panding ject stadt 1 Yas 2 No invastigation unfrom 2 Accidant 6 Could not be datarmined 3 Suicida Location (Street and Number or Flural Aguita Number, City or Town, Steta) 2900 block Nelson Ple Nashington Pis McCol Columbia Place of Injury - At homa, farm, streat, factory, offica building, etc. (Specify) 45 Homicide Street • Funeral 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, data and place, end due to the vause(s) and manner es stated. Sufficiently 29a. Certifiar (Check only one) Medicai 2 Madical Examiner: On the besis of examination end/or invastigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and manner stated. To the Vithin 2 29b. Signatura and title of certifier 29c. License number 29d. Data signed (Month, Dev. Year) no O.C.M.E. JULY 04 1997 30. Name and address of person who completed cause of deeth Item 23a) (Type, Print)

Registrar

THEO DORE Mikey

091

egistar's Signature

31. Data filed (Month, Day, Yaar)

4.

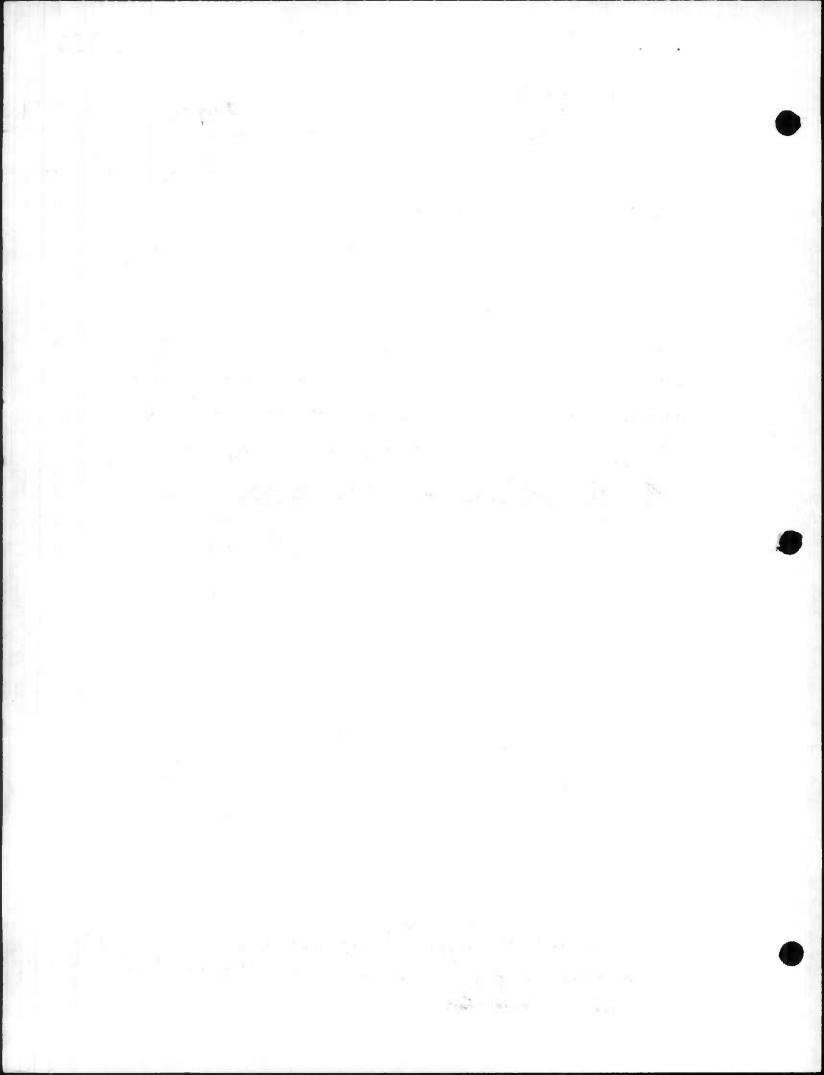
#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 4 2 4 State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First Old VIA) HOUCK 2. Data of Daath 3. Time of Death **Physician** AN July /Medical 4a. Facility Name (If not institution, give streat end number) 4b. City, Town, or Location of Daam 4c. County of Death Examiner 2160 Herring Way St. Leonard Calvert 7. Aga (In yrs. last birthday) 90 Yrs. If Under 1 Year Months Days Hours Min. January 25, 1907 West Virginia 5. Social Sacurity Number 579–34–7057 **Funeral** 1□ M 20 F Director Usuai Rasidanca of Dacedant Maryland 10a State r 28a-1 show notified at 10h County 10c. City, Town or Location 10d. Inside City Limits Maryland Calvert St. Leonard 14 Yas 2□ No Director 28 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? iner mat be r b 2160 Herring Way 20685 U.S.A. Funeral 12. Was Dacedent Evar In U,S. Armed Forcas? 1 ☐ Yes 2 ☐ No If Yas, Giva Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, etc.) Race - Amarican Indian, Bleck, White, etc. 11 Marital Status the Medical Examiner filed within 72 hours after 1 Navar Married 2 Married 21215-0020 1 ☐ Yes 2 No Spacify: þ Caucasian 3 Nidowed 4 Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Hygiene. Eiamantary/Secondary (0-12) College (1-4or 5+) Prince Georges & D.C. School Teacher School System Pages 1 and 2 should be filed w tract of Health and Mental Hygler tant: If item 27 is marked other th jury or other traumatic event, the Baltimore, Maryland 17. Fethar's Nama (First, Middla, Last) 18. Mother's Name (First, Middla, Maiden Sumeme) Lorenzo S. Hill Anna Melissa Nichols 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straat and Numbar or Flural Route Number, City or Town, Stete, Zip Coda) 1011 Kings Valley Drive, Mitchellville, MD 20721 Frank K. Halley, Jr. 20a. Mathod of Disposition

1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 20b. Place of Disposition (Nama of Data 20c. Location - City or Town, Stata July 8, Mount Olivet Cenetery Frederick, MD 4 Donation ⊅ Othar (Specify) 21. Signature of Funarai Sarvice Licensaa 22. Nama and Address of Facility
Rendon/Hale Funeral Home 9013 Annapolis Road, Larham, MD 20706 1. Enter tha diseasa, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, ock, or heart failure. List only one cause on each line. Approximete Intarvai Batween Onsat and Daath ALZHEIMER'S DEMENTA **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiata causa. Enter Undarlying Cause (Diseasa or injury that initiated events resulting in death) Last Dua to (or as a consequence of): P.O. Box 68760, Physician/Medical Dua to (or as e consaguança of): Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contributa to the cause of death? Diseara 3 Probably 4 ☐ Unknown Cerebro Vasene. 1 Yas 2 Records, þ Cerebon vasent accèda 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24a. Was en eutopsy performed? certificate 1 Yas 2 No 1 □ Yas 2 □ No Division of Vital # Hospital or Attending Physician: '24 hours after death.
# Funeral Director: After this certifica 25. Was case refarred to medical Be 26. Placa of Daath (Chack only one) axaminar? Hospital: 2500 Othar: 4 Nursing Homa 5 Hasidanca 6 Othar (Specify) Certification: To 1 Yas 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Manne of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? Natural 5 Panding 1 ☐ Yes 2 ☐ No investigation 2 Accident filled in by tha 6 Could not be datarminad 3 Suicide 28e. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 28f. Location (Straat and Number or Rurel Routa Number, City or Town, Steta) 4 Homicide Certifying Physician: To the best of my knowledge, daath occurred et the tima, data and place, and due to the ceuse(s) and manner as steted.

2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) end manner stated. 29e. Certifian Medical To the Attending 29b. Signatura end title of certifiar 29c. Licansa number 29d. Date signed (Month, Day, Year) ATMUNS M.D 30. Nama and address of person who completed causa of daath (Item 23a) (Type, Print) HOSP. RD. PRINCE FREDERICK A. T. MUNSHI. Shut 303. 110 HOSP. RD. MD. 20678 July What Cor Registra PSignatura 31. Data filed (Month, Day, Year) State

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible State of Maryland / Department of Health and Mental Hygiene P.G.C. 7/8/97 CR Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth 29-1997 **Physician** Month WOR OTHY -3/ PM JUNE /Medical 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner HUSPITAL birthdey) If Under 1 Year GRONUS SOUTHERN IAND Under 24 Hrs. 8. Dete of Birth (Month, Day Year) Birthplece (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. lest birthdey) **Funeral** Months Deys Min 1□ M 2☑ F 74 Yrs. Director 579-26-4633 Wash., D.C. Usuel Residence of Decedent deeth with the Meryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 612 Franklin D.C. -Washington Washington 1X Yes 2 □ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 612 Franklin St., N.E. 20017 U.S.A. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11. Meritel Stetus filed within 72 hours efter Hygiene. 1 Yes 2 No
If Yes, Give
Yeer or Detes: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 \*natural', or 1 ☐ Yes 2 ☑ No Specify: Ď Black 3 XWidowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry pernit. Peges 1 end 2 should be filed withir Department of Heelih and Mentel Hygiene. Important: If Item 27 is marked other than any Injury or other traumatic event, the Many Injury or other traumatic event, the Many Injury or other traumatic event, the Many Injury or other traumatic event, the Many Injury or other traumatic event, the Many Injury or other traumatic event, the Many Injury or other traumatic event, the Many Injury or other traumatic events. Elementery/Secondery (0-12) College (1-4or 5+) Clerk Law Office 12th 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Linwood Gregory Eleanor Frazier 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 9510 Clocktower Ln., Columbia, Md. 21046 Beverly Queen/Daughter 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cremetion 3 ☐ Removal from Stete Harmony Mem. Park 7/7/97 Landover, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 22. Name end Address of Fecility H.S.Washington & Sons,inc. 4925 Burroughs Ave.,N.E. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximate Intervel Between Onset end Death **Physician** /Medical Immediete Ceuse (Finel disease or condition resulting in deeth) Examiner Examiner that the death certificate be executed buriel-transi Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Lest end ettending physician for use es the burie Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or es e consequence of): signed by the et Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings eveileble prior to completion of cause of death? should I 24e. Wes an eutopsy performed? Completed hes page 2 certificate 1 ☐ Yes 20 No 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral idrector; sompletely filled in by the funeral idrector; so 25. Wes case referred to medical Be 26. Plece of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 20 No 1 Yes 2 2 ER/Outpatient 3 DOA 1 2 Inpatient 27. Mepner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homleide 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end manner as steted.

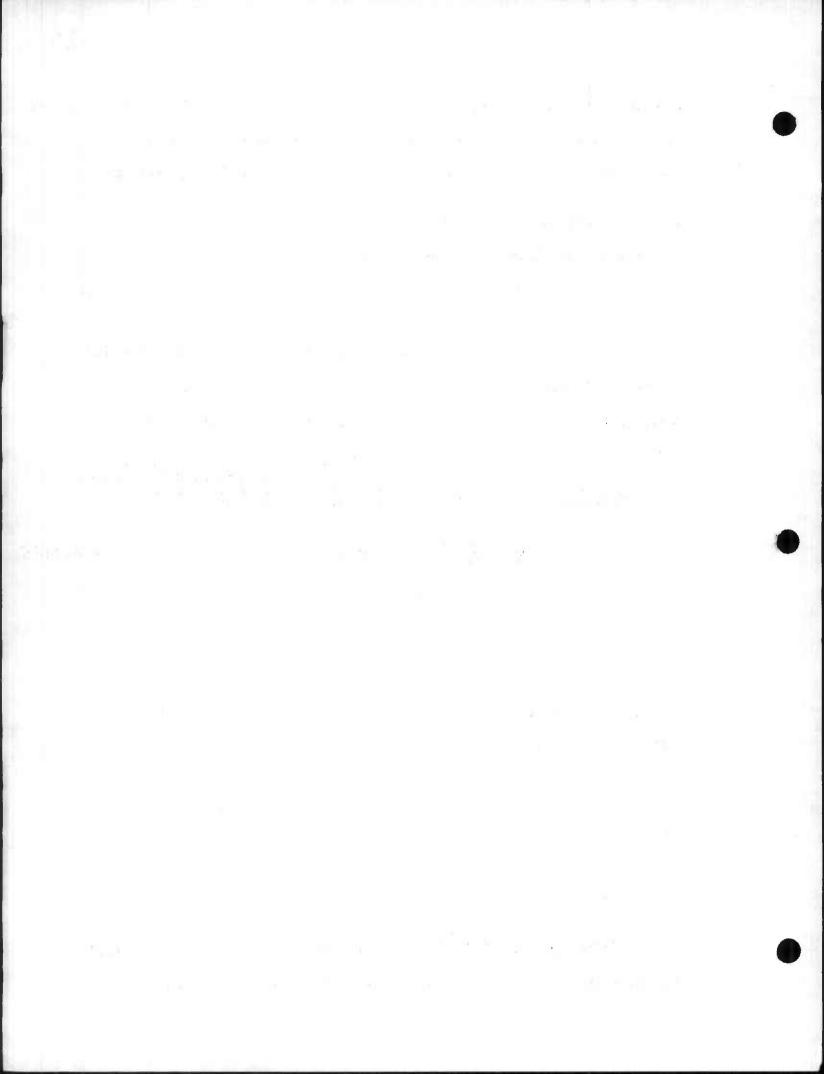
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) end menner stated. 29a. Certifier Medical 29b. Signature and title of pertifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print) BENWO OLD BRANCH 31. Dete filed (Month, Dey, Yeer) 7700 32 Registrer's Signeture State Tak Shudsar Ranfall 08 1997 Registrar

DHMH 16 Rev 6/95

,

## Please Type or Print in Black Indelible Ink. Assure All Copies Are begible 2 2 4 2 6 State of Maryland / Department of Health and Mental Hygiene

							Ce	rtificate (	of Death		Reg. No.			
			1. Decedent's Nam	e (First, Middle, I	est)					2. Date of	Death		3. Time of	Death
	Physic /Medi		Joseph F	atrick .	Jordan S	Sr.				July	2 Day	1997	3:25	PM
	Examir		4a. Facility Name (/						4b. City, Tow	n, or Location of D	eath 4c. Co	unty of Death	4	
			8101 Con	necticu	t Avenue	Apt.	S-608		Chevy	Chase	Mont	gomery	7	
	Funeral Director		5. Social Security N 215-26-3	193	Sex 1∏ M 2□ F	7. Age (In yrs. 83		If Under 1 Y   Months   De	ear if Under 2	Min. (Month,	Birth Dey, Yeer) 25, 19	Cou	place (Stete ontry) York	or Foreign
	death with the Maryland ms 23a or 28a-f show		Usual Residence of 10a. State	Decedent 10b. County		10c. Cit	ty, Town or L	ocation					10d. Inside Ci	
	8a-f	Director	MD	Montgo	nery	Che	vy Cha	ase					1 ☐ Yes	2 No
	/th th	듬	10e. Street and Nur					10f. Zip Co	de		10g. Citizen	of What Cou	ntry?	
	ath w	<u>a</u>	8101 Con	necticu	Avenue	Apt.	S-608	2081	.5		USA			
	or its	by Funeral	11. Marital Status 1 ☐ Never Marri 3 ☐ Widowed	ied 2□ Married 4 □ Divorced	12. Was Deced Armed Ford 1 XYes If Yes, Give Year or Da	ces? 2 🗌 No			of Hispanic Origi Cuban, Mexicen, No <i>Specify:</i>	n? (Specify Yes or Puerto Rican, etc.)		Race - Ameri Black, White, ecify:		
mai yiaila zizio-0020	"natural",	be l	(0	15. Decedent's	Educetion	*****	16a. Dece	dent's Usual O	ccupation		16b. Kind o	f Business/In	idustry	
-	C . W	Be Completed	Elementary/Seco		rede completed) College (1-	4or 5+)	(Give	e kind of work do DO NOT use re	one during most of stired)	of working				
1	giene.	5		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5+	10.01,	Gener	cal Cont	ractor		Cons	tructi	lon	
2	ges 1 and 2 should be filed within for Health and Mentel Hygiene. If item 27 is marked other than or other tranner or other tranner.	3e (	17. Father's Name	(First, Middle, Las	st)				18. Mother	s Name (First, Mid	dle, Maiden Sur	neme)		
2	Went Went rked rked	To	Patrick	F. Jorda	an				M.	ary F. Ga	llagher			
3	s ma		19a. Informent's Na	ame/Relationship	(Type, Print)		19b. Mail	ing Address (St	reet end Number	or Rural Route Nu	mber, City or To	wn, Stete, Zij	o Code)	
	and alth		Joseph P	atrick .	Jordan J	r.	4749	Oak Roa	d, Shad	y Side, N	D 2076	4		
	of He item		20a. Method of Disp			20b. F	Place of Disp	osition (Name o	f place)	Date	20c. Locati	on - City or T	own, State	
í	Pag mt: if			☐ Cremation 3  5 ☐ Other (Special)  5 ☐ Other (Special)  5 ☐ Other (Special)  6 ☐ Other (Special)  7 ☐ Other	☐Removal from S hify)	late		vet Cen		7/7/97	Washi	acton	DC	
Daiminole,	permit. Pages 1 and 2 should be filed with pages and A feath and Mentel Hygian Important: if item 27 is marked other than any injury or other traumetic event, the OAGS.		21. Signature of Fu	neral Service Lic	ensee LB	2.0	2	2. Name and Ad	ddress of Facility	Francis Universi	I Co11	ine Fr	nore1	
F			23a. Part1. Enter the shock, or hear	ne disease, or co	mplications that or	sed the deat	h. Do not er	ter the mode of	dying, such as ca	ardiac or respirator	y arrest,		Approximate interval Bet	e
	Physician /Medical Examiner	er	Immediate Cause ( disease or condition resulting in death)	Final	a. MVT	IPLE		ELOM					Onset and I	Deeth
DOX 201,00,	death certificete be axecuted e attending physician and od for usa as the bunal-transit	n/Medical Examiner	Sequentially list cor if eny, leading to Im- cause. Enter Unde Ceuse (Diseese or that initieted events resulting in death) L		c		or as a conse			14				
á	es thei the death ce igned by the attendi be datached for usa	by Physician/	Part II Other signifi	laant aan ditlam	n an talle attended at the	Ab box - A	late a to all a							
	the c y the acher	hys	Part II. Other aignifi				uiting in the i	indenying cause	given in Part I.		☐ Yes 2MN			
	thet bed by data	Y P	DIABE	TES 1	MELLITI	US				'	☐ Yes 2011	o 3∐Pro	bably 4 🗆	Unknown
3	been s	Completed b	CERE	BROVAS	SCULAR	. b1	SEA.	SE			as an autopsy enformed?	av	ere autopsy fi vallable prior to empletion of co death?	0
	8 T 8	Š								1	□ Yes 20 N	0 11	□Yes 2□	No
3	iclan: The certificata rector, pag	Be	25. Was case refer	red to medical					26. Plece o	of Death (Check or				
-	Physiclan: this certific ral director,	To	examiner? 1X Yes 2□	No	Hospital: 1 ☐ in	patient 2	ER/Outpatie	nt 3□ DOA	Othor	ing Home 5X R		Other (Specia	fv)	
Division of vital necolus,	or the hospital or Attanding Physician; within 24 hours after death. To the Funeral Director: After this certific completaly filled in by the funeral director,	Certification:	27. Manner of Death 1 Natural 2 Accident	5 Pending Investigati		Injury , Dey Year)	28b. Time of Injury	of 28c. I	Injury at Work? 1 ∐ Yes 2 ∐ No	28d. Descri	be how injury or	(- J	,,	
2	To the Hospital or Attanding is within 24 hours after death. To the Funeral Director: After completaly filled in by the funeral principles.	Certif	3 ☐ Sulcide 4 ☐ Homicide	6 ☐ Could not determine	d 256. Place 0	of Injury - At ho g, etc. (Specif	ome, farm, st	reet, factory, off	ice	28f. Locatio City or	n (Street end N Town, Stete)	imber or Run	el Route Numi	ber,
ń	To the Hospital within 24 hours To the Funeral completaly filled	edical	29a. Certifier (Check only one)	1⊠ CertifyIng P 2  Medical Exa	hysician: To the b miner: On the bas and manne	is of examine	wledge, deet tion and/or in	h occurred et the vestigation, in re	e time, dete end ny opinion, death	plece, and due to t occurred at the tin	he ceuse(s) end ne, date and pla	manner as s ce, and due t	tated. o the cause(s)	)
١	To the comp	Ž	29b. Signature and	title of certifier	1	1		29c. Lic	ense number		29d. Date si	gned (Month,	Dey, Year)	
	12+1		30. Name and addre	evice ses of person who	completed cause	of death (Item	23a) (Type	MD D23	127		July	3, 19	97	
			Kevin G.					· ·	Chevy Ch	nace MD	20815			
	Sta Registr	te	31. Date filed (Mont		1997 32. Re	gishars Signa	thure VidAon-	andelle.	onevy of	iase, FID	20013			



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Artiend #10a, 10b, 10c, 10e, 10f, 7/10/97, BMW, Montg Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death July **Physician** 1987 Virginia Jones 5:10 PM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Prince George's Sacred Heart Home Hyattsville If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Days Hours Min. Min. April 24, 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Months 1□ M 200F Virginia 89 Yrs Director 264-80-6830 Usuel Residence of Decedent the Maryland 10e. State 10b. County Prince Georges 10c. City, Town or Location 10d. inside City Limits Hyattsville item 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Madical Examiner must be notified at N/A
Mary land
10e. Street end Number 5805 Queens Chapel Rc., #342 XXYes 2□No Directo Washington, DC 10f. Zip Code 10g. Citizen of What Country? 20782 #3. N.E. 20017 United States 901 Quincy Street Funeral or items 12. Was Decedent Ever In U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after Hygiene. 1 □ Yes 2/CXNo If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 3/☐ No Specify: White Specify: à ₩idowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Domestic 12 permit. Pages 1 and 2 should be file Department of Heelth and Mental Hyg Important: If Nem 27 is marked other any injury or other traumest. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be O'Brien Mueller Katherine Harry 10 19b. Mailing Address (Street and Nymber or Rural Route Number, City or Town, State, Zip Code) 901 Quincy St., #3, Wash., N.E. 20017 19a. Informant's Name/Relationship (Type, Print) J. Phillip Jones / Son 20b. Place of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Hillcrest Memorial Park 7-8-1997 Cumberland, Md. 21. Signature of Furieral Service La Hines-Rinaldi Funeral Home, Inc., 11800 Hampshire Ave., Silver Spring, Md. 20904 23a. Part1. Enter the disease, or complications that studed the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heert failure. List only one cause on each line. Approximeté Interval Between **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Anorexia Inonth Examiner Due to (or as a consequence of): Physician/Medical Examiner COLON CARCINOMA METASTATIC TO LUNG MONTHS certificate be executed physicien end the burief-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in death) Lest Due to (or as a consequence of) Due to (or es e consequence of): 98 nse i Part II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown JENILE DEMENTIA þ 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of deeth? Completed peen PULYMYALGIA RIKEUMATICA 20 No 1 ☐ Yes 2 ☐ No certificete 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 → No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this After this funeral of 28a. Date of Injury (Month, Dey Year) 28b. Time of 27. Menner of Death 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident

Box 68760, Records, P.O. Division of Vital or Attending Physician: efter death. á

6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 | Homicide Medical 29a. Certifier 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(s) and menner as steted. Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. (Check only one)

022720

7500 Greenway Ctr. Dr. Greenbelt Md 20770

29d. Date signed (Month, Dey, Yeer)

State Registrar 29b. Signatura

30 Same end address person who completed cause of deeth (Item 23e) (Type, Print)

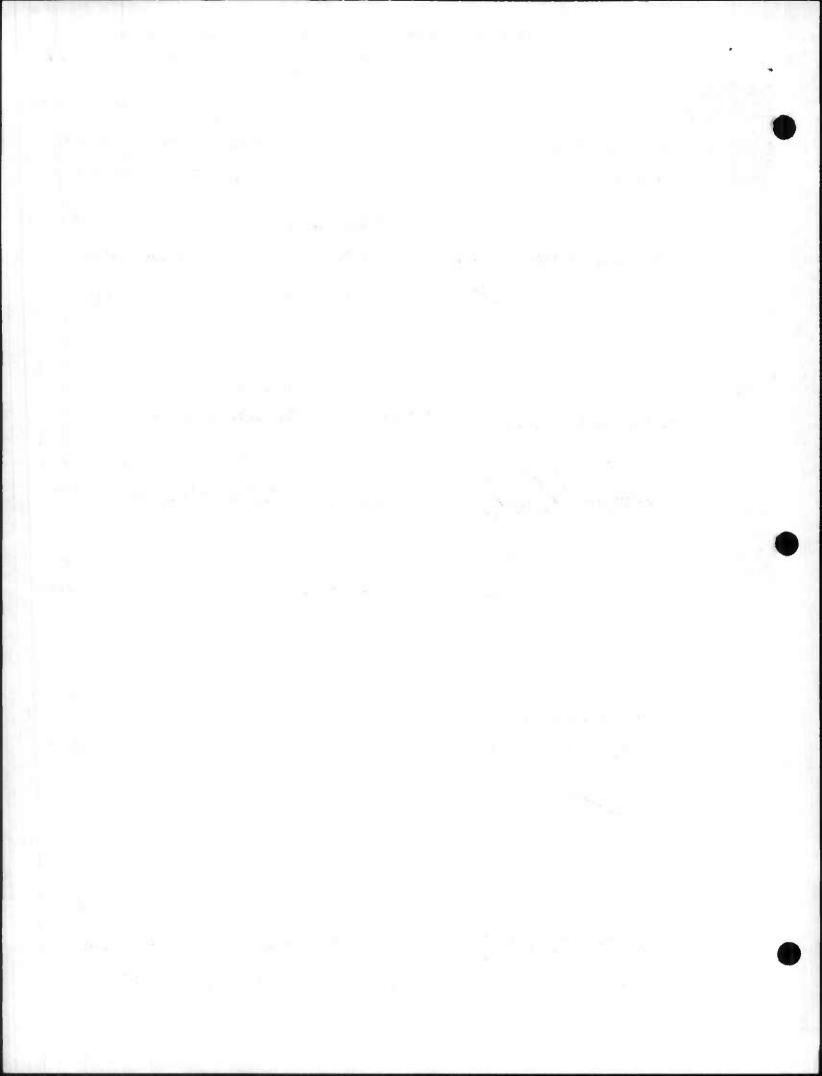
32. Registrar's Signature

ruha Davidson

Schissler

the Hospital or A hin 24 hours efter the Funeral Dire npletely filled in b

within 2 To the F To the

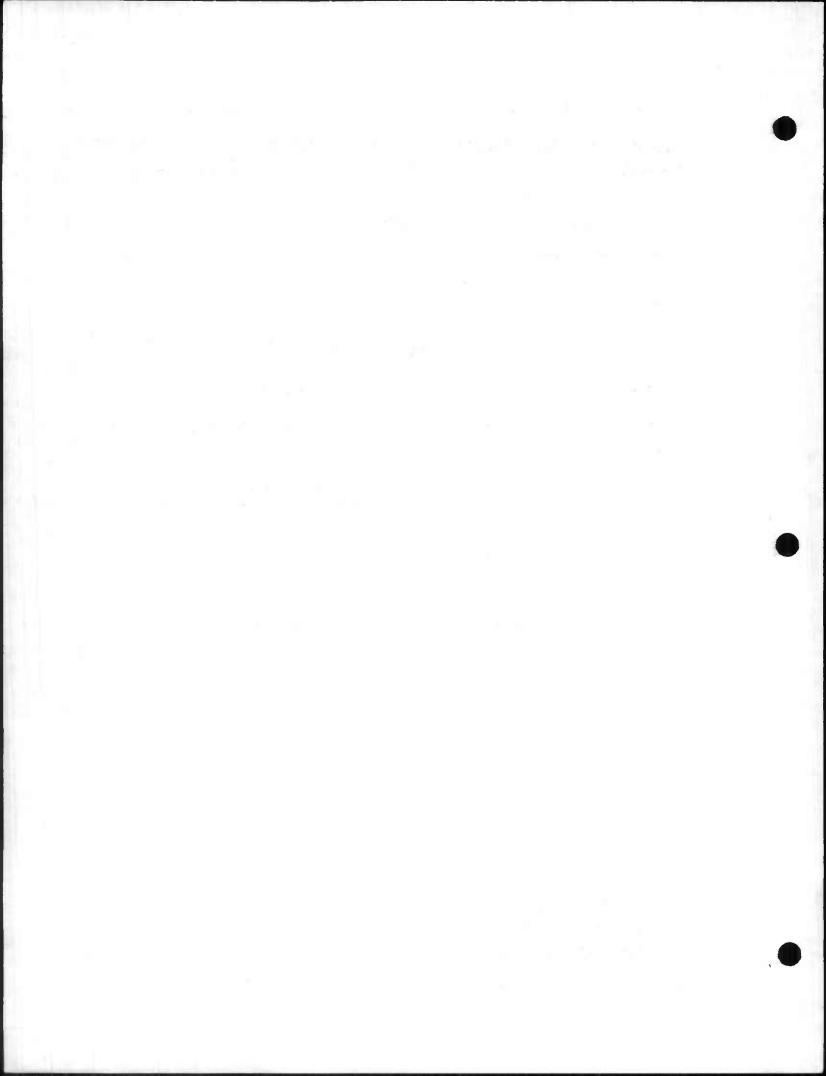


### Please Type or Print in Black Indelible Ink. Assure All Copies Are 1 in Black Indelible Ink.

State of Maryland / Department of Health and Mental Hygiene

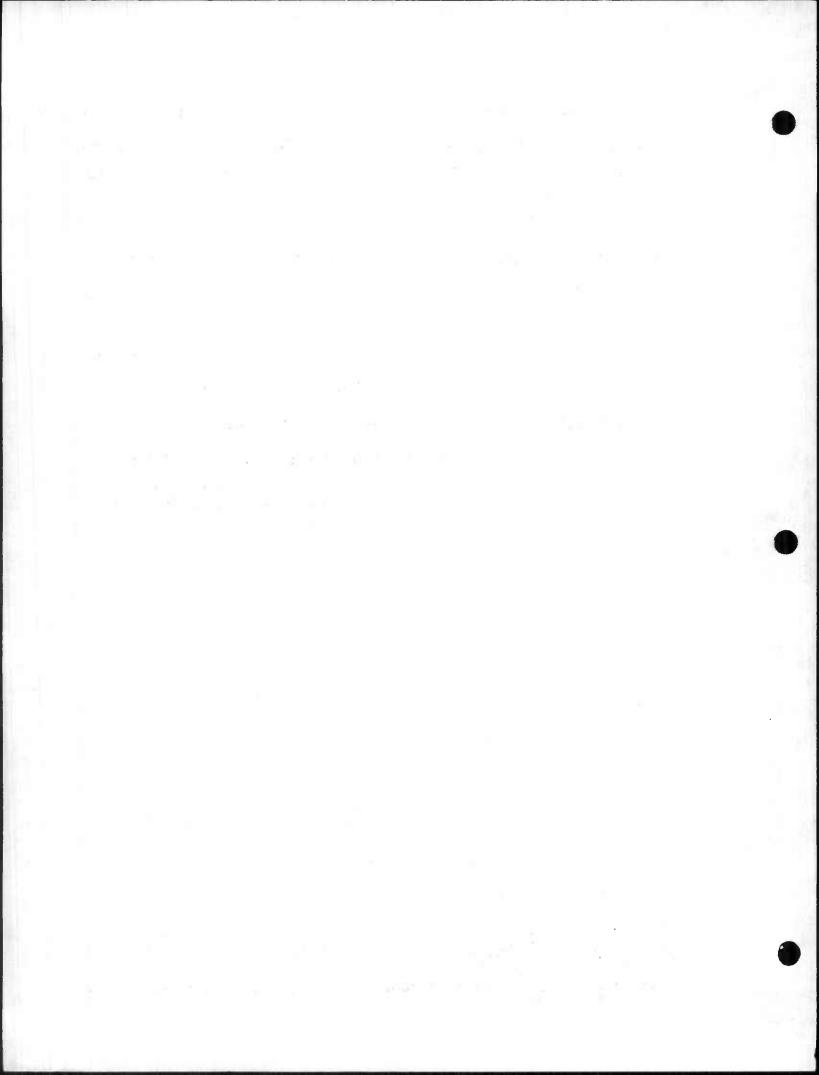
						Cer	tificate	of L	Death		Reg. No.			
	Discolo		1. Decedent's Neme (First, Mid							2. Dete of De Month		Year	3. Time of Death	
	Physic /Medi		CHARLES H.	JACKSON						July 6	, 1997	7	10:57 AM	
	Exami		4e. Fecility Neme (If not institut	ion, give street end numbe	or)			4t	. City, Town, or L	ocation of Deet	h 4c. Coi	unty of Dee	oth	
			SHADY GROVE A	ADVENTIST HO	SPITAL				ROCKVILI	Œ	M	ONTGO	MERY	
	Funeral Director		5. Social Security Number 577-46-5983		Age (In yrs. let 65	st birthdey). Yrs.	If Under 1 Y Months D	ear ays	If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, De June	th ay, Year) 1, 1932	9. Bir	thplece (State or Foreign puntry) nington, D. (	
			Usuel Residence of Decedent								,			
	how		10e. Stete 10b. Coun	ty		Town or Lo							10d. Inside City Limits	
	e Ma	cto	D.C. N/A		Was	hingt	on						1 X Yes 2 No	
	h with the	Funeral Director	10e. Street end Number 1461 Leegate	Road, N.W.			10f. Zip Co 200				-	Citizen of Whet Country? ited States		
5-0020	72 hours effer deeth with the Marylend "natural", or Items 23a or 28a-f show ideal Examinar must be notified at	by Funer	11. Marital Status 1 □ Never Married 2 □ Marital Status	14 3 4	1952 1952 1956 :		Ves Decedent Yes, specify ☐ Yes 2 💢		spanic Origin? (Sp , Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)		Raca - Am Bleck, Whi		
21215-0		Completed by	15. Deced (Specify only high Elementary/Secondery (0-12	ent's Education lest grede completed)  College (1-40		(Give	ent's Usual O kind of work d OO NOT use re intend	lone di etired)	ASSISTAT	king I <b>L</b>			Undustry a Public	
Maryland 2	permit. Pages 1 end 2 should be filed within Department of Heelth and Mentel Hyglene. Important: If Itam 27 is merked other than any Injury or other traumatic event, the Me 2002.	To Be Co	17. Fether's Neme (First, Middle Clifton Jacks	e, Last)					18. Mother's Nam		, Meiden Sur			
any	s ma		19e. Informent's Name/Reletio	nship (Type, Print)		19b. Mailin	g Address (St	treet e	nd Number or Ru	re l Route Numb	er, City or To	wn, Stete,	Zip Code)	
	end 2 selth er tra		Barbara T. Ja	ckson (wi	fe)				Road, N.	W., Was	hingto	n, D.	C. 20012	
ore	of Herr		20a. Method of Disposition 1 Buriel 2 Cremetion	2 Domousi from State	cen	netery, cren	sition (Neme of netary or other	r place		Dete			Town, Stete	
<u>Ē</u>	Pag ment ant: I		4 Donetion 5 Other		Lin	coln (	Cemeter	су	7	/12/97	Suit1	and,	Maryland	
Baltimore,	Depar Impor any fr		21. Signeture of Funeral Service 23e. Pert1. Enter the disease, shock, or heert failure. Li	Theyou	ed the deeth.	74	400 Geo	rg		N.W., W	ashing	ton,	D.C. 20012	
-	Physician	1	Shock, or neer failure. Li	st only one gause on each	line.								Intervel Between Onset and Death	
	/Medical Examiner	ě	Immediete Ceuse (Final disease or condition resulting in deeth)	· PULM		E A		S					ONE HOUR	
	D #	ner		DEEP			ROMBOS	SIS					5 DAYS	
68760,	law requires that the death certificate be executed as been signed by the attending physician and a 2 should be detached for use as the burial-transit	Medicai Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last		Due to (or e	es e conseq	uenca of):		E PROST	ATE			2 MONTHS	
Box 68	attending ph for use es t		rooming in account and	d										
P.O.	es that the death ce igned by the attendii be detached for use	y Physician/	Pert II. Other significant condi	tione contributing to deeth	but not result	ing in the ur	derlying caus	e give	n in Pert I.		tobecco use		o to the cause of death? Probably 4 Unknown	
Records,	e law requires hes been sign ge 2 should be	Completed by								24e. Wes	en eutopsy ormed?	24b.	Were eutopsy findings eveileble prior to completion of cause of deeth?	
	E eg e	Con								1)(	Yes 2□N	lo	1 Yes 2□ No	
/ita	ysician: The I is certificate he director, pege	Be	25. Wes case referred to medic exeminer?					1 201	26. Place of Dee	th (Check only	one)			
on of Vital	£ E E	tion: To	1 Yes 2 No  27. Menner of Death 1 Natural 5 Pend 2 Accident inves	Hospital: 1 Inpa 28a. Dete of In (Month, C		R/Outpetien 8b. Time of Injury		Injury Work	4 □ Nursing H	ome 5 Res			acify)	
Division	To the Hospital or Attending Phy Within 24 hours effer death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	3 ☐ Suicide 6 ☐ Coul	d not be 28e. Pleca of I	njury - At hom etc. (Specify)	e, farm, stre	eet, fectory, of				Street and N wn, Stete)	umber or R	turel Route Number,	
	na Hospitu n 24 hours ne Funera pletely fille	edicai (	29a. Certifier (Check only one) Certify	ing Phyelcien: To the bes it Examiner: On the basis and menner s	of exeminetio	edge, deeth n end/or inv	occurred et the estigation, in r	he time my opi	e, dete end plece, nion, deeth occur	end due to the red et the time,	ceuse(s) end dete end ple	d manner e ce, end du	s steted. e to the ceuse(s)	
	Within Your	M	290. Signature and title of certif	/ Nata	41.4				number				th, Dey, Year)	
L.	1>		1/1/100000	( My M		1.().		11	6617		JULY	8,1	47/	
			30. Name and address of person MARK H, RATNE					0	ROCKVI	UE, Mr	ARYLAN	vo 2	0850	

Registrar



Type of Till III Didok ilidelible lik. Assule All Copies Ale Legit	JIC.				
State of Maryland / Department of Health and Mental Hygiene 9	2	2	L	2	0
Cartificate of Dooth					

Dhunini					Ooraniou	10 01	Death			Reg. No.			
		1. Decedent's Neme (First, Middle, L.	.est)						2. Date of De	eth		3. Time	of Deeth
Physici /Medic		LOIS A.	JACKSON						JUNE	26 .	Yeer 1997	8:5	0-22
Examir		4a. Fecility Neme (If not institution, g					4b. City, Tow	m, or Loc				0:3	oaiii.
LAGITIII	ICI	Dringo Coorgo	Commissible	Tamila	. 4		CO <sub>2</sub>						
Sum and		Prince George  5. Social Security Number 6.		HOSPITA (In yrs. last birt		er 1 Year		ever]		Prir	o Right	eorge	
Funeral Director		579-56-2047	1 DM OFF		Yrs. Months			Min.	B. Date of Bir (Month, De Sep.	8, 1943	Coun	try)	OI FOR
		Usuel Residence of Decedent		30		1			ocp.	0, 1313			
show ad at		10e. State 10b. County		10c. City, Town	or Location						10	Od. Inside	City Lim
5 3	Ö	MD Princ	e george	C	apital	Heid	ahts					<b>y</b> □ Ye	s 2 🗆
ai', or items 23a or 28a-f shor Examiner must be notified at	Director	10e. Street end Number				ip Code				10g. Citizen of	What Coun	trv?	
o 8	ā			_	1011.22								
8 23	era	6920 Walker M	111 Road #B		40 W D		0743		74 M M.	Unite			
flerns 23a	Funeral	11. Maritel Status	Armed Forces?	1000	13. Wes Dec If Yes, sp	ecify Cub	en, Mexican,	Puerto R	ican, etc.)	Ble	a - Americ ck, White,		
o E	by F	1 Never Married 2X Married	If Yes, Give		1 🗆 Yes	2 2 No	Specify:			Specif	/: I	Black	
and Mentel Hygiene. Is marked other than "natural", aumatic event, the Medical Eve		3 ☐ Widowed 4 ☐ Divorced	Year or Detes:										
f Health and Mentel Hygiene. Item 27 is marked other than "natur other traumatic event, the Medical	Completed	15. Decadent's E (Specify only highest gi	Education rade completed)	16e.	Decedent's Us (Give kind of w	uel Occu	petion during most	of working	2	16b. Kind of B	usiness/inc	dustry	
9 4	du	Elementery/Secondery (0-12)	College (1-4or 5+)		(Give kind of w life. DO NOT								
Para T	Ö	12th			Н	ostes	SS			Priv	rate :	Indus	try
E for	Be (	17. Fether's Neme (First, Middle, Las	st)				18. Mother	's Name (	First, Middle	Maiden Sumen	ne)		
ked tic e	To	James G. Full	er				Cla	ara J	. Wil:	liams			
and Mentel Hygiene. Is marked other than aumatic event, the M		19e. Informent's Neme/Reletionship	(Type, Print)	19b.	Meiling Addres	s (Stree	t end Number	or Rurel	Route Numb	er, City or Town,	Stete, Zip	Code)	
27 is		James Woods/S	on	2	734 To	cina	Drive	. #10	)2. Fo	restvill	A MI	)	
item 27 i		20e. Method of Disposition	011	20b. Plece of	Disposition (No	me of		1110	Dete	20c. Location			
0		1 Burial 2 ☐ Cremetion 3			v, cremetory or			7					
Depertment Important: It any injury of once.		4 ☐ Donation 5 ☐ Other (Spec		Harmo	ny Memo			1 .	/3/97	Land	lover	, MD	
impor any ir once.		21. Signeture of Funeral Service Lice	ensee				ess of Fecility			T			
2 2 9 9					600 I	HOI	rton Co	O. MC	ortici	ans, Inc	0011		
		23e. Pert1. Enter the disease, or conshock, or heert feilure. List only	mplications that caused th	e deeth. Do n	ot enter the mo	de of dyl	ing, such es c	ardiec or	respiretory e	rrest,	JULI	Approxime	ate
ysiclan		Shock, of fleet fellule. List only	y one cause on each line	•								Onset end	
ledical	П	Immediate Ceuse (Finei			Λ.						i.		
aminer		diseese or condition resulting in deeth)	e (ARI		HRRES							YINVT	23
	ē		(.)1		onsequence of	):					1	TEAR	
nsit.	Examiner			nary	1		NSION						
end i-tra	xai	Sequentially list conditions,	Di	ue to (or as e c	onsequence of	):						YEA	
C 60			0 1210	USPID	INS	. = 5	FIENCY					YEA	25
	. 60	cause. Enter Underlying Cause (Diseese or Injury		e to (or es e co		O					i		
	dica	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest	Du		onsequence of								
physicia s the bur	Medica	thet initiated events	Du										
physicia s the bur	lan/Medical	thet initiated events	Du d										
ttending physicia for use as the bur		thet initiated events	J d		onsequence of	:	ven in Pert I.		23b. Did	iobacco use co	ntribute to	the cause	of dea
ttending physicia for use as the bur		resulting in deeth) Lest	J d		onsequence of	:	ven in Pert I.				ntribute to		,
ed by the attending physicia detached for use as the bur	Physician	resulting in deeth) Lest	J d		onsequence of	:	ven in Pert I.						
igned by the attending physicia be detached for use as the bur	by Physician	resulting in deeth) Lest	J d		onsequence of	:	ven in Pert I.		1 🗆 24e. Wes	Yes 2□ No en eutopsy	3 ☐ Prob	pebly \$0	Unkn
igned by the attending physicia be detached for use as the bur	by Physician	resulting in deeth) Lest	J d		onsequence of	:	ven in Pert I.		1 🗆 24e. Wes	Yes 2□ No	3 ☐ Prob	re eutopsy elleble prior	finding
has been signed by the attending physicia ge 2 should be detached for use as the bur	by Physician	resulting in deeth) Lest	J d		onsequence of	:	ven in Pert I.		1 🗆 24e. Wes	Yes 2 No en eutopsy med?	3 ☐ Prob	re eutopsy	finding
ata has been signed by the attending physicia pege 2 should be detached for use as the bur	Physician	resulting in deeth) Lest	J d		onsequence of	:	ven in Pert I.		1 🗆 24e. Wes	Yes 2 No en eutopsy med?	3 Prob	ore eutopsy elleble prior inpletion of leeth?	finding
ata has been signed by the attending physicia pege 2 should be detached for use as the bur	by Physician	resulting in deeth) Lest	contributing to death but		onsequence of	cause gi	26. Plece 0	of Deeth (	1 🗆 24e. Wes perfo	Yes 2□ No en eutopsy med?  Yes 2⊠No	3 Prob	ore eutopsy elleble prior inpletion of leeth?	finding to cause
s certificate has been signed by the attending physicia director, pege 2 should be detached for use as the bur	e Completed by Physician	Pert II. Other significent conditions  25. Wes case referred to medical	J d		the underlying	cause gi	26. Plece o		1 - 24e. Wes perfo	Yes 2□ No en eutopsy med?  Yes 2⊠No	24b. We eve con of 0	pre eutopsy offene eutopsy offene prior inpletion of deeth?	finding to cause
his certificate has been signed by the attending physicia Il director, pege 2 should be detached for use as the bur	To Be Completed by Physician	Pert II. Other algnificent conditions  25. Wes case referred to medical exeminer?  1 Yes 2 No  27. Manner of Deeth	contributing to death but	not resulting in	the underlying	cause gi	26. Plece o	sing Home	24e. Wes perfo	Yes 2□ No en eutopsy med?  Yes 2⊠No one)	24b. We eve con of c	pre eutopsy offene eutopsy offene prior inpletion of deeth?	finding to cause
After this certificate has been signed by the attending physicia funeral director, pege 2 should be detached for use as the but	To Be Completed by Physician	Pert II. Other significent conditions  25. Wes case referred to medical exeminer?  1 Yes 2 No	Contributing to death but Hospitel:  1 Inpatient 28e. Dete of Injury (Month, Day Y	not resulting in	the underlying	cause gi	26. Plece o	sing Home	24e. Wes perfo	Yes 2□ No en eutopsy med?  Yes 2▷No one)	24b. We eve con of c	pre eutopsy offene eutopsy offene prior inpletion of deeth?	finding to cause
After this certificate has been signed by the attending physicia funeral director, pege 2 should be detached for use as the but	To Be Completed by Physician	Pert II. Other significent conditions  25. Wes case referred to medical exeminer?  1 Yes 2 No  27. Manner of Deeth 1 Maturel 5 Pending investigation 3 Suicide 6 Could not to the suicide of the suicide	Hospitel: 1   Inpatient  28e. Dete of Injury (Month, Day )	280 ER/Out 28b. Ti	patient 3 Dime of jury	cause gir	26. Plece on ther: 4 □ Nursery at the the the the the the the the the th	sing Home 28	24e. Wes perfo	en eutopsymmed?  Yes 2 No one)  dence 6 Oth how injury occur  Street end Numb	3 Prob  24b. We eve corror of co	pebly \$2 pre eutopsychic prior politic prior pri	finding to cause
<b>Virector:</b> After this certificata has been signed by the attending physicia in by the funeral director, page 2 should be detached for use as the bur	To Be Completed by Physician	Pert II. Other significent conditions  25. Wes case referred to medical exeminer?  1 Yes 2 No  27. Manner of Deeth 1 Maturel 5 Pending investigetic 2 Accident Suicide 6 Could not be	Hospitel: 1 Inpatient 28e. Dete of Injury (Month, Day )	280 ER/Out 28b. Ti	patient 3 Dime of jury	cause gir	26. Plece on ther: 4 □ Nursery at the the the the the the the the the th	sing Home 28	24e. Wes perfo	en eutopsymmed?  Yes 2 No one)  dence 6 Oth how injury occur  Street end Numb	3 Prob  24b. We eve corror of co	pebly \$2 pre eutopsychic prior politic prior pri	finding to cause
Mector: After this centificate has been signed by the attending physicia in by the funeral director, pege 2 should be detached for use as the bur	Certification: To Be Completed by Physician	Pert II. Other significent conditions  25. Wes case referred to medical exeminer?  1   Yes   2   No  27. Manner of Deeth 1   Maturel     Investigation	Hospitel: 1 Inpatient  28e. Dete of Injury (Month, Day )  28e. Pleca of Injury building, etc. (	28(ER/Out 28b. Ti In - At home, fen	patient 3 D me of jury M m, street, facto	cause gr	26. Plece of the state of the	o 28	24e. Wes perfo	en eutopsymmed?  Yes 2 No one)  dence 6 Oth how injury occur  Street end Numb vn, State)	3 Prob 24b. We eve con of a 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1	pre eutopsy silleble prior ppletion of ideeth?  J Yes 2 []  Route Null plet   Pour Pour Pour Pour Pour Pour Pour Pour	finding to cause
Inter usant. Inter usant. Inter usant. Interpretor: After this certificate has been signed by the attending physicia In by the funeral director, pege 2 should be detached for use as the bur	Certification: To Be Completed by Physician	Pert II. Other significent conditions  25. Wes case referred to medical exeminer?  1   Yes   2   No  27. Manner of Deeth 1   Maturel     Investigation	Hospitel: 1   Inpatient  28e. Dete of Injury (Month, Day )	PATER/Out 28b. Till In 28b. Till Till In 28b. Till In 28b. Till Till In 28b. Till Till In 28b. Till Till Till Till Till Till Till Til	patient 3 D me of jury M m, street, facto	cause gr	26. Plece of the state of the	o 28	24e. Wes perfo	en eutopsymmed?  Yes 2 No one)  dence 6 Oth how injury occur  Street end Numb vn, State)	3 Prob 24b. We eve con of a 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1	pre eutopsy silleble prior ppletion of ideeth?  J Yes 2 []  Route Null plet   Pour Pour Pour Pour Pour Pour Pour Pour	finding to cause
Directors: After this certificate has been signed by the attending physicia in by the funeral director, pege 2 should be detached for use as the bur	ledical Certification: To Be Completed by Physician	Pert II. Other significent conditions of the second significant conditions of the sec	Hospitel: 1 Inpatient  28e. Dete of Injury (Month, Day )  28e. Pleca of Injury building, etc. (hysician: To the best of miner: On the basis of experience)	PATER/Out 28b. Till In 28b. Till Till In 28b. Till In 28b. Till Till In 28b. Till Till In 28b. Till Till Till Till Till Till Till Til	patient 3 D patient 3 D patient ying me of jury M m, street, facto	OA Otto	26. Plece of the state of the	o 28	24e. Wes perfo	en eutopsymmed?  Yes 2 No one)  dence 6 Oth how injury occur  Street end Numb vn, State)	3 Prob  24b. We ever con of control of contr	re eutopsystem of the course o	finding to cause  No
in Extractions stret bactors. After this certificate has been signed by the attending physicial pletaly filled in by the funeral director, page 2 should be detached for use as the burning the form of the form of the burning that the form of the f	ledical Certification: To Be Completed by Physician	25. Wes case referred to medical exeminer?  1 Yes 2 No  27. Manner of Deeth 2 Accident 3 Suicide 6 Could not be determined.  29a. Certifier (Check only one)  1 Certifying Place of Could Could Check only one)	Hospitel: 1 Inpatient  28e. Dete of Injury (Month, Day )  28e. Pleca of Injury building, etc. (hysician: To the best of miner: On the basis of experience)	PATER/Out 28b. Till In 28b. Till Till In 28b. Till In 28b. Till Till In 28b. Till Till In 28b. Till Till Till Till Till Till Till Til	patient 3 D patien	OA Otto	26. Plece of the results of the resu	o 28	24e. Wes perfo	en eutopsymmed?  Yes 22 No one)  dence 6 Oth now injury occur  Street end Numb vn, State)  cause(s) end me dete end plece, 29d. Dete signe	3 Prob 24b. We everyone of conference of the con	re eutopsystem of the course o	Unknow finding to cause I No
instruction. When this certificate has been signed by the attending physicia in by the funeral director, pege 2 should be detached for use as the bur	Medical Certification: To Be Completed by Physician	Pert II. Other significent conditions  25. Wes case referred to medical exeminer?  1 Yes 2 No  27. Manner of Deeth 2 Accident 3 Suicide 6 Could not be determined.  29a. Certifier (Check only one)  29b. Signeture end lith of a rtifier	Hospitel: 1   Inpatient 28e. Dete of Injury (Month, Day) 28e. Pleca of Injury building, etc. ( hysician: To the best of miner: On the basis of eyend menner stele	280 ER/Out 28b. Ti In - At home, fen Specify)  ny knowledge, aminetion end	patient 3 Dime of jury Mm, street, facto	OA Otto	26. Plece of her: 4 \( \text{ Nursery at fk?} \)  Yes 2 \( \text{ Nursery at fk?} \)	o 28	24e. Wes perfo	en eutopsymmed?  Yes 2No one)  dence 6 Oth now injury occur  Street end Numb vn, State)  cause(s) end me dete end plece,	3 Prob 24b. We everyone of conference of the con	re eutopsystem of the course o	Unknown finding to cause  No
Directors: After this certificate has been signed by the attending physicia in by the funeral director, pege 2 should be detached for use as the bur	Medical Certification: To Be Completed by Physician	25. Wes case referred to medical exeminer?  1 Yes 2 No  27. Manner of Deeth 2 Accident 3 Suicide 6 Could not be determined.  29a. Certifier (Check only one)  1 Certifying Place of Could Could Check only one)	Hospitel: 1   Inpatient 28e. Dete of Injury (Month, Day) 28e. Pleca of Injury building, etc. ( hysician: To the best of miner: On the basis of eyend menner stele	280 ER/Out 28b. Ti In - At home, fen Specify)  ny knowledge, aminetion end	patient 3 Dime of jury Mm, street, facto	OA Otto	26. Plece of the results of the resu	o 28	24e. Wes perfo	en eutopsymmed?  Yes 22 No one)  dence 6 Oth now injury occur  Street end Numb vn, State)  cause(s) end me dete end plece, 29d. Dete signe	3 Prob 24b. We everyone of conference of the con	re eutopsystem of the course o	finding to cause
Inter usant. Inter usant. Inter usant. Interpretor: After this certificate has been signed by the attending physicia In by the funeral director, pege 2 should be detached for use as the bur	Medical Certification: To Be Completed by Physician	Pert II. Other significent conditions  25. Wes case referred to medical exeminer?  1 Yes 2 No  27. Manner of Deeth 2 Accident 3 Suicide 6 Could not be determined.  29a. Certifier (Check only one)  29b. Signeture end lith of a rtifier	Hospitel: 1 Inpatient  28e. Dete of Injury (Month, Day )  28e. Pleca of Injury building, etc. (  hysician: To the best of miner: On the basis of eyend menner stete	280 ER/Out 28b. Ti In At home, fen Specify)  ny knowledge, aminetion end th (Item 23e) (1	patient 3 D me of jury M m, street, facto deeth occurred/or Investigation	cause given and the company of the c	26. Plece of her: 4 Nurs ry at rk? I Yes 2 Nume, date end opinion, deeth se number	o 28 plece, en occurred	24e. Wes perfo	en eutopsymmed?  Yes 22 No one)  dence 6 Oth now injury occur  Street end Numb cause(s) end me dete end plece, 29d. Dete signe	3 Prob 24b. We ever con of control of the control o	re eutopsysilleble prior inpletion of deeth?  JYes 2D  Route Nui eted. the ceusei the ceusei	Unkr findin- to cause No



••	0,	-	n /n !		-
State of Maryland / Department of Health a	and Mental Hygiene	1 6	221	43	U

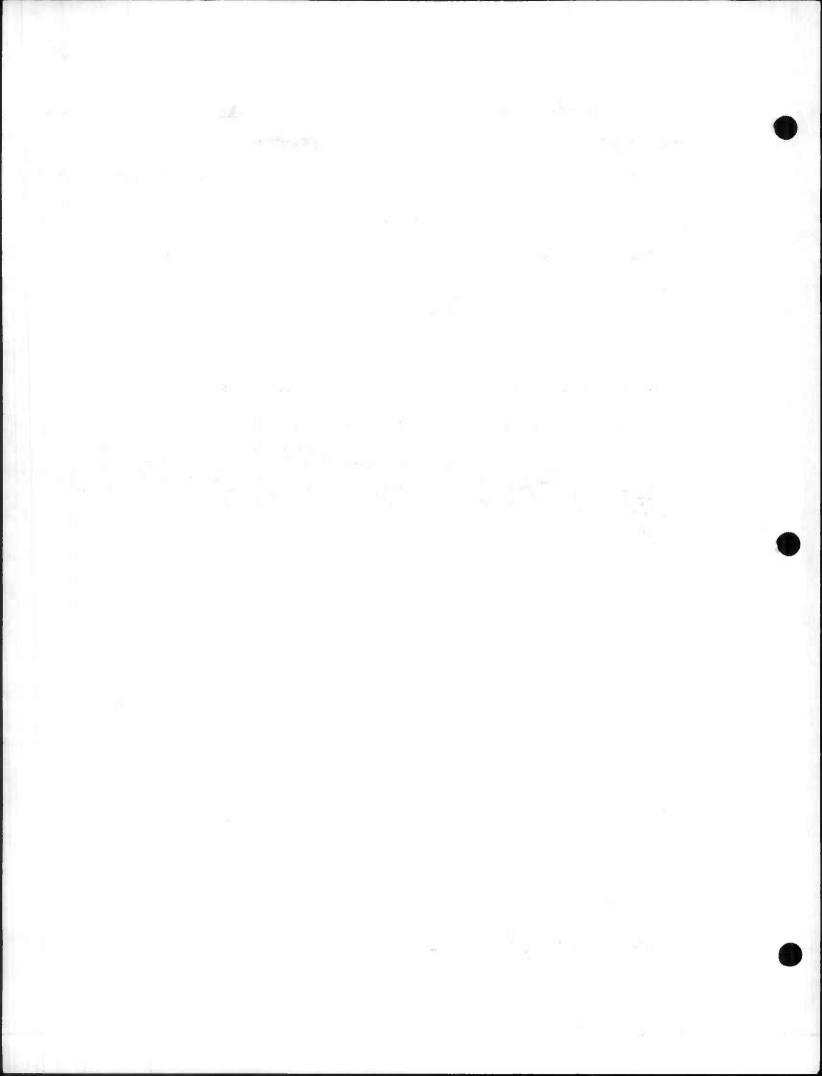
Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month Vear Philip Jamieson June 29 / 1997 6:54 AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 425 Cokesbury Road Port Deposit Cecil If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Deys Hours Min. (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1⊠M 2□ F Yrs 578-18-2220 75 Director 22, 1921 Washington, D.C. Nov. Usuel Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23e or 28a-f show traumatic event, the Modical Examiner must be notified all 1 ☐ Yes 2 ☑ No Director Maryland Cecil Port Deposit 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours efter death v. Depertment of Heelth and Mentel Hygiene. Important: If item 27 is marked other than "natural" ... once in jury or other traumatic avair. 425 Cokesbury Road 21904 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 14. Rece - American Indien, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) AMBY Pos 2 No If Yes, Give World Year or Dates: War II 1₺ Never Married 2 Married 1 ☐ Yes 2 X No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) N/A 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Archibald Mitchell Jamieson Olive Simpson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Steven H. Schiff/ Attorney 15729 Crabbs Branch Way, Rockville, MD 20855 20b. Place of Disposition (Name of cemetery, cremetory or other place) July 7, 1997 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State Owings Mills, 4 ☐ Donetion 5 ☐ Other (Specify) Garrison Forest Cemetery Maryland 21. Signature of Funeral Septice Liberture 22. Name and Address of Facility Robert A. Pumphrey Funeral Home/ Rockville, Inc. 300 West Montgomery Avenue, M00689 Rockville, Maryland 20850-2805 disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, failure. List only one cause on each line. Approximete Interval Between Onset end Death **Physiclan** /Medical Immediate Cause /Final ASCUD 1040. disease or condition resulting in deeth) Examiner Due to (or as a consequence of): Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effer death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deteched for use as the burnel-trensit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or as a consequence of) Box 68760. Physician/Medical Due to (or as a consequence of): P.O. Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 ☐ Unknown 1 Tyes 2 No Records, þ 24e. Wes en eutopsy performed? 24b. Were autopsy findings eveilable prior to completion of cause of deeth? Be Completed 1 Yes 2₺ No 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes cese referred to medical 26. Place of Deeth (Check only one) examiner? 1 ☑ Yes 2 ☐ No Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Death 28e. Date of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of Naturel 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Exeminer: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a. Certifier Medical 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) June 29, 1997 D 52087 +1 10 30. Name and address of person who completed ceuse of death (Item 23e) (Type, Print) \_ (06 Bow Street ElKton, MD 21921 1997, Funia Davidson-Randell State

**DHMH 16 Rev 6/95** 

Registrar



Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Day Month Vaar **Physician** 14, Lilly John June 1997 4:17 AM /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not Institution, give street end number) 4c. County of Death Examiner Southern Maryland Hospital Clinton Prince George's If Under 1 Yeer If Under 24 Hrs.

Months Days Hours Min. 8. Date of Birth (Month, Day, Year) July 25,1921 5. Sociel Security Number 7. Aga (In yrs. last birthdey) Birthplaca (State or Foreign Country) **Funeral** 1□M 2☑F N/A 75 Vrs Director Pennsylvania Usual Rasidance of Dacedant parmit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits ral", or items 23a or 28a-f shore Examples must be notified at 1 1 Vas 2 □ No Director P.G. Capitol Heights 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 5825 Martin Luther King Jr. Hwy 20743 U.S.A. Funeral 12. Was Dacedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ⊠ No If Yas, Giva Yeer or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No If Yes, specify Cuben, Mexican, Puarto Rican, atc.) 14. Rece - Amarlcan Indian, Biack, Whita, atc. 11. Marital Stetus 1 ☐ Nevar Married 2 ☐ Merried "natural", or 1 ☐ Yas 2 🗷 No Specify: Specify: þ 3 ☑ Widowed 4 ☐ Divorced White Completed 7 is marked other than "natur traumatic event, the Medical 15. Decedant's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) 9 Homemaker Home 17. Fether's Neme (First, Middle, Last) 18. Mothar's Name (First, Middle, Meiden Sumeme) Be 2 Adoff John John Mary 19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 20743 19a. informant's Name/Ralationship (Type, Print) Important: if item 27 is any injury or other tra once. 5825 Martin Luther King Jr. Hwy. Capitol Heights, Md. Louis Mitchell (Son) 20b. Pieca of Disposition (Name of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☑Buriai 2 ☐ Cramation 3 ☐ Ramovai from Stata 6/18/97 Washington D.C. 4 ☐ Donation 5 ☐ Othar (Specify) Mt. Olivet Cemetery 21. Signature of Funeral Service Licansee 22. Nama and Addrass of Facility Chambers Funeral Homes, P.A. 5801 Cleveland Ave. Riverdale, Md. 20737 Part 1. Entar tha disaasa, or complications that caused the deeth. Do not entar tha mode of dying, such as cardiac or raspiratory arrest, shock, or haart failure. List only ona causa on aach lina. Approximate interval Between Onsat end Death **Physician** Immedieta Ceuse (Finai disaasa or condition resulting in daath) /Medical entricular Tachy cardia.

Dua to (or as a consequence of): 5 minute Examiner infarction. Examiner ute myo condial
Dua to (or as a consaquence of): days. The law requires that the death certificate be asscuted attending physician and for use as the bunal-transit Sequantially list conditions, if any, leading to Immadiata cause. Enter Undarlying Cause (Disease or injury that initiated events rasulting in death) Last more than Heart Disease. Atherosclerotic Physician/Medical Due to (or es e consequance of) been signed by the a should be detached f Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown Renal failure. þ 24b. Ware autopsy findings available prior to completion of cause of deeth? 24a. Was en autopsy performed? Lower Extremity Ischaemia. page 2 s 2 No 1 □ Yas 2 □ No certificate Hospital or Attending Physician: 25. Was casa rafarred to medical axaminar? funeral director, Be 28. Placa of Death (Check only one) Hospital: Othar: 4 Nursing Home 5 Residence 8 Othar (Specify) Certification: To 1 ☐ Yas 2 No 1 Inpatient 2 ER/Outpatiant 3 DOA After this 27. Manner of Death 28a. Data of injury (Month, Dey Year) 28b. Tima of 28d. Dascribe how Injury occurred 28c. injury at Work? 1 Natural
2 Accident 5 Panding invastigation aftar death. 1 ☐ Yas 2 ☐ No To the Hospital or Atter within 24 hours aftar des To the Funeral Director completely filled in by th 6 Could not be datarmined 3 Suicida 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28a. Piaca of Injury - At home, farm, straat, factory, office building, atc. (Specify) 4 Homicida 29a. Certifian 🗺 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and piaca, and dua to tha causa(s) and mannar as stated. edicai 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and menner stated. 29d. Dete signed (Month, Dey, Year) 29b. Signetura and titia of certifiar 29c. License number 6-14-97 0050653 GYAN SURANA M.D. 30. Nema end addrass of person who complated causa of death (Itam 23a) (Type, Print) 7501 Surratts Road. Suite 302. Clinton

DHMH 16 Rev 6/95

State

Registrar

31. Data fiiad (Month, Dey, Year)

32. Ragistrar's Signetura

Julia Davidson

Rande Be

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

van ge in the roll of management in the 

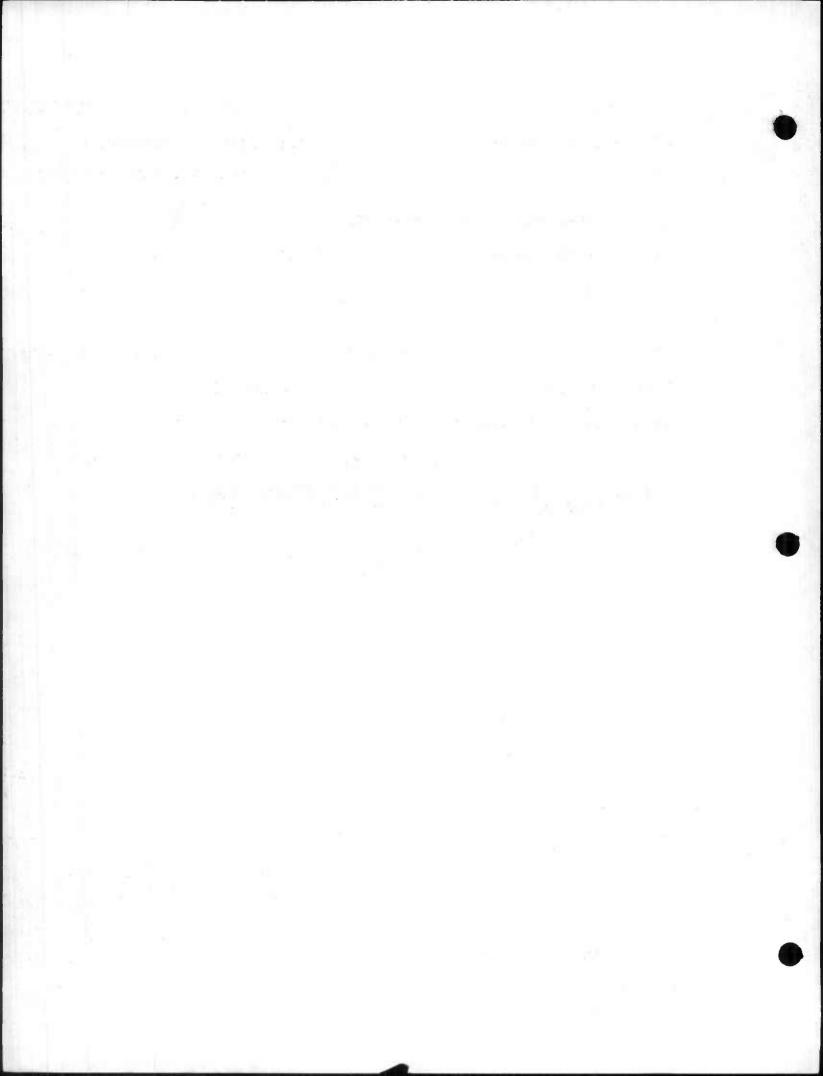
Certificate of Death 1. Decedant's Nema (First, Middle, Last) 2. Dete of Deeth 3. Time of Death 1997 Month **Physician** 5, Esther J. R. July Johnson 9:06 A /Medicai 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** ROCKVIIIC

If Under 24 Hrs.
Hours Min.

8. Date of Birth
(Month, Dey, Year)
Aug. 12,1908 307 Frederick Avenue MONTGOMERY If Undar 1 Yaar 5. Social Security Number Birthplace (State or Foreign Country) 7. Age (In yrs. lest birthday) **Funeral** Deys Months Yrs. 88 Director 216-30-4848 Maryland Usuel Residence of Decedent 10a. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r than "natural", or frams 23a or 28a-f show the Medical Examiner must be notified at 1 Yes 2 No Directo MD Montgomery Rockville 10e. Straet and Number 10f. Zip Code 10g. Citizen of Whet Country? 307 Frederick Avenue 20850 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armad Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, 11. Marital Status Black, White, etc. filed within 72 hours aftar Hygiana. other than "natural", or fta 1 ☐ Yes 2 No tf Yas, Giva 1 Never Married 2 Married Baltimore, Maryland 21215-0020 Specify: Black 1 ☐ Yes 2 ☐XNo Specify: à 3 ☐ Widowed 4 ☐ Divorced Yeer or Dates: Completed 16a. Dacedent's Usual Occupetion (Give kind of work done during most of working lifa. DO NOT use ratired) 15. Decedent's Education (Spacify only highest grede completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) permit. Peges 1 and 2 should be filled wi Departmant of Health and Mantal Hygian. Important: If flem 27 is marked other thy, any injury or other traumatic event, I'm, 000.0. 7th Custodian Montg. Co. Schools 17. Fether's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Surname) John H. Weedon Clara Nichols 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Walter Johnson (Husband) 301 Frederick Ave., Rockville, MD 20850 20b. Pleca of Disposition (Neme of cametery, cremetory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, State Marial 2 ☐ Cremetion 3 ☐ Ramoval from State 4 ☐ Donetion 5 ☐ Other (Specify) 7/9/97 Lincoln Park Cem Rockville, MD 22. Name end Address of Facility SNOWDEN FUNERAL HOME, P.A. 23a. Part1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heert feilura. List only one causa on aach line. Approximate Intervel Batween Onsat and Deeth **Physician** /Medical Immediate Ceuse (Finel disaase or condition resulting in daath) Due to (or es e consequence lot): 45ARS Examiner Physician/Medical Examiner physician end tha buriel-transit Sequentially list conditions, if any, leading to immediate cause. Entar Undarlying Ceuse (Disease or Injury Due to (or es e conseguança of) Box 68760 The law requires that the death certificate be thet initieted avents Due to (or as a consequence of): resulting in deeth) Lest attanding p P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobecco usa contributa to the cause of death? tha 2 Atheros durti Heart 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, þ 24b. Were eutopsy findings available prior to completion of cause of deeth? 24e. Wes en eutopsy Completed has page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: director 25. Wes casa raferred to medical exeminer? Be 28. Pleca of Daath (Chack only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Othar: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 100 Certification: To funaral 28e. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Aftar 1 Naturei 5 Pending after death.

I Director: Aft
d in by the fur 1 ☐ Yes 2 ☐ No Investigetion 2 Accident 6 Could not be datermined 3 Suicide 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, factory, offica building, atc. (Specify) 124 hours after the Funeral Direct colately filled in B 4 Homicida Hospital 29a. Certifier 1 Certifying Phystolen: To tha best of my knowledge, deeth occurred et the tima, data end pleca, and dua to tha cause(s) end menner as steted. To the Hosp within 24 hor To the Fune complately fi (Check only 2 Medical Examiner: On the besis of examination end/or Investigetion, In my opinion, daeth occurred et the time, data and place, and due to the cause(s) end menner stated. 29b. Signature efficitie of certifie 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause of daalth (Itam 23a) (Type, Print) 2730 UNINESTY BUD W #30, WHEATH, MD 26902 KUBART IGSINBORC, 32. Registrati's Signature

State Registrar

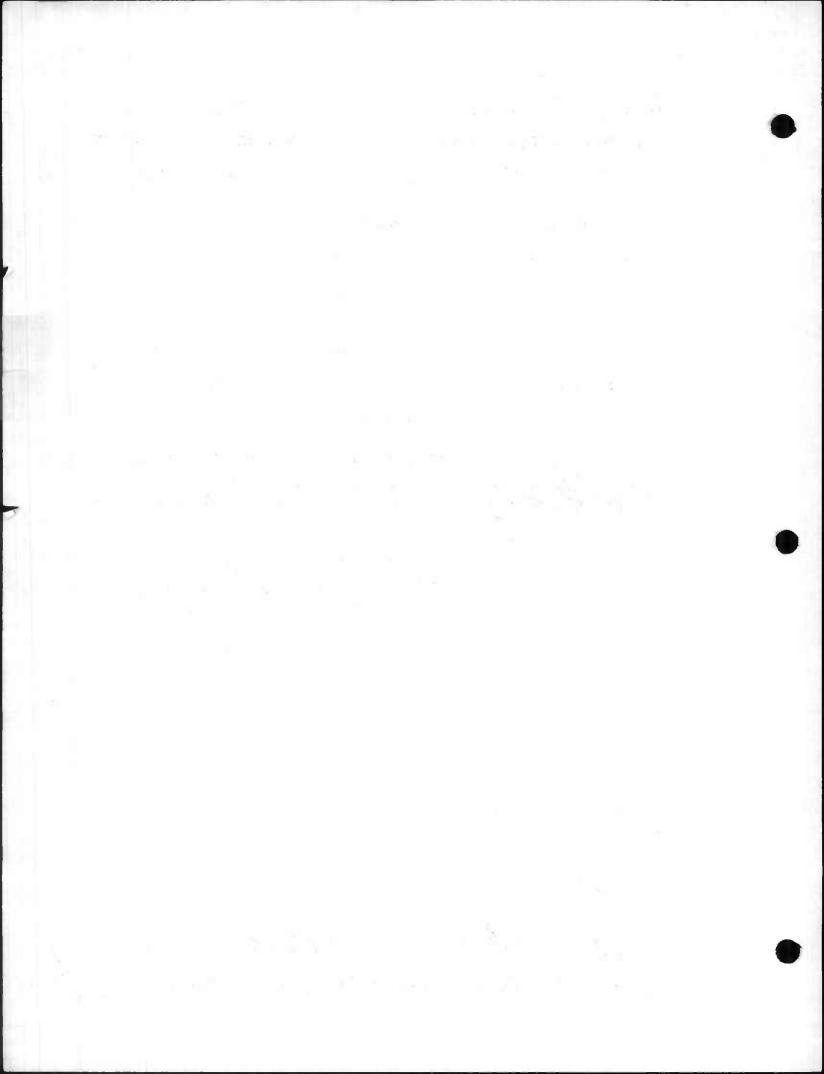


#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month **Physician** 1510 Johnson ILLI /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner MONTGOMERY SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) If Under 1 Yaar If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) Birthplace (State or Foreign Country) **Funeral** Months Deys Hours Min. 1 M 200 95 Yrs. Aug., 11, 1901 W. Virginia 233-72-6098 Director Usuei Residence of Decedent the Marylend 10e. Stele 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at ¶XXYes 2 □ No Directo Deltona Florida Volusia 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1612 Falmouth Avenue 32728 United States death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puerto Rican, atc.) Race - American Indien, Bieck, White, etc. 11. Maritel Status filed within 72 hours efter 1 ☐ Yes 2♥ No 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes ZXNo Specify: Specify: White à 3€Widowed 4 □ Divorced Yaer or Dates: Completed 16e. Decedent's Usual Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry permit. Pages 1 end 2 should be filed within Depertment of Health end Mentel Hygiene. Important: If Item 27 is merked other than any Injury or other traumetic event, the Me Elementary/Secondary (0-12) College (1-4or 5+) 12 Homemaker Domestic 17. Fether's Neme (First, Middle, Last) 18 Mother's Name (First Middle Maiden Surneme) Be Elbert Ferrell Lena Haner 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 1612 Falmouth Ave., Deltona, Fl. 32728 20b. Pleca of Disposition (Neme of 20e. Method of Disposition 20c. Location - City or Town, State cemetery, cremetory or other place) 1 XBurial 2 ☐ Cremation 3 ☐ Removel from State 7-8-97 4 ☐ Donetion 5 ☐ Othar (Specify) Ridgelawn Burial Park Barboursville, W. Va. 21. Signatura of Funeral Service Licenses 22. Name and Address of Fecility Hines-Rinaldi Funeral Home, Inc. 11800 New Hampshire Ave., Silver Spring, Md. 20904 23a. Pert1. Enter the diseas shock, or heert failure. e of complications that leased the deeth. Do not antar tha mode of dying, such as cardiac or respiratory errest, List only one cause of each lina. Intervel Between Onset end Death **Physician** /Medical Immediete Ceuse (Finel disease or condition resulting in deeth) Examiner Examiner ettending physician end for use as the buriel-transit Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest P.O. Box 68760 8 Physician/Medical Due to (or as a consequence of): signed by the e Pert II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 □ Probably 4 ☑ Unknown Records, þ been sig 24b. Were eutopsy findings available prior to led 24a. Was an autopsy performed? Comple compiation of causa of death? hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes case referred to medical Be 26. Place of Death (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetiant 3 DOA 1 Yes 2 No Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 2 After this funeral 27. Menner of Death 28d. Describe how injury occurred 28e. Dete of Injury (Month, Dey Yeer) 28b. Time of 28c. Injury at Work? Certification: Attanding 1 Naturei 5 Pending death. 1 Yes 2 No invastigation 2 Accident after death filled in by the 3 Suicide 6 Could not be determined Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide To the Hospital or within 24 hours aff To the Funeral Di completely filled in 1 Certifying Phyeiclen: To the best of my knowledge, deeth occurred et the time, date and placa, end due to the ceuse(s) end menner es steted.

2 Medicat Exeminer: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end menner stated. 29a. Certifier Medical 29b. Signature end title of cartifier 29c. Licensa number 29d. Date signed (Month, Day, Yeer) 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) - Shady Gnove Road de (-0 State 32. Registrar's Signature who Davidson Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death Am 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month ARION 00 OUNSON JUNE 4a. Facility Neme (If not institution, give street end number) City, Town, or Location of Death a EVIN If Under 1 Year If Under 24 Hrs. 5. Social Security Number Birthplace (Stete or Foreign Country) 7. Age (In yrs. lest birthday) 1□ M 2 F Days 213-52-9811 Yrs. 5 Usual Residence of Decedent 10b. County City, Town or Location 10d. Inside City Limits Yes 2□No tarkor -deen tber 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 485 02 2/001 451 . Was Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 12. 1 Never Married 2 Married 1 ☐ Yes 25 No Specify BIAC 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life\_DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) ouse Wike 17. Father's Name (First Middle Last) 18. Mother's Name (First, Middle, Maiden 19a. Informant's Name/Relationship Type, 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 1 Atthew 85 Washington 54 O'HNSON Husbans 20b. Place of Disposition (Neme of semetery, crematory or other place 20a. Method of Disposition 20c. Location , City or Town, State Burial 2 Cremation 3 Removal from State Aberdeen, 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Lightness Lewis 57 Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or in shock, or heart feiture. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Finel disease or condition resulting in death) Due to (or es e consequence of) Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as e consequence of): Due to (or as e consequence of) Part II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evailable prior to completion of cause of death? 24e. Was en autopsy performed? 1 Yes 1 ☐ Yes 2 ☐ No 26. Place of Death (Check only one)

**Physician** /Medical Examiner

sician and burial-transit

physician s tha buria

been signed by the atte should be datached for

cate has I

To the Hospital or Attending Physician: "
within 24 hours after death.
To the Funeral Diractor: After this certifica completally filled in by the funeral director; p

as usa

The law requires that the death certificate be axecuted

P.O. Box 68760,

Records,

Viital

permit. Page Department of Important: If any injury or

**Physician** 

/Medical

10a. State

Director

Funeral

Completed by

Be

Examiner

**Funeral** 

Director

Pages 1 and 2 should be filed within 72 hours aftar death with the Maryland neat of Health and Martlel Hyglane. And the firm 27 is a firsted other than "netural", or items 23a or 28a-f ahow rut or other traumatic event, the Medical Experiment man be notified at

Baltimore, Maryland 21215-0020

Examiner Physician/Medical

Division of

þ Be Completed 25. Was cese referred to medical examiner? Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 1 Yes 2 No Certification: To 1 🗆 Inpatient 2 ER/Outpatient 3 DOA 28c. Injury at Work? 28d. Describe how injury occurred 27. Menngrof Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide Medical 29a, Certifier 1 Certifying Phyalcian: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) end manner as stated. (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the ceuse(s) and manner stated.

29b. Signature and title of pertifier

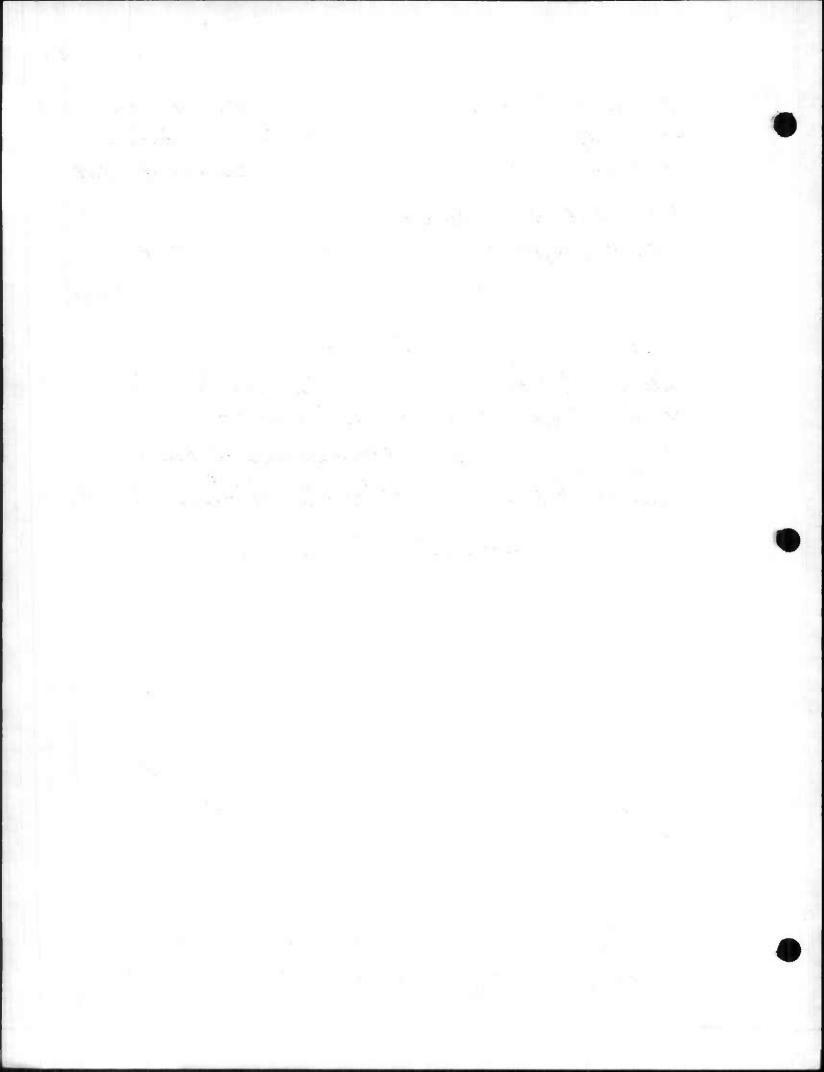
JUL11

31. Date filed (Month, Day,

29c. License number 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

29d. Date signed (Month, Dey, Yeer)

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 22435

				Otate of Marylan		ertificate d			Reg. No.	4 4	433
	Physici	an	1. Decedent's Nema (First, Middla, Last	)				2. Data of De Month	ath Ly Day	Year	3. Tima of Death
	/Medi		Leola Frances					0.7	10	//	00:40
	Examir	ner	4e. Facility Nema (If not institution, give 708—A Bradley				4b. City, Town, or Ocean C.		4c. County Worch		r
	Funeral Director			7. Aga (In yrs. 81	last birthday Yrs.	Months Da		. (Month, De			eca (Stata or Foraign ry) Virginia
	Meryland a-f ehow	ctor	Usual Rasidanca of Decedant  10a. Stata 10b. County Maryland Worchest	er 10c. Cit	y, Town or L Ocear	ocation n City			,		od. Insida City Limits
	th with the 23a or 28	al Director	10e. Straat end Numbar 708—A Bradley	Road		10f. Zip Cod 218			10g. Citizan of V U.S.A		ny?
020	filed within 72 hours aftar death with the Meryland Hygiena. ther than "naturel", or items 23a or 28e-f ehow ont, the Medical Examinet must be notified at	by Funeral	11. Marital Status  1 Nevar Marriad 2 Married  3 Wildowed 4 Divorced	12. Wes Dacedant Evar in U Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yeer or Datas:	,S. 13.	Was Decedant If Yas, specify C	of Hispanic Origin? (Suben, Mexican, Puar No Specify:	Spacify Yes or No to Rican, atc.)	- 14. Rac Bled Specify	e - Amarica k, Whita, a	
Maryland 21215-0020	d within 72 ho piena. r than "natur the Medical.	Completed	15. Decedant's Edu (Specify only highest gred	e complated) College (1-4or 5+)	(Give	DO NOT usa re	na during most of wo	rking	16b. Kind of Bu		ustry
land 2	a fa b y	To Be Co	11th 17. Fathar's Name (First, Middla, Last) Ira J. Green	_N/A	Nu	cse		me (First, Middle enie E.			
lary			19a. Informant's Name/Raletionship (T)		19b. Mail	ing Addrass (Str	eet and Numbar or R	ural Routa Numb	er, City or Town,	State, Zip	Code)
			James Greene (So			L6 Brand	ywine Road		-		
Baltimore,	permit. Peges 1 ar Depertment of Heal Important: If Item 2 any Injury or other once.		20a. Mathod of Disposition  1 ☑ Burial 2 ☐ Crametion 3 ☐ F  4 ☐ Donetion 5 ☐ Othar (Spacify)	tamoval from State	ematary, cre	matory or other Hill Cen	etery	Data July 14 1997		land	Maryland
Bal	Depending Import		21. Signature of Edneral Service Licens	Burbale		he Bur	drass of Facility ·		108 W ne Berl		St. ID 21811
	Physician		23a Part Enter the disease, or combi shock, or heart failure. List only of	lcations that caused #= deet na causa on aach line	h. Do not er	ntar tha mode of	dylng, such es cardia	c or respiretory e	rrast,		Approximate Intarval Batween Onset end Death
	/Medicai Examiner		Immediata Causa (Final disaasa or condition rasulting in daath)	a. ACUTE  Dua to (o	My er as a consa		IAL INF	ARCT 16	V		MINOTE
Ţ	ecuted and transit	Examiner	Saquantially list conditions.	o. <u>ASCVD</u> Dua to (0	r es e consa	quance of):				MA	NY YES
68760,	lificate be axecuted g physician end as the buriel-transit	edical E	Saquantially list conditions, if eny, leading to immediate cause. Enter Underlying Causa (Disease or Injury that Initiated avants resulting in death) Last	Due to (or	r as a conse	a consequance of):					
				j							
Вох	ta at	ician	Deat II. Other elgoiffeant conditions are	A-1b-16-1	olače e le alice		-North Book	005 014	A-6	A-10- A-	4
0.	that the ed by th deteche	y Physician/N	Part II. Other significant conditions cor	riputing to death but not rasi	uiting in tha	undariying causa	givan in Part f.		Yes 2 No		the cause of death? ably 4 Unknown
Records,	aw requires been s	Completed by							en autopsy ormed?	eva	ra eutopsy findings llable prior to aplation of cause aath?
	The ate h	Соп						10	Yes 2 No	1□	Yes 2 No
Vital	Physicien: The this certificate ral director, peg	Be	25. Wes casa rafarred to medical exeminar?	lospital:			Other	ath (Check only			
ō	Phys	٦.	Yas 2 No  27. Mannar of Death	1 ☐ Inpatiant 2 ☐	ER/Outpatie 28b. Time of	HIL SLI DOA	4 LI Nursing r	loma 5 Rasi	dance 6 Oth		)
Division	tending deeth. tor: Afte	Certification:	1 Matural 5 ☐ Panding 2 ☐ Accident Invastigation 3 ☐ Suicida 6 ☐ Could not be	(Month, Day Year)	Injury	М	njury at Vork? □ Yas 2 □ No		Straat and Numb		Davide Atoms how
ō	To the Hospital or Attending Phys within 2 hours after deeth.  To the Zuheral Director: After this completely filled in by the funeral directors.		4 ☐ Homicida detarmined	28e. Place of Injury - At he building, etc. (Spacify	/) 			City or To	wn, Stata)		
	Hospital of 24 hours at Funeral Dietely filled i	edical	29a. Certifiar (Check only one)  1 Certifying Physical Control Control Certifying Physical Certifician Physical Certific	ofcian: To the best of my knowner: On the basis of examined and manner stated.	wladge, daal tion and/or in	th occurrad at the nvastigation, in m	a time, dete and plece by opinion, daath occu	e, end due to the urrad et tha tima,	ceuse(s) and ma data and place,	nner as sta and dua to	atad. tha causa(s)
	To the To the comp	Me	29b. Signeture end titla of certifier	-11	,		ansa number		29d. Dete signe		
			Anothy C.	Holand,	Mil	! 2	06241		07.	10 -9	77
			30. Nama and addrass of person who co	HOLZKI	0277	, Print)	). 205 -	SNOW ST.	SNOW	HILL	Mo 2863
	Sta Registr	te	31. Date filad (Month, Day, Yaar)	32. Pegistrer's Signa	tura	1 11	-				

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 2 4 3 6 State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Deeth 3. Time of Deeth Month Dey **Physician** 6:20 p.m. Gary K. Jamison July. 1997 /Medical 4a. Fecility Nema (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Prince George's Hospital Center Cheverly Prince George's If Undar 1 Year 5. Social Sacurity Number If Under 24 Hrs. 8. Data of Birth (Month, Dey, Yea Jan. 19, 7. Aga (In yrs. last birthday) **Funeral**  Birthplace (Stete or Foreign Country) Days Year) 1X M 2□ F Hours Min. Months 63 Director 495-38-5768 1934 Kansas Usuel Residence of Decedent death with the Maryland 10b. County 10c. City, Town or Location an "natural", or items 23a or 28a-f show Medical Examiner must be notified at 10d. Inside City Limits Director 1 X Yes 2 □ No Maryland Prince George's Bladensburg 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4307 56th Avenue Funeral 20710 U.S.A. 11. Marital Status Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. Pages 1 end 2 should be filed within 72 hours efter enent of Health end Mental Hygiens.
Ant: If item 27 is marked other than "natural; or ite any or other traumatic event, the Medical Examine any or other traumatic event, the Medical Examine. 1 Never Married 2 Married MYas 2 □ No f Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ Specify: 3 Widowed 4 Divorced White Year or Dates: Completed Decedent's Usuel Occupetion (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Geologist Private Industry 17. Fathar's Name (First, Middle, Lest) 18. Mother's Nama (First, Middle, Maiden Surnama) Be Byron Ralph Jamison 2 Dorothy Elaine Tennesson 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Linda L. Jamison 4307 56th Avenue, Bladensburg, Maryland 20710 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 M Buriel 2 ☐ Cremation 3 ☐ Removal from State permit. Page Depertment of Important: If any Injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) MD Veteran's Cemetery 07/11/97 Cheltenham, MD 22. Name and Address of Facility
Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD 20781 23a. Paint. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrast, shock, or heer feiture? List only one ceuse on each line. Approximate Intervel Between Onset end Deeth PULMONARY EMPHYSERRA

Bue to (or es e consequence of):

BKO VCHIAL 1STHAKA **Physician** /Medical tmmediete Ceuse (Finel disaase or condition resulting in death) **Examiner** Physician/Medical Examiner The law requires thet the death certificete be executed buriel-trans Sequentietly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest P.O. Box 68760, the Due to (or as a consequence of): use Pert II. Other afgnificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dfd tobacco use contribute to the cause of death? . CLARCER OF THE PROSTURE. 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Unknown Records, þ s certificate has been signe director, page 2 should be OSTEOPOROSIS OVE TO PREDNISONE 24b. Were eutopsy findings evaileble prior to completion of ceuse of deeth? Be Completed 24e. Wes en eutopsy performed? THEMIPY certificete 1 Yes 2 No of Vital Hospital or Attending Physician:
 24 hours efter deeth.
 Funeral Director: After this certificalety filled in by the funeral director. 25. Wes cese referred to medical examiner? 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatiant 2 DER/Outpetiant 3 ☐ DOA 1 Yes 2D Other: 4 Nursing Homa 5 Residence 6 Othar (Specify) 2 No Certification: 28e. Date of Injury (Month, Dey Yaar) 28b. Time of 28c. Injury at Work? 28d. Describa how injury occurred Division 1 Neturel
2 Accident 5 Pending investigation 1 Tes 2 No 3 Suicida 6 Could not be determined 28e. Place of Injury - At homa, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es steted.

| Medical Exeminer: On the basis of exemination end/or invastigation, in my opinion, death occurred et the time, date end place, and due to the ceuse(s) manner stated. Medical 29a. Certifier To the Hosp within 24 ho To the Fune completely f (Check only one) 29c. Licansa number WANGLAN 29d. Date signed (Month, Dey, Year) 29b. Signature a July 9, 1997 30. Name end eddress of person who completed cause of deeth (Item 29a) (Type, Print) Dr. Goldberg 9801 Georgia Avenue, Wheaton, Maryland 32 Registrar's Signeture 31. Dete filed (Month, Day, Year) State 1 0 1997 Registrar

Sind of pro-interest

						tificate of	Death		Reg. No.			
П	Physic	ian	Decedent's Neme (First, Middle, L.	•				2. Dete of D Month		Yeer	B. Time of Death	
	/Medi			eon Jeffri	es			July			11:00PM	
Ņ.	Exami	ner	4e. Fecility Neme (If not institution, gi	ve street end number) Nursing Ho:	m o		4b. City, Town, or Bethes		,			
						If Under 1 Year		-			gomery	
	Funeral Director				yrs. lest birthdey) 8 4 Yrs.	Months Deys		May	26 191	9. Birthplace Country) 3 Wes	e (Stete or Foreign t Virgi	
	puel Mc		10a. State 10b. County			10d.	fnside City Limits					
	Mary	ō	Md Montgo		D . 1	•		XIX Yes 2				
	28a	Director	10e. Street end Number	omery	Bethe	10f. Zip Code			10g. Citizen of V	Whet Country	}	
	uth with the Marylen 23e or 28a-f show		5721 Gosveno	r Lane		2081	/,		111111111111111111111111111111111111111			
	death	Funeral	11. Marital Stetus	12. Wes Decedent Ever	in U,S. 13. \			Specify Yes or N	o- 14. Rac	ed Sta e - Americen i	ites Indien,	
	172 hours efter death with the Maryland "natural", or Rems 23s or 28s-f show soldes! Examinet must be notified at	by	1 Never Married 2 Married 3 ☑ Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yeer or Detes:		f Yes, specify Cub I□ Yes ŽŽNo		n, Mexicen, Puerto Ricen, etc.)			ck	
20000	72 ho	Completed	15. Decedent's E (Specify only highest gr	ducetion	16a. Deced	lent's Usuel Occup	petion during most of wo d)	ndrina	16b. Kind of Br	usiness/Indust	lry	
	c • #	nple	Elementery/Secondary (0-12)	College (1-4or 5+)	life. L		id)	Jiking	- 1			
			47 5 4 4 4 4 6 4 4 4 4 4		+ Acco	untant			Educa e, Meiden Sumer			
	be d at a	Be	17. Fether's Name (First, Middle, Les Eugene Jeff	•								
•	should be nd Mental marked o	10						Lee Ca				
s 1 and 2	her rau		19a. Informent'e Name/Relationship Ms. Nancy Lock	ett daught	er 122	1 Van E	Buran S		N. W.	Wash.	D. C.	
	ges H L		20e. Method of Disposition  1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci	Removel from State	Ob. Plece of Dispo				Lando	20c. Location - City or Town, S Landover, M Prince Geogr		
	Depertment Depertment Important: any injury		21. Signeture of Funeral Service Lice	nsee	22	. Name end Addre	ess of Fecility .	Latney	s Fune	_		
	20 E 2 8		In Me atre	us D	3	831 Geo	rgia					
			23a. Pert1. Enter the disease, or conshock, or heart failure. List only	plications thet caused the						Ap	proximete	
١	Physician		Shook, of fleat failure. List only	one cause on each line.						Or	ervel Between nset end Deeth	
	/Medical		Immediate Cause (Final disease or condition	(0,	ebrova	neul	as a	uder	1	m	inutes	
	Examiner		resulting in deeth)		to (or es e conseq				-/		200	
	p #	ner	_	hus	Tensio	ų.				1	rears	
	tificete be executed g physician end es the buriel-transit	Examiner	Sequentially list conditions,	D. Due	to (or es e conseq	uence of):				0		
	cian c		Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events	c								
	Sete I Shysi the t	Physician/Medical	that initieted events resulting In deeth) Last	Due	to (or es e consequ	uence of):						
		Me	L									
	eth o	lan		d								
	requires that the deeth cer seen signed by the ettendin hould be deteched for use	ysic	Pert II. Other eignificent conditions	contributing to death but no	t resulting in the ur	nderlying ceuse gi	ven in Pert f.	23b. Dio	tobacco use co	ntribute to the	e cause of death?	
	hat ti	Ph	atrial fiber	lation	Res	somote	mening	1□	Yee 2 No	3 Probabi	ly 4 Unknow	
•	sign d be	d by		Mation	//			Dia Wa	La litaria.	24h Wara	autopsy findings	
	v require been si should	Completed	sergue di	sorder				perl	s en eutopsy ormed?	eveilet	ble prior to letion of ceuse	
	The lew ate hes b	E	7							of dee	th?	
	sician: The lew certificate hes b lirector, page 2 s		dementia	7				1 🗆	Yes 2 No	1 □ Ye	es 2 No	
	Physician: this certific rel director,	Be	25. Wes cese referred to medicel exeminer?	Hospitel:		Ott	han	eath (Check only				
	> 000	To T	1 Yes 2 No  27. Manner of Deeth	1 ☐ Inpatient	2 ER/Outpetien	T 3L DUA	4 Mursing	-T	how Injury occur			
	ding i	tion	1 Neturel 5 ☐ Pending	(Month, Dey Yea	28b. Time of Injury	28c. Inju Wo M 1	rk? ]Yes 2 □ No	200. Describe	now injury occur	100		
	Attending ir death. Bctor: After by the fune	lica	3 ☐ Sulcide 6 ☐ Could not b	00 - 0111	At home form str		7103 2 110	28f Location	(Street end Numb	ner or Rural Ri	oute Mumber	
	Ital or Attendurs efter deatl	Certification:	4 Homicide determined	building, etc. (Sp	pecify)			City or To	iwn, Stete)			
	To the Hespital or Attending Ph within 24 hours eliter death. To the Funeral Director. After th completely filled in by the funeral	edical	29a. Certifier 1 ☐ Certifying Pl (Check only one) 2 ☐ Medicaf Exam	nysicfen: To the best of my mfner: On the basis of exar end menner stated.	knowledge, deeth minetion end/or inv	occurred et the ti restigation, in my	me, dete end plec opinion, deeth occ	e, end due to the surred et the time	ceuse(s) end me , dete end plece,	and due to the	d. e ceuse(s)	
	within 2 To the	Σ	29b. Signature end to of certifier	2. 00		29c. Licens			29d. Date signe			
1	$\leq$		David (	1, 18lass	MD	DA	3911		July S	5, 199	17	
	31		30. Name and address of person who David A. Bla	88 MO 9	(Item 23e) (Type, I	Print)	ree town	Rd.	Bethe	rda, M	77 1d. <sup>20</sup> 8/4	
Í	Sta	ate	31. Dete filed (Month, Day, Year)	32 Registrar's S	igneture Suar Rivida		1 -1 -1	W	,- (,0			
	Registr		HII 09 19	7 Juli alaw	shortendal	4						
HI	H 16 Rev 6/9	5	JUL VUIN	• •								

dhe for three or as

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible State of Maryland / Department of Health and Mental Hygiene 2 2 4 3 8

Certificate of Death 2. Dete of Deeth 1. Decedent's Name (First, Middle, Last) 3. Time of Deeth **Physician** Dey 1997 Yeer WALTER JULY **JOHNSON** В. 4, 10:40 pm /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 6511 100th Ave. Prince Georges Lanham If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** Months Deys Hours 212 54 5347 **★** M 2□ F 47 Yrs. Director Oct. 30,1949 Washington, DC Usuel Residence of Decedent with the Marylend 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryle Department of Heelth and Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28s-f show with Injury or other traumatic event, the Maddell Examiner must be notified at once. Yes 2□No Prince Georges Lanham Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6511 100th Ave. 20706 USA 12. Was Decedent Ever in U,S.
Augued Forces?
1 ☐ Yes 2 ☐ No
If Yes, Give
Year or Dates: 69-72 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: à Specify: 3 ☐ Widowed 4 ☐ Divorced white 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elemantary/Secondery (0-12) Collega (1-4or 5+) 12 New Site Router WSSC 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meidan Surname) **JOHNSON** 2 JOSEPH JAMES RUTH AGNES DIGGLE 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Coda) JOHNSON /SISTER ANNA E. 1224 HOLLY AVE., SHADYSIDE, MD. 20764 20b. Plece of Disposition (Neme of camefery, cremetory or other pleca)
Maryland Veterans Cemetery 20e. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremetion 3 □ Ramoval from State Cheltenham, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service License 22. Name end Address of Facility Robert E. Evans Funeral Home Inc 16000 Annapolis RD., Bowie, Md. 20715

23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilura. List only one ceuse on each line Approximete Interval Between Onset and Deeth Physician /Medicai Immediate Cause (Final disease or condition resulting in deeth) **Examiner** Due to (or as e consequanca of) Examiner physician end the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es a consequence of): P.O. Box 68760 Physician/Medical Due to (or as a consequenca of): been signed by the a Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I 23b. Did tobacco use contribute to the cause of death? Tes 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings aveilable prior to Completed 24a. Was an eutopsy performed? completion of cause of death? certificate has lirector, page 2 s 1□ Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital of the death.

Director: After this certifications 25. Wes case referred to medical Be 26. Placa of Death (Check only one) examiner? Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes No 2 funeral 27. Manner of Death 28e. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of Certification: 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident Investigetion 6 Could not be detarmined To the Hospital or Atte within 24 hours effer de To the Funeral Directo completely filled in by the 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicida Medical Examiner: On the bast of my knowladge, daath occurred at tha tima, data and place, and dua to the causa(s) and manner as stated.

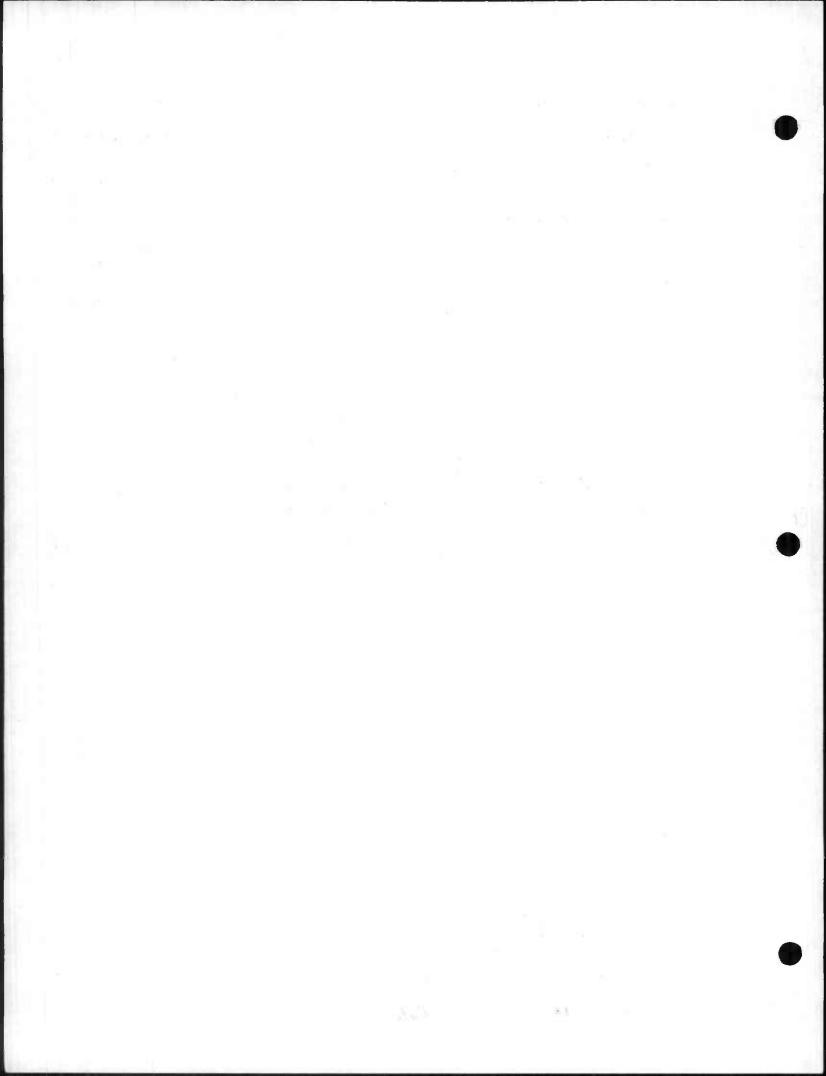
Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end place, end dua to the causa(s) and menner stated. 29a. Cartifian Medical 29b. Signature and 29c. License number 29d. Data signed (Month, Dey, Year) Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

NO TRECOMBY 40 900 ANNALOCIC D, LANDAN MO 20706 LICHAND J. Fermor 40

State Registrar 31. Date filed (Month, Day, Year)

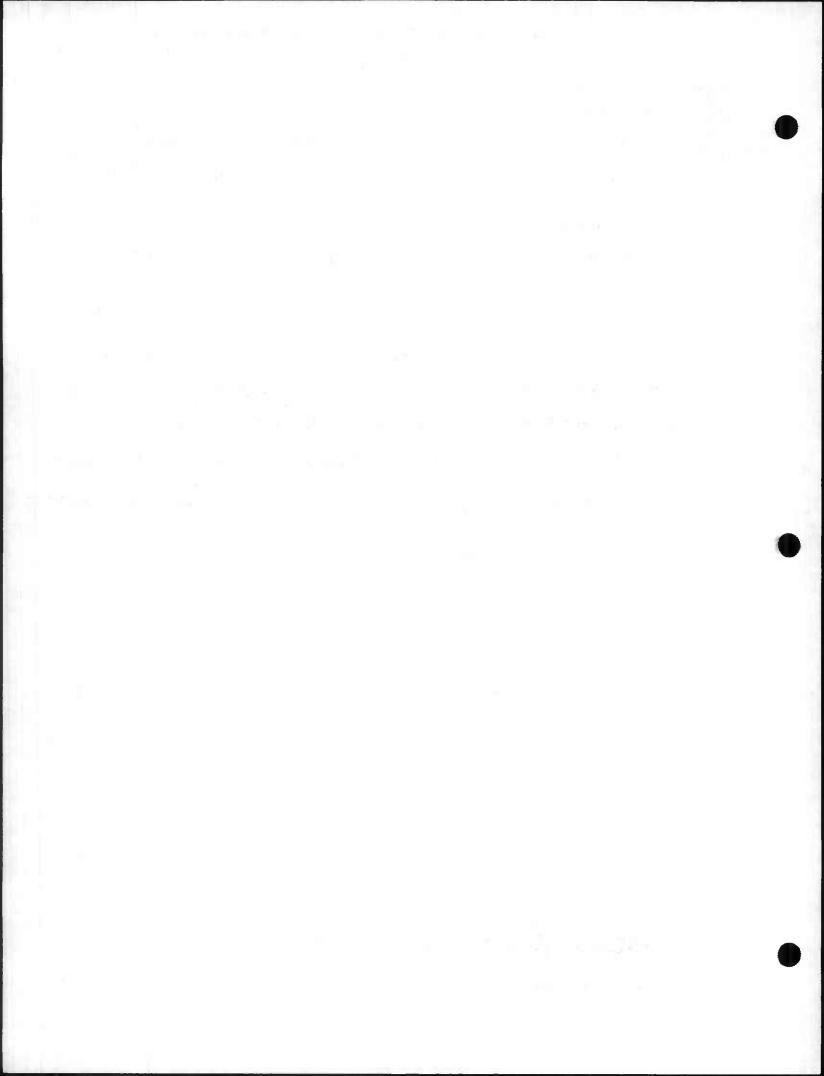
JUL 11 1997

32 Registrar's Signeture



### Please Type or Print in Black Indelible Ink. Assure All Copies Are egible 2 4 3 9 State of Maryland / Department of Health and Mental Hygiene

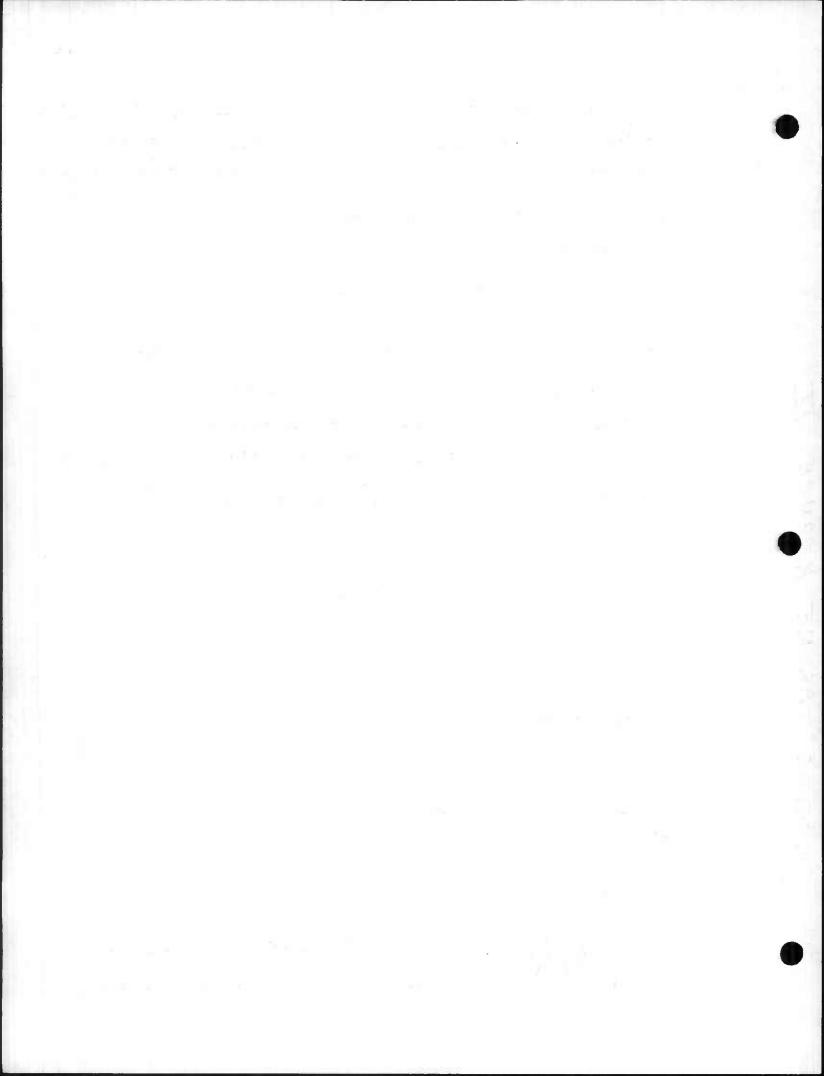
					Certific	cate of	Death	F	Reg. No.			
	!	1. Decedent's Neme (First, Middle, I	Last)					2. Dete of Dee	th		Time of Deeth	
Physic /Med		Enos Smith K	necht					July 5.	1997	Yeer 5:	25 AM	
Exami		4a. Fecility Neme (If not institution, g				50 1 2	4b. City, Town, or	Location of Death				
		3253 Jones Road				1	Noodbine		Howard	d		
Funera	ı	Sociel Security Number 6.		(In yrs. last birti		nder 1 Yeer ths Deys	if Under 24 Hrs Hours Min.		Veer	9. Birthplace Country)	(Stete or Foreig	
Director		229-52-1411 Usual Residence of Decedent	1 M 2 F	98	rs.			December	17, 1898	Michig	gan	
anyland show	_	10a. State 10b. County		10c. City, Town	or Location					nside City Limits		
N N N	Director	Maryland Howard		Woodb								
Vith t	늄	10e. Street end Number			10	. Zip Code			I 0g. Citizen of \			
ath 23	ra	3253 Jones Road	T			21797			United			
swithin 72 hours after death with the Maryland ilene. I then "netural", or Heme 23a or 28a-f show the Medical Examener must be rottlined at	by Funeral	11. Maritel Stetus  1 □ Never Married  1 □ Never Married  2 □ Married  3 □ Widowed 4 □ Divorced  12. Wes Decedent Ever in U,S. Armed Forces?  1 □ Yes 2 □ No If Yes, specify Cuben, Mexica  1 □ Yes 2 □ No Specify  1 □ Yes 2 □ No Specify				dispenic Origin? (Sen, Mexican, Puer Specify:	Specify Yes or No- to Rican, etc.)	Specify	ce - American Ind ck, White, etc. Y: White			
2 ho	ted	15. Decedent's		16a.	Decedent's	Usuel Occup	ation		16b. Kind of B	usiness/Industry	,	
within 7 ene. than "n	Completed	(Specify only highest g Elementery/Secondary (0-12)	College (1-4or 5+		life. DO NO	f work done IT use retire	eation during most of wo d)	rking				
giene.	ПO	12	4		sines	s mana	ager		bookst	tore		
e filed el Hygid other	Be (	17. Fether's Name (First, Middle, Las					18. Mother's Na	me (First, Middle,	Meiden Surnan	ne)		
Went Went wrked	To	Andrew Jackson Ki	necht				Mary Em	ily Smith	1			
and and series		19a. Informent's Name/Relationship	(Type, Print)	19b.	Mailing Add	iress (Street	end Number or R	ural Route Numbe	r, City or Town,	Stete, Zip Code	э)	
end palith palith er tr		Marilyn Elise Knecht	-Froelich					oine, Mar	ryland	21797		
permit. Pages 1 and 2 should be filed Department of Health and Mentel Hyg Important: If Item 27 is marked other any injury or other treumatic event, page.		20a. Method of Disposition  1 □ Burial 2 X Cremetion 3 □ Removal from State  4 □ Donetion 5 □ Other (Specify)  20b. Place of Disposition (Neme of cemetery, cremetory or other place)  Chesapeake Crematory  7-6-97								ete 20c. Location - City or Town, State		
Pag nent int: H		4 Donetion 5 Other (Spec						7-6-97 E	Beltsvil	lle, Mar	ryland	
Departri Departri Imports any inju		21. Signature of Funerel Service Lice	ensee		22. Nam	e end Addre	ss of Fecility	ices, P.				
20E 2 8		160,000	١.	Maryland	2091							
Examiner	Examiner	diseese or condition resulting in deeth)	b	ue to (or es e c	onsequence					yea	11.5	
cete be executed physician end s the bunel-transit		Sequentially list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury	D	ue to (or es e co	onsequence	of):						
Du B	Medical	thet initiated events resulting in deeth) Last  Due to (or es a consequence of):										
eath ce ettendir for use	Physician/											
the de	ysk	Part II. Other eignificant conditions	contributing to death but	not resulting in	the underly	ng ceuse giv	en in Pert i.	23b. Did to	bacco ues co	ntribute to the	cause of death	
that the death ce led by the ettendi deteched for use								1 🗆 Y	es 2 X No	3 Probably	4 Unknow	
iaw requires that the as been signed by the 2 should be deteche	Completed by					_		24e. Wes e	en eutopsy med?	eveilable	utopsy findings prior to ion of ceuse ?	
0 2 0	E							1□ Y	es 20 No	1 🗆 Yes	à© No	
fica X	Be	25. Wes cese referred to medical					26. Plece of De	eth (Check only or				
e + #		exeminer? 1 ☐ Yes 2X No	Hospital:	2 ER/Out	petient 3[	DOA Oth		lome To Resid		er (Specify)		
ysician: The is certificate director, par	12		28e. Dete of Injury (Month, Day)	28b. Ti	me of jury	28c. Injur Wor		28d. Describe h				
5 00	n: To	27. Menner of Death	(Month Day)	, bury	M		Yes 2 □ No					
ding Phys h. After this funeral di		1 X Natural 5 ☐ Pending 2 ☐ Accident investigati	on		2 Accident Investigation 3 Suicide 4 Homicide Homicide Action of the determined Set. (Specify)  2 Accident Investigation M 1 Yes 2 No 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)							
ding Phys h. After this funeral di	Certification: To	1 Natural 5 ☐ Pending 2 ☐ Accident investigati 3 ☐ Suicide 6 ☐ Could not	be 28e. Plece of Injur	y - At home, fam (Specify)	m, street, fe	ctory, office		28f. Location (S City or Tow		per or Rural Rou	te Number,	
ding Phys h. After this funeral di	edical Certification:	1 Natural 2 Accident 3 Suicide 4 Homicide  29a. Certifier  1 Certifying F	be 28e. Plece of Injur	(Specify) my knowledge, xamination end	deeth occur	red et the tin	ne, date end plece pinion, deeth occu	City or Tow	n, State) euse(s) end me	enner es steted.		
or Attending Physafter deeth. Director: After this in by the funeral di	Certification:	1 Natural 2 Accident 3 Suicide 4 Homicide  29a. Certifier (Check only) 2 Medical Exe	28e. Plece of injurbuilding, etc.  Chysician: To the best of iminer: On the basis of e	(Specify) my knowledge, xamination end	deeth occur	red et the tin tion, in my o 29c. Licens	pinion, deeth occu e number	City or Tow a, end due to the curred et the time, o	euse(s) end me ate end place,	enner es steted.	ceuse(s)	
To the Hospital or Attending Phys within 24 hours after deeth.  To the Funeral Director: After this completely filled in by the funeral di	edical Certification:	1 Natural 2 Accident 3 Suicide 4 Homicide  29a. Certifier (Check only one)  1 Natural 5 Pending investigati 6 Could not determine	28e. Plece of injurbuilding, etc.  Chysician: To the best of iminer: On the basis of e	(Specify) my knowledge, xamination end	deeth occur	red et the tin tion, in my o 29c. Licens	pinion, deeth occu	City or Tow e, end due to the curred et the time, c	euse(s) end me ate end place,	enner es steted. end due to the d	ceuse(s)	
ding Phys h. After this funeral di	edical Certification:	1 Natural 2 Accident 3 Suicide 4 Homicide  29a. Certifier (Check only one)  1 Natural 5 Pending investigati 6 Could not determine	28e. Plece of injur building, etc.  Chysician: To the best of iminer: On the basis of e end menner stete	(Specify) my knowledge, xamination end d.	deeth occur or investiga	red et the tin tion, in my o 29c. Licens	pinion, deeth occu e number	City or Tow e, end due to the curred et the time, c	euse(s) end me ate end place,	enner es steted. end due to the d	ceuse(s)	



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 221,40

		1 December 1/2 Name / First Minds   Least		Cert	ificate of	Death		Reg. No.		
Physic	ian	1. Decedent's Name (First, Middle, Last)	7/				2. Date of De Month	ath Day	Year	3. Time of Death
/Med		Douglas Taro		e, II		th City Town on Lo	JULY_	7	997	4:28 PM
Exami	ner	4a. Facility Name (If not institution, give stre	Illinoise: Communication			4b. City, Town, or Lo				
		Frederick Memo			If Under 1 Year	Freder			REDEF	
Funeral		5. Social Security Number 6. Sex	7. Age (in yrs		Months Days	Hours Min.	8. Date of Birt (Month, Da	V. Year)	9. Birthpi	lece (Stete or Foreign try)
Director		219-47-6057 Usual Residence of Decedent		113.	9		Sept.9	, 1996	s M	ryland
and		10e. State 10b. County	10c. C	ity, Town or Loca	tion				10	0d. Inside City Limits
Many f she	0	MD Frederi	ck	Frede	rick					Yes 2□No
n the Maryland r 28a-f show	ect	10e. Street and Number			10f. Zip Code			10g. Citizen of V	What Coun	to.2
:0 after death with or items 23s or	by Funeral Director	32C Sagner Dr	ive		21	701		U.S.		uyr
eb re	une	11. Marital Status	Was Decedent Ever in t Armed Forces?	J,S. 13. Wa	as Decedent of I	Hispanic OrlgIn? (Spe an, Mexican, Puerto I	- 14. Rac Bled	e - America		
ind 21215-0020  be filed within 72 hours after death with the Maryland tal Hygiene. I other than "natural", or items 23a or 28s-f show event, the Marical Examples must be notified at	by Fu	1 Never Married 2 Married	1 ☐ Yes 2 XNo If Yes, Give Year or Dates:		]Yes 2⊠No				Bla	
5-0 72 hc	Completed	15. Decedent's Educati (Specify only highest grade co	on moleted)	16a. Deceder	nt's Usual Occup	pation	16b. Kind of Bush			lustry
21 Br. Br.	ple		College (1-4or 5+)			during most of workind)	'y			
Noise A	ပ်	N/A		N/A	A			None		
De fill	Be	17. Father's Name (First, Middle, Last)				18. Mother's Name	(First, Middle,	Maiden Sumem	ie)	
Via Nem	2	Reginald Rhode	S			Tara 1	Price			
Maryland d2 should be file th and Mental Hy 7 is marked other traumatic event,		19a. Informant's Name/Relationship (Type,	•	19b. Mailing	Address (Street	and Number or Rura	I Route Numbe	er, City or Town,	State, Zip	Code)
end ealth n27		Tara Price (Mothe		32C S	Sagner	Dr., Fre		k, MD	2170	1
Ore of H of H or oth		20a. Method of Disposition  1 ☒ Burial 2 ☐ Cremation 3 ☐ Rem	20b.	Place of Disposit cometery, crema	ion (Name of tory or other pla	ce)	Date	20c. Location -		
ting timent		4 □ Donetion 5 □ Other (Specify)	L.	incoln	Park (	Cem 7,	/10/97	Rock	vill	e, MD
Baltimore, Maryland 21215-002 permit. Pages 1 and 2 should be filled within 72 hours a Department of Health and Mental Hygiene. Important: if flem 27 is marked other than "natural", only injury or other traumatic event, the Mixing Examples of the control of the		21. Signature of Funeral Service Licenses	in ordan	5	Name end Addre	N FUNERAL	L HOME	, P.A.		
5 82		23a Part I Enlay the disease or complicati	ons that caused the dea	th. Do not enter	ROCKVII	LLE, MD	20850			Approximate
5 _		23a. Part1. Enter the disease, or complice to shock, or heart failure. List only one complications are complicated as a second complication.	ause on each line.	un. Do not onto	ine mode or dyr	ng, such as cardiac o	respiretory er	1031,		Approximate Interval Between Onset and Death
Physician /Medical		Immediate Cause (Final	Λ ) )							
Examiner		disease or condition resulting in death) a	Asystal	و						40min.
	<u>ē</u>		Due to (	or as a conseque					i	
betu dansit	声	b. —			dysal	esse	-			
7 - Se cal	Exa	Sequentially list conditions, if any, leeding to immediate ceuse. Enter Undertying Cause (Disease or Injury c	Due to (	or es e conseque	ince or).				1	
68760, difficate be executed g physician and est the burial-transit	edical Examiner	that minated events	Due to /	or es a conseque	nan adlı					
688 filicat	P	resulting in death) Last	Due to fe	or es a conseque	rice or):					
O. Box ( D. Box ( De death certif the ettending	N	d								
O. Boy	Icla	Part II. Other algnificent conditiona contrib	uting to dooth but not so	sulting in the und	orthdox acuso mi	vas in Bort I	22h Didi	lahasas was sa	adelburta da	the gauge of death?
P.O. Box that the death cered by the ettendir	hys	7	•	sulting in the andi	errying cause gr	ven in Pert I.				the cause of deeth?
P, P	y P	tanhypopituitar	Ism					105 2 100	3 1100	abiy 4 Onkilowi
Division of Vital Records, P.O. Box or Attending Physician: The law requires that the death cent effect death.  Director: Affer this centificate has been signed by the ettending in by the funeral director, page 2 should be deteched for use.	Completed by Physician/N	J.					24a. Was	an autopsy med?	24b. We	re eutopsy findings
S be aw re	plet						pono		cor	npletion of cause death?
C e e e e e e e e e e e e e e e e e e e	E						101	res 2□No	1□	Yes 2 No
Vital Revicien: The lav	Be C	25. Was case referred to medical				26. Place of Death	(Check only o	ne)		
of Vita Of Vita Physician:	ToB	examiner? 1 Yes 2 No	oital: 1 ☐ Inpatient 2 €	ER/Outpatient	3 DOA Ot	her: 4 Nursing Hor			er (Specify	()
ion of nding Phys ath.		27. Manner of Deeth	8a. Date of Injury (Month, Day Year)	28b. Time of	28c. Inju Wo			now injury occur		,
Vision Attending Is a coor: After funer by the funer	atlo	1 Natural 5 Pending 2 Accident investigation	(MORIT, Day Year)	Injury		Yes 2□No				
Visio	Certification:	2 □ Suisido 6 □ Could not be	8e. Place of Injury - At h	ome, farm, stree	t, factory, office	2	8f. Location (S	Street and Numb	er or Rura	Route Number,
Die general	Sert	4   Homicide	building, etc. (Speci	Ty)			City or Tov	vn, Stete)		
Division of Vital Re  Division of Vital Re  To the Hospital or Attending Physician: The is within 24 hours after death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical (	29a. Certifier (Check only one) 1  Certifying Physicis 2  Medicel Examiner:	n: To the best of my kno On the basis of examina and manner stated.	owledge, deeth o ation and/or inves	courred at the ti	me, date and place, a opinion, death occurre	and due to the	cause(s) end ma date and place,	inner es st end due to	eted. the ceuse(s)
ithin the xmple	Mec	29b. Signature and title of certifier	and mainter stated.	-	29c. Licens	se number	· T	29d. Date signe	d (Month. I	Dev. Yeer)
		0 0 1				33531				
• V		Jano 1 tu	- m			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7.6	77	
		30. Name and address of person who compl	eted cause of death (Ite			6 1	V 100	11	70.7	
		31. Date filed (Month, Dey Year)	32. Registrar's Sign	ANey	HUE.	, Fre dans	LL , VI	ic 2	702	
Sta Regist		JUL 1 1 19	97 Julia	avidson R	indelle					

TARONE



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 22441

An	netral	#10a,10b	, 10	c,10e,10f,18,7/9/9			-	Certifica Certifica		lealth and M Death		glene - • Reg. No.	-	C 4 4 1
		Physic /Medi		1. Decedent's Nema (First, Mid Ali Abdu	ide, Last) 11-Rahman	Kh	nalil				2. Dete of De Month	Day	Yaar 1997	3. Tima of Death
		Exami		4a. Facility Nama (If not institut		number)			4	4b. City, Town, or Lo			y of Death	
	-	Funeral Director		5. Social Security Number	6. Sex 120 M 20		'In yrs. last bin	thday) if Und Yrs. Month	der 1 Yaar ns Days	BACTIM If Undar 24 Hrs. Hours Min.	8. Data of Bird (Month, Da	th y, Year) 0,1928		laca (State or Foreign
		_		Usual Residanca of Decedant			00				July 3	0,1920	Jeru	ısalem
		sth with the Marylend 23a or 28a-f show ust be notified at	tor	10a. Stata 10b. Coun	ty N/A		Oc. City, Town		l-Khob	ar, Saudi A	rabia		1	0d. Insida City Limits 1 ☑ Yas 2 ☐ No
		r 28s	Director	10e. Street and Number	ince Hroud				Zip Coda			10g. Citizan of	Whaf Coun	itry?
		3a o		415 E. 37th S		stræc			100	16 31952	2	Saudi A	robio	
		forms 2	Funeral	11. Marital Status	12. Was [	acedant Eve	er in U,S.	13. Was De		lispanic Origin? (Spi an, Maxicen, Puarto			ce - Amaric	en Indian,
	21215-0020	filed within 72 hours effer deeth with the Maryland Hygiene. ther than "natural", or Nems 23a or 28a-f show ent, the Med cal Examiner must be notified at	by	1 ☐ Nevar Married 2 ☐ XM3 3 ☐ Widowed 4 ☐ Divorce	arried 1 Yas	i Forcas? es 2 🔯 No Giva or Datas:			2K No	Specify:	Hican, etc.)		ck, White, o	
	2-0	72 ho	Be Completed	15. Decede	ant's Educetion	ad)	16a.	Dacedant's U	sual Occup	petion	ina	16b. Kind of B		
	21	within one.	npie	Elementary/Secondary (0-12		e (1-4or 5+)				during most of work d)				
		e filed within all Hygiene.	ဒ္		4		AR	AMCO o	ffici	al (Saudi			1 com	pany
	Maryland	a la b	Be	17. Father's Neme (First, Middle						18. Mothar's Name	a (First, Middle, Arms	Maidan Sumar	na)	
	yla	12 should be for one of the marked of raumatic even	2	Abdul-Rahman		Lil				Fate	meh <del>Moh</del>	ammed	Adawiy	ah.
	Mai	nd 2 should the end Men ?7 is marke traumatic		19a. Informant's Name/Ralation						and Number or Run				
	e,	Tea F		Mona Ali Kha 20a. Mathod of Disposition	lil/daug			5 E.371 Disposition (*		.,#33N, N		N.Y.		
	٥٥	Peges nent of I mt: if Ite		1 □XBurial 2 □ Cramation		om Stata	cemeter	ry, cramatory o	r othar plac	1	Data			
	Baltimore,	rtant		4 Donation 5 Other			Nation	al Memo			ly 5,97	Falls	Chur	ch, Va.
	Bal	permit. Pages Department of Important: if Ne		21. Signature of Funeral Sarvio	e Licansae	1/1				ss of Fecility eral Home				
	) -		_	ames	00	de		2222	Wisc	onsin Ave	., N.W.,	Wash.,D	C 200	
6				23a Parti Enter tha disaasa, shoot, or haart failure. Li	or complications that only one ceusa	arceusad the on aach line.	e death. Do r	not entar tha m	loda of dyin	ng, such as cerdiac o	or respiratory e	rrast,		Approximete interval Betwaan Onsat end Daath
		Physician /Medicai		Immediata Causa (Final					C 0.				1	Crisat erio Daatii
		Examiner		disaasa or condition resulting in death)	eV					ILLATIC	N			2 DAYS
			ē		Λ.			consaquence						
		uted d ansit	Examiner	O	b. A			ERDSE		L MYOCA	ROIAL 11	UFARCT	ON	
	Ć,	exec an en	Exa	Saquantially list conditions, if any, leading to immadiata ceuse. Enter Undarlying Ceusa (Disaasa or Injury					•					
	68760,	icete be executed physician end s the buriel-transit	edicai	that initiated avants	c	DRON		RTERY		SEASE				
X	_	g ph as th		rasulting in daath) Last		54		onocquanoc o	.,.					
	Вох	eath certif ettending for use a	2		d									
		e death the ette	sicia	Part II. Other aignificant condit	tiona contributing t	o death but r	not rasulting in	tha undarlying	g causa giv	an in Part I.	23b. Did 1	tobacco usa co	ontribute to	tha cause of death?
1	P.0	that the de ed by the deteched	Physician/M	NON-INSUL							10	Yes 2□ No	3 Frot	pably 4 ☐ Unknown
X		igned be de	by	10010 - 110300	IN DEP	CNDA	1/1/2	JIHISE	162	MELLING				
٦	of Vital Records,	The lew requires that the death certificate be executed ate has been signed by the ettending physician enter page 2 should be deteched for use as the buriel-transit	Completed									an autopsy rmad?	cor	are autopsy findings ailabla prior fo mpletion of ceusa deeth?
I	æ	The lew ate hes pege 2	E								101	as 2 No	10	Yas 2□ No
HALL	ta		BeC	25. Was cesa rafarred to madic	cel					26. Placa of Daati				
士	f <	5 00	To E	axaminer? 1 ☐ Yas 2 ☐ No	Hospital:	Inpatient	2□ ER/Ou	tpatient 3	DOA Oth				nar (Specify	()
X		ter th		27. Manner of Daath 1 ☑Natural 5 ☑ Pend	28a. D	ata of injury fonth, Day Y	(ear) 28b. T	Tima of njury	28c. injur Wor			now injury occur		
	io	Attending ir death.	atic	2 Accidant invas	tigation	Total Control		M		Yas 2 □ No				
111	Division	or Attender efter deal Director	tific	3 Suicida 6 Coul 4 Homlcide data	mined 200. Fl	ace of Injury idling, atc. (	- At homa, fai	rm, straat, fact	ory, office		28f. Location (S City or Tov	Street and Numi	ber or Rura	l Routa Number,
NAME:	Ö	tal or A rs efter al Directed in bi	Certification:			monig, ato. (	Ориолу				Ony of the	m, oldie,		
NA		To the Hospital or At within 24 hours effer or To the Funeral Direct completely filled in by	edicai	29a. Cartifiar 1 Cartify (Check only one) 1 Madica	I Examiner: On the	tha bast of m a basis of ax nannar stated	camination and	, daath occurre d/or invastigati	ed at tha tin on, in my o	na, data and place, a pinion, daath occurr	and dua fo tha red et tha tima,	cause(s) and m data and place,	ennar es st and dua to	atad. tha causa(s)
		within 2 To the	Ž	29b. Signature and title of certif	ier			2	29c. Licens	e number	T	29d. Data signe	ed (Month, i	Day, Yaar)
1		20		1/1/1/1/1/1/	7 m	0			P	10873		JUL	4 3	11997
	,			30. Nama and address of perso	n who complated o	eusa of deat	th (item 23e) (	(Type, Print)						
		4		MAZEN GHA	NI, M.O	57.1	9 GNES	HEALT	HCAR	E, 900 C	ATON A	VE BAL	JIM 07	RE 21229
		Sta		31. Deta filed (Month, Parl Yea	8 1997 3	Ragistray's	Signature	n-Randal	0					-
		Registi	rar		0 1001	0	- INCO	- Salar	-					

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple.

State of Maryland / Department of Health and Mental Hygiene 22442

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death July **Physician** 5, 1997 Irene Keizur 4:23 AM /Medicai 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Montgomery General Hospital 01 ney Montgomery If Under 1 Year If Under 24 Hrs. 8. Dete of Birth Months Days Hours Min. April 5, 7. Aga (In yrs. lest birthday) Birthplace (State or Foreign Country)
 On 1 O **Funeral** 1 M 2 VF 220-48-1710 88 Yrs Director Usuel Residenca of Dacedent death with the Maryland 10e State 10b County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural, or items 23s or 28a-f show traumatic event, the Ned sa Examiner must be notified at Silver Spring Director 1 ☐ Yes 2 ☑ No Maryland Montgomery 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20906 3700 International United States Funeral items : 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 Never Married 2 Married 21215-0020 1 Yes 2 No Specify: þ Specify: 3℃ Widowed 4 Divorced White 'natural' Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elamantary/Secondary (0-12) Collaga (1-4or 5+) Housewife Own Home Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) permit. Pages 1 and 2 should be file Deportment of Health and Mental Hy Important: If Item 27 Is marked other any Injury or other traumatic event page. 18. Mother's Name (First, Middle, Maidan Sumame) Be Joseph Molnar Elizabeth Gonczi 19a. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda) 25 Tivoli Lake Court, Silver Spring, Maryland 20906 Norman L. Stant 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) Chesapeake Crematory 17-6-97 Beltsville, Maryland 21. Signature of Funerel Servica Licensee 22. Nome and Address of Facility
Rapp Funeral Services, P.A. 933 Gist Avenue, Silver Spring, Maryland 20910 23e. Pert1. Enter the disaase, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximeta Intervel Between **Physician** /Medical Immediete Ceuse (Final disease or condition resulting in deeth) Examiner JAVNDICE or Attending Physician: The law requires that tha death certificate be executed Sequantielly list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last the burial-tran and Due to (or es e consequence of) P.O. Box 68760, physician Physician/Medical Due to (or as e consequence of): signed by the attending d be detached for use es Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, by 24b. Were eutopsy findings eveilabla prior to completion of cause of daeth? Completed 24e. Wes en eutopsy performed? certificate has 1 Tyes 2 No 1 Yes 2 No Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) Hospitel: 1 Inpatient Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes 2 No 2 2 ER/Outpetient 3 DOA After this 28e. Dete of Injury (Month, Dey Year) illed in by the funeral 27. Mennel of Deeth 28c. Injury et Work? 28d. Describe how Injury occurred Medical Certification: 28b. Time of 5 Panding Investigation 1 2 Natural daath. 1 ☐ Yes 2 ☐ No 2 Accident eftar daath Director: / 3 Suicide 6 Could not be Pleca of Injury - At homa, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homleida To the Hospital within 24 hours 1 Certifying Physician: To the best of my knowledge, death occurred at the time, deta end place, end due to the ceusa(s) end menner es stated.
2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred et the time, data and place, end due to the cause(s) and menner stetad. 29a. Certifier 29b. Signeture and title of 29d. Dete signed (Month, Dey, Year) DINEY MUD 32. Registraris Signature State wha Davidson-Randole Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible, State of Maryland / Department of Health and Mental Hygiene

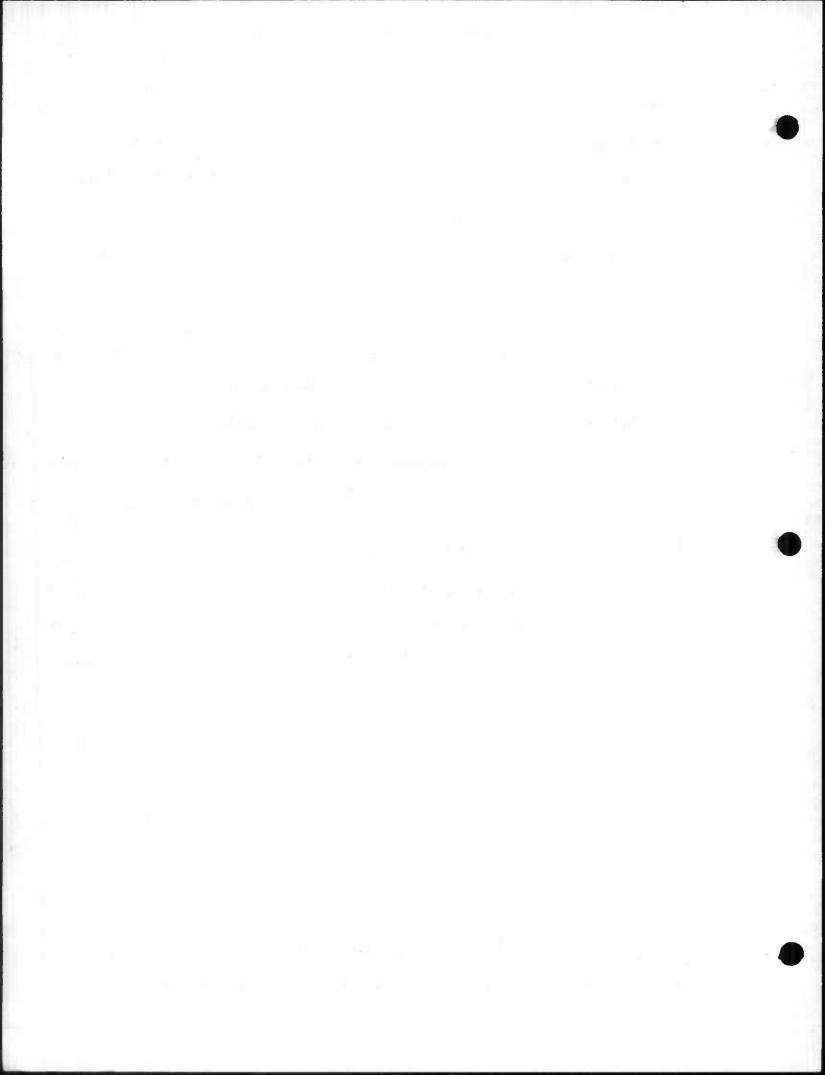
Certificate of Death 1. Decedent's Neme (First, Middle Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Year G. Kessler 1997 Karl 11:25 PM July /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner Montgomery Bethesda Suburban Hospital If Under 1 Year If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, Year August 22, 1 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1□**X**M 2□ F Months Deys Hours Yrs. Director 376-14-0086 Germany Usuel Residence of Decedent tha Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Wedical Examiner must be notified at 1 Yes 2 No Director Maryland Montgomery Bethesda 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? 5927 Anniston Road 20817 United States Funeral filed within 72 hours after death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ 3 Widowed 4 Divorced White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiane. National Bureau of Elementery/Secondery (0-12) College (1-4or 5+) permit. Pagas 1 and 2 should be filed w Department of Haalth and Mantal Hygian Important: If Item 27 is merked other th any Injury or other traumatic avant Science and Technology physicist 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Gunther Kessler Anna Schneider 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 5927 Anniston Road, Bethesda, Maryland Betty Kessler 20a. Method of Disposition 20b. Piece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 7-9-97 Chesapeake Crematory Beltsville, Maryland 21. Signature of Funeral Service Licensee 22. Name end Address of Facility Rapp Funeral Services, P.A. 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximately Shock, or heart feiture. List only one cause on each line. 20910 Approximate Intervel Between Onset end Deeth **Physician** /Medical immediate Cause (Final disease or condition resulting in death) Myocardial Infarction 1 day Examiner Due to (or es e consequence of) Forefoot Amoutation 3 weeks physician and tha burial-transit that the death certificata be executed Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Couse (Disease or injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760, Arteriosclerosis 30 years Physician/Medical Due to (or as a consequence of): Diabetes Insulin Dependant years P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobecco use contribute to the cause of deeth? signed by t 1 be datach 3 Probably 4 Unknown 1 TYes 2 No. Records, Completed by 24a. Wes en eutopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? peen page 2 1 Yes 2 No 1 ☐ Yes 2 X No cartificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartifica complataly filled in by the funeral director, Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 27. Menner of Deeth 28e. Date of Injury (Month, Day Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Neturel 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 1 Kertifying Physicien: To the best of my knowledge, death occurred et the time, date and plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner stated. 29a. Certifier Medical (Check only one) Signature and title of certifier 29d. Date signed (Month, Day, Year) 29c. License number 20 D39064 July 9, 1997 and address of person who con use of deeth (Item 23a) (Type, Print) James M. Salander, 11119 Rockville Pike #204, Rockville, Maryland 20852 32. Registrar's Signature

Julia Davidson-Rondelle State

Registrar



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible, State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death 1539 TARY KELLUM JULY 1997 4a. Facility Name (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Deeth UMMS BALTIMORE CITY AT BALTIMORE BALTIMORE MD If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year)

Deys

7. Age (In yrs. lest birthday)

44

Yrs

**Funeral** Director

**Physician** 

/Medical

Examiner

5. Social Security Number

213-58-3028

Usuel Residence of Decedent

with the Maryland 28a-f show

item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Madical Examinar must be notified at Director Maryland Cecil 10e. Street and Number 17 Manassas Drive Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 11. Maritel Status permit. Peges 1 end 2 should be filed within 72 hours effer to Department of Heelih end Mental Hygiene. Important: If flem 27 is marked other than "natural", or iten any injury or other traumatic event, the Medical Examinat Once. 1 ☐ Yes 2 ☑ No if Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 à 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 12 17. Fathar's Name (First, Middla, Last) Be Delbert Atkinson, Sr. 19a. Informent's Name/Relationship (Type, Print) Earl M. Kellum / Spouse 20e. Method of Disposition 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Removel from Stata 5 ☐ Other (Specify) 4 Donation eral Seo/ce Light **Physician** /Medical tmmediete Ceuse (Final diseese or condition resulting in death) Examiner Examiner ettending physicien end for use as the buriel-transit certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury Box 68760, Physician/Medical thet initieted events resulting in deeth) Lest P.0. ed by the e Pert II. Other algnificent conditione contributing to death but not resulting in the underlying cause given in Part I. signed by t by Division of Vital Records. Completed peen hes page 2 certificete ! 25. Was case referred to medical exeminer? Be Hospitel: 1 ☐ Inpatient 22 No of or Attanding Physics after death.

I Director: After this co 5 1 ☐ Yes 28e. Date of tnjury (Month, Dey Yeer) 27. Menner of Deeth Certification: 1 Neturel 5 Pending investigation 2 Accident 6 Could not be determined 3 ☐ Suicide filled in by 4 Homicide Funeral Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier Medical (Check only one) er: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end menner steted. 24 To the Vithin 2 29b. Signature and title of

10, 1952 Maryland November 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☑ No E1kton 10f. Zip Code 10g. Citizan of Whet Country? 21921 United States Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Bleck, White, atc. 1 ☐ Yes 2 ☑ No Specify: White 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Walk-in Freezer & Cooler company Shipping/Receiving Clerk 18. Mother's Name (First, Middle, Maiden Surneme) Doris Clayton 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 17 Manassas Drive, Elkton, MD 21921 20b. Placa of Disposition (Name of cametery, crematory or other plece) July 12 20c. Location - City or Town, State Bethel Cemetery 1997 North East, Maryland 22. Name end Address of Fecility Crouch Funeral Home 127 South Main Street, North East, MD 21901 23a. Pert1. Enter the disease, or complications that causad tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Gastrointestina >6 months 01 Due to (or es e consequence of): Due to (or as e consequença of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 20 No 1 Yes 1 ☐ Yes 2 ☐ No 26. Placa of Daath (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 ER/Outpatient 3 DOA 28d. Describe how Injury occurred 28c. Injury et Work? 1 Yes 2 No 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify)

29c. License number

argue3a) (Type, Print)

AT

UMMS

32. Register's Signature

29d. Date signed (Month, Day, Year)

Birthpleca (State or Foreign Country)

State Registrar 30. Name and addre

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Certificate of Death Reg. No. 1. Decedent's Name (First Middle Last) 2. Dete of Death 3. Time of Death July 7, **Physician** 1997 4:00 PM Billie Naomi Koznowsky /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 3800 Matthews Dr. Temple Hills Prince George's 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 3/5/30 Birthplace (Stete or Foreign Country) 7. Age (In yrs. lest birthday) **Funeral** Days Hours 1 M 20 F 67 267-36-1948 Yes Director Clinton, Arkansas Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23e or 28e-f show the Medical Examiner must be notified at Maryland Prince George's Temple Hills XXYes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 3800 Matthews Dr. 20748 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes À No if Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritai Status 14. Race - American Indian, Black, White, etc. filed within 72 hours efter 1 ☐ Never Married 2 Married 1 ☐ Yes XX No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementary/Secondary (0-12) Coilege (1-4or 5+) Hygiene. permit. Peges 1 end 2 should be filled with Department of Health and Mental hygient important: if flem 27 is marked other that any injury or other traumetr. Homemaker 11th At Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Raymond Sterlin Louise Maudsley Slusher 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Andrew Koznowsky/Husband Same as item 10 20a. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Resurrection Cemetery 7/10/97 Clinton, Maryland 21. Signaturi Funeral Service Licenses 22. Name end Address of Facility
George P. Kalas Funeral Home n 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final Breast disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner I-transit The lew requires that the death certificate be executed pue Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Lest Due to (or as e consequence of): ettending physician efor use es the buriel-Physician/Medical Due to (or es e consequence of): 98 signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 □ Yes 2 No 3 Probably 4 Unknown ģ been si 24b. Were eutopsy findings evailable prior to completion of ceuse of death? Completed 24a. Was en eutopsy pege 2 1 ☐ Yes 2 No certificate 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: '24 hours effer death. Funeral Director: Affer this certifica stelly filled in by the funeral director, p 25. Was cese referred to medical examiner? Be 26. Piece of Death (Check only one) Hospital: 10 1 Yes 2 No Other: 4 Nursing Home 5 A Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? 1 Natural 2 Accident 5 Pending investigation 1 Tyes 2 No 6 Could not be determined 3 Suicide 28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 ☐ HomicIde 24 hours e TO Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end manner es steted.

2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the ceuse(s) and menner stated. To the Hosp within 24 hou To the Funer completely fil edical 29a. Certifier (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) MD

Baltimore, Maryland 21215-0020

P.O. Box 68760.

Records,

Division of Vital

Nancy A. Dawson, M.D. 31. Date filed (Month, Day, Yeer) State Registrar

Walter Reed Army Hospital N.W. Washington, D.C. 39. Registrar's Signature

ausin

30. Name end address person who completed cause of death (Item 23a) (Type, Print)

0 **9 199**7

MD

July 8, 1997

A final ....

State of Maryland / Department of Health and Mental Hygiene 3 / Certificate of Death

3. Time of Deeth

Birthpiece (Stete or Foreign Country)

10d. Inside City Limits

1 Tyes 2XTNo

CALIFORNIA

20722

24b. Were eutopsy findings eveileble prior to completion of cause of deeth?

1 ☐ Yes 2 ☐ No

Approximete Intervei Between Onset end Death

6 days

10:28 AM

Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Defe of Deeth **Physician** DOROTHY Y. KAWAMURA JULY 7, 1997 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY If Under 24 Hrs. Hours Min. If Under 1 Year 5. Sociel Security Number 8. Date of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthday) **Funeral** Months 1 □ M 2 🗓 F Deys Yrs. Director 546-24-2995 JUNE 18, 1919 78 Usuai Residence of Decedent the Maryland 10e Stete 10b. County 10c. City, Town or Location 28a-f show r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Directo MARYLAND MONTGOMERY WHEATON 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? death Funeral 12827 HOLDRIDGE ROAD 20906 UNITED STATES 12. Wes Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 ☒ No
If Yes, Give
Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Stetus 14. Rece - American Indien. Bieck, Whife, etc. 72 hours after 1 X Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No ģ Specify: JAPANESE 3 Widowed 4 Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) permit. Pages 1 and 2 should be filed within Depertment of Health and Mental Hygiene Important: If frem 27 is marked other than any injury or other traumatic event. Elementary/Secondary (0-12) Coilege (1-4or 5+) 12 SECRETARY FEDERAL GOVERNMENT 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be RIKI MATSU KAWAMURA TERU KAWAMURA 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) ALICE M. KAWAMURA, SISTER 1401 BLAIR MILL ROAD, #308, SILVER SPRING, MD 20910 20b. Piace of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 X Buriei 2 ☐ Cremetion 3 ☐ Removei from State 4 ☐ Donetion 5 ☐ Other (Specify) FORT LINCOLN CEMETERY 7/11/97 BRENTWOOD, MARYLAND 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility FORT LINCOLN FUNERAL HOME 3401 BLADENSBURG RD., BRENTWOOD, MD ad the beath. Do not enter the mode of dying, such es cardiac or respirefory errest, Pert1. Enter the disease, or complications the shock, or heart failure. List only one ceuse of sach **Physician** /Medical immediete Ceuse (Finei diseese or condition resulting in death) Examiner Examiner oroncer the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest attending physician end for use es the burial-trar Due to (or es e consequence of) Box 68760. Physician/Medicai Due to (or es e consequence of): P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. deteched 23b. Did tobacco use contribute to the cause of death? 3 2 X No 3 Probably 4 Unknown MSLON 1 Yes signed t Records. ð Completed 24e. Wes en eutopsy performed? aw Wel page 2 s The Vital Physician: director, 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetienf 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 Division of this 28c. Injury of Work? Certification: 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Yeer) 28b. Time of 28d. Describe how injury occurred After or Attending 1 Naturel 5 Pending investigation s after death. 2 ☐ Accident 1 ☐ Yes 2 ☐ No the 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) filled in by 4 - Homicide To the Hospital of within 24 hours at To the Funeral D completely filled it 29a. Certifier Medical (Check only one) 29b. Signature and title of gertifier 29c. License number

Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, and due to the cause(s) end menner steted. 29d. Date signed (Month, Dey, Year) D250 renew 30. Name end eddress of person who completed cause of deeth (Ifem 23e) (Type, Print) Georgia Ave, Silve Spring, MD - run C 10313 Gravino MO 32. Registrer's Signeture 31. Dete filed (Month, Day, Year) JUL 1 0 1997 Whit Studion Rardall

State

Registrar

and the second A2 1 1 1 1 1 1 Reference and and a *t.* Bertalen a state of the plant is and a set in The an Edit 1 11 or of the same of leg a white the first that a legal to the

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 22447

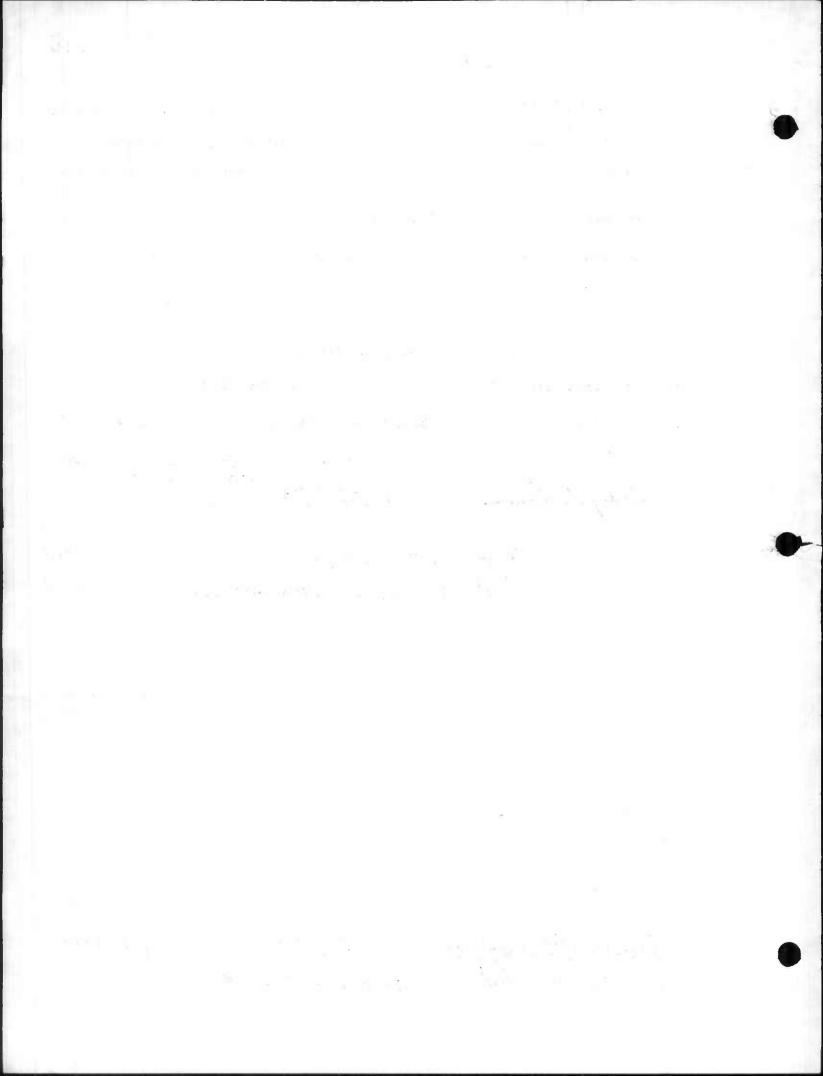
	Certifica	te of Death	Reg.	No.	
	Decedent's Name (First, Middle, Last)		2. Dete of Deeth		3. Time of Death
Physician /Medical	WILLIAM M. KING		Month 6-20-9	Dey Yeer 7	1:30 PM
Examiner	4e. Fecility Neme (If not institution, give street end number)	4b. City, Town, or Lo		4c. County of Deeth	
1000000	HEARTLAND HEALTH CARE CENTER	HYATTSV	VILLE	P.G.	
Funeral Director	5. Sociel Security Number  5. Sociel Security Number  6. Sex 12 M 2 F  7. Age (In yrs. last birthday) Months  12 World F  Usuel Residence of Decedent	r 1 Year If Under 24 Hrs.	8. Date of Birth (Month, Dey, Ye 8-5-19	9. Birthp	lece (Stete or Foreign try) GINIA
n the Maryland r 28a-f show nothing at	10e. State 10b. County 10c. City, Town or Location	TCUMC		1	0d. Inside City Limits
vith the Mar	MD P.G. CAPITAL HE				
\$ 0.8 D		0 7 4 3	10g.	Citizen of Whet Coun	try?
P 2 2 2	3 ☐ Widowed 4 ☐ Divorced if Yes, Give 1 ☐ Yes	dent of Hispenic Origin? (Sp cify Cuben, Mexican, Puerto 2 12/2/No Specify:	ecify Yes or No- Rican, etc.)	14. Rece - Americ Bleck, White, Specify: BLA	etc.
15- n 72 n at	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4or 5+)	ork done during most of work	ing 16b	. Kind of Business/Inc	lustry
d 212 d 212 filled withi Hygiene. ther than	l YR DISA	BLED		None	
be filed that the filed of other event,	17. Fether's Neme (First, Middle, Last)	18. Mother's Name	e (First, Middle, Maid	den Surname)	
yla buld Men Men Men Men To	WILLIAM GREENE		L. KING		
- E # 0 F	19a. Informent's Name/Relationship (Type, Print)  19b. Meiling Addres	s (Street end Number or Run LEAF AVE.			
T te e a	20a. Method of Disposition  1 □ Surlet 2 □ Cremetion 3 □ Removel from State  4 □ Donetion 5 □ Other (Specify)  20b. Place of Disposition (Ne cemetery, cremetory or of the cemetery)  FT • LINCOLI	me of other piece)  N CEMETERY6		Location - City or To	
Baltin permit. Pa Departmen Important: any injury	21. Signeture of Francial Service Licenses 22. Name et	nd Address of Fecility N ROYSTER I		-	, MD
	23a. Part I. Enter the discrete, or complications that caused the death. Do not enter the most shock, or heart tay to. List only one cause on each line.	14TH ST. N.	W. WASH	. DC 200	11
x 68760, entiticate be executed ing physicien end e es the buriel-transit Medical Examiner	Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Undertying Cause (Disease or Injury			MURE	
Geath control of for us	resulting in deeth) Lest	HDS15	22h Didashaa		
P.O. thet the detache detache	Test in Series significant continuous continuously to death out not resulting in the underlying of	seuse given in Parti.	1 Yes	2 No 3 Prob	the cause or death?
Rec			24e. Wes an eu	? eve	re eutopsy findings illable prior to npletion of ceuse deeth?
Vital Fictor: The certificate rector, pag	25. Wes cese referred to medical	00 Pi( D	1 Yes	370/40	Yes Z No
of Vita hysician: his certifical director,	exeminer?	Other	(Check only one)	о Пон <i>и</i> о и	
Division of Vital to Attending Physician: If after death. Director: After this certificate in by the funeral director, partification: To Be Co	- The impatient all brothpatient of bro		me 5 Li Hesidenca 28d. Describe how in	6 ☐Other (Specify njury occurred	9
Division of the or Attending P is after death.  al Director: After the or by the funeration is the funeration:	3 ☐ Suicide 4 ☐ Homicide  6 ☐ Could not be determined  28e. Plece of Injury - At home, ferm, street, factor building, etc. (Specify)	/, office	28f. Location (Street City or Town, St	end Number or Rure ete)	Route Number,
Division o  To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral Medical Certification: 7	29e. Certifier (Check only one)  Certifying Physician: To the best of my knowledge, deeth occurred medical Examiner: On the basis of examination end/or investigation menner stated.	et the time, dete end plece, e , in my opinion, deeth occurr	end due to the ceuse ed et the time, date o	e(s) end menner es sto end place, end due to	eted. the ceuse(s)
To the comp	290. Signature and title of gentlier 290	License number 42019		Dete signed (Month, L	
(3)	30. Name and services of person who completed ceuse of death (Item 23a) (Type, Print)  IMRAN CHOWDHURY, M.D. 6500 RTGGS	RD. HYATTS		20783	/
State Registrar	31. Dete filed (Month, Dey, Year)  111 08 1997  Registrar's Signeture	nenti,	J., 11D	20703	

and the second second

## Please Type or Print in Black Indelible Ink. Assure All Copies Are begible 2 2 4 4 8

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month **Physician** Wilbert Alfred Larson July 1,1997 10:01am /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Holy Cross Hospital Silver Spring Montgomery If Under 24 Hrs. 8. Date of Birth Hours Min. Feb. 6, 1933 If Linder 1 Year 9. Birthplece (State or Foreign Country) Massachusetts 5. Sociel Security Number 7. Age (In yrs. lest birthday) **Funeral** 1 ★M 2 □ F Deys 017-24-5885 64 Yrs Director Usuet Residence of Decedent with the Marylend 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itams 23a or 28a-f show traumatic evant, the Medical Examinar traus be rigitled at 1 ☐ Yes 2 ☒ No Silver Spring Director Maryland Montgomery 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20904 USA 2804 Strauss Terrace death 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after a Department of Health and Mental Hygiene. Important: if Itam 27 is merked other than "natural", or itam any hijury or other traumatic evant, the Medical Examples 1 XYes 2 No the Yes, Give Year or Detes: 1 ☐ Never Married 2 1 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: P Specify: White 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coltege (1-4or 5+) FAA Systems Analyst 12 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Gertrude Heath Wilbert Alfred Larson, Sr. 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 3803 Preserve Court, #207, Tampa, Florida 33624 Todd Larson / Son 20a. Method of Disposition 20b. Place of Disposition (Neme of cametery, cremetory or other pleca) 20c. Location - City or Town, State 1 ☐ Burial 2 XCremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 7/6/97 Fairfax, Virginia Fairfax Crematory 21. Signature of Funeral Service Licenses 22. Name end Address of Fecility Everly Funeral Home 10565 Main Street Fairfax, Virginia 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heer failure. List only one cause on each line. **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) acute myocardial
Due to (or as e consequence of): Examiner Examiner attending physician and for use as the burial-trensit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest P.O. Box 68760, Physician/Medical Due to (or as e consequença of) been signed by the s should be datached Pert tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23h. Did tohacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Unknown Division of Vital Records, þ 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24a. Was en autopsy performed? Completed certificata hes 1 Yes 1 Yes 2 No 25. Was case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No P 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 28e. Dete of tnjury (Month, Dey Yeer) 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: Hospital or Attanding P 24 hours after death. Funeral Director: After 5 Pending Investigation 1 Naturei 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital (within 24 hours at To the Funeral Di 29a. Certifier 1 🖭 Certifying Physician: To the best of my knowledge, deeth occurred st the time, dete end plece, end due to the ceuse(s) end menner es ststed. Medical (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and placa, and due to the cause(s) and manner stated. 29d. Date signed (Month, Dey, Yeer) 29b. Signature end title of cartifier 5 30. Name end address of person who completed a to a deeth (Item 23a) (Type, Print) 10810 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

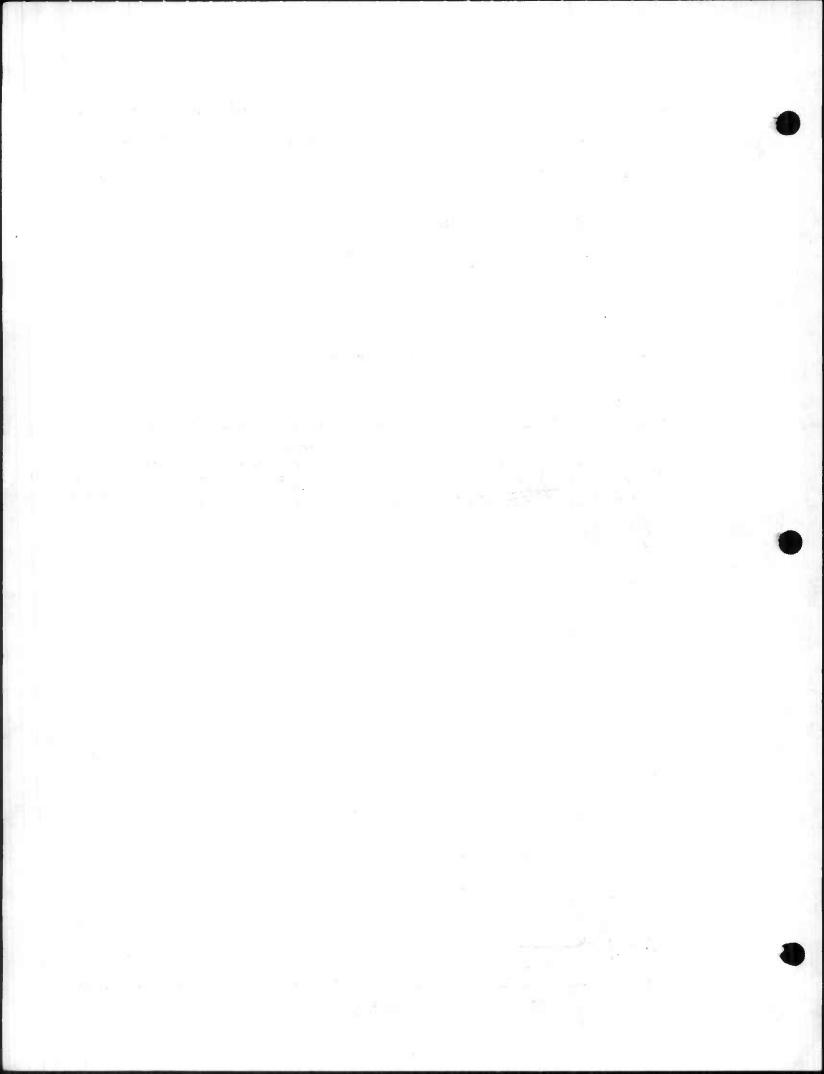
State of Maryland / Department of Health and Mental Hygiene 97 22449

						Ce	rtificat	e o	f Death			Reg. No.			
			1. Decedent's Nama (First, Middla,	Last)			1,1				2. Data of De	ath	WITE I	3. Tima of Daath	h
1	Physic		Francis V. LaRu	ffa							Month June	Day 27 1	Yaar 997	5:20 AM	ſ
4.	/Medi Examii		4a. Fecility Nama (If not institution,		m <i>ber)</i>				4b. City, Tov		ation of Death		y of Death	J. 20 A.	<u></u>
	Exuitiii	101	19312 Treadway	bood					n 1						
_	Funeral			S. Sax	7. Aga (In yrs.	last birthday)	If Under	1 Yaa	Brook	evil 24 Hrs.	8 Data of Birt	h	gome 9 Birth	ry place (Stata or Fora	ian
	Funeral Director		137-32-9996	1 🔀 M 2□ F	85	Yrs.	Months	Day	s Hours	Min.	(Month, De	y, Year)	Coui	ntry)	.9,,
L			Usual Rasidance of Dacedant		0.0						Aug. 5,	1911	New	IOIK	
	/lan		10a. State 10b. County		10c. Cit	y, Town or Lo	ocation						1	10d. Insida City Lim	its
	Man	ō	Florida Palm Be	anch	U1	and Be	aah							1 ☐ Yas 2 🖾 I	No
	r 28a-f show	Director	10e. Street and Number	cacii	путс	and be	10f. Zip	Coda				10g. Citizan of	What Cou	ntrv?	-
	with a second		2021 9 11 0	D 1	•									,	
	eath 22	era	2921 South Ocean		rd edant Evar in U	S 13		487	Hispanic Orig	nin? (Snac	cify Yes or No	U.S.		can Indian,	_
	Her	Funeral	1 ☐ Never Married 2 ☐ Marrie	Armed Fo	orcas?		If Yes, spec	cify Cu	ıban, Mexican,	, Puerto P	lican, atc.)		eck, Whita,		
Ž	72 hours after death with the Maryland natural", or frems 23a or 28a-f show disal Examiner must be notified at	by	3 ଔ Widowad 4 □ Divorced	If Yas, Gi	va		1 □ Yas	2 🔀 N	o Specify:			Speci			
0200-51212	hou		15. Decedant's			16a Dece	dent's Usua	al Occ	unation			16b. Kind of E	Whi		_
2	in 7	ojet	(Specify only highast	grada complated)		(Give	kind of wo	rk don	a during most	of workin	g			,	
7	within lene. than	Completed	Elementery/Secondary (0-12)	College (	1-4or 5+)	Attori	2037 0	<b>⊢</b> T	017			Tagal			
0	al Hygis other		17. Father's Nema (First, Middla, La			ACCOL	iey a	يا يا		r's Nama	(First, Middla,	Legal Meidan Surna	ma)		_
Maryland	d be ental	Be C	Agostino LaRı	ıff.							0 1 1				
<u></u>	2 should be and Mental Is marked raumatic ev	7	19a. Informant's Name/Ralationship			10h Maili	na Address	(Stre			Calab	TO or, City or Town	State 7ii	Code	_
<u>8</u>	s 1 and 2 should be filed within 72 hours after death with Fleath and Mental Hyglene. tem 27 Is marked other than "natural", or items 23a or tem 27 is marked other than "natural", or items 23a or other traumatic event, the Medical Examiner must be a														
ຄົ	Health em 27		Francis V. LaRui	ia, Jr.	20h F	1931:	2 Trea	adw	ay_Road	d Bro	okevil	le, Mary	land	20833	
Ö	Pages nent of int: If its iry or o		1∑ Burial 2 ☐ Cramation 3		Stata	ematary, cra	matory or o	thar p	•						
	tant tant		4 ☐ Donation 5 ☐ Other (Spe		St.	Char				7/	01/97	Pinelav	vn, N	ew York	
Baltimore,	permit. Pages 1 an Department of Heal Important: If item 2 any Injury or other ance.		21. Signature of Funeral Service Li		~/	17.		_ т	rass of Facility		Junara 1	Home,	Tno		
_	70 F 9 Q		25 Part 1. Enter the disease or Co shock, or heart failure. Ellet or		1	5(	00 Un	ive	rsity F	riis r R1vd	W Ci	Twor Sr	rine.	MD 20001	
		Г	23. Part 1. Enter the disease of Co	omplications that only one cause on a	ceused tha daat	h. Do not en	ter the mod	e of d	ying, such es	cardiac or	raspiratory ar	rast,	THE.	Approximata	Т
5	Physician													Onset end Death	
	/Medical	L	Immediate Causa (Final disease or condition	Non	J JM	A L	CE		L., -			1 -		N Z	
	Examiner		resulting in death)	a	J JM Due to (c	or es a consa	guance of):		-07	X	CINC	~		- WIVIN	ر
		ner			1								1		
	eath certificate be assecuted attending physician and for use as the bunal-transit	Examiner	Sequentially list conditions	b	Due to (c	r as a conse	guance of):								_
Ď	an ar		Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying												
68/6U,	ysici	edicai	that Initiated avants	C	Dua to (o	r as a consec	uance of):			_			-		_
Ö	ig ph	P	resulting in daath) Last										į		
ROX	andin use	M/u	•	d											_
מ	that the death c ed by the attend detached for us	Physician	Part II. Other algnificent conditions	contributing to d	eath but not rac	ulting In the u	nderlying o	ALIES /	niven In Part I		23h Did i	ohacco usa o	ontribute t	o the cause of dea	th?
j.	t tha d by the tached	hys	artin out anguinout out and	a continuum g to o	auti out not not	and in the c	induitying c	ouau (	givair iii v ait i.			Yes 2□ No	3 □ Pro	1/	
7	es that igned t	by P										105 2 110	0_110	oubly 4 Cirkin	J#1
or Vital Records,	requires that tha wen signed by th hould be detache										24a. Was	en eutopsy	24b. W	ara autopsy finding	15
<u></u>	_ 0	ete										med?	CC	railabla prior to empletion of cause	
Ų T	has be 2	Completed											or	death?	
	F as a										101	as 2 No	1 [	☐Yes 2☐ No	
	Physician: The this certificate ral director, pag	Be	25. Was cesa referred to medicel axaminar?	Man-hat.						of Daath	(Check only o	na)			
10	5 00	10	1 ☐ Yes 2 No			ER/Outpatie		M				lance 6 00		fy)	
Ē	ding P h. After t funera	on:	27. Menner of Death Natural 5 □ Panding	28a. Data (Mon	of Injury th, Day Year)	28b. Tima o Injury	f 2	8c. In	jury at fork?	2	8d. Dascribe I	now injury occu	rrad		
DIVISION	Attending or death. ector: After by the fune	cati	2 ☐ Accident Invastiga				М	1	☐ Yes 2☐ N	No					
≧	or Att	Certification:	3 ☐ Sulcida 6 ☐ Could no 4 ☐ Homlcide detarmin	ed 288. Place	of Injury - At he ing, atc. (Spacif	oma, farm, st	raat, factory	, offic	е	2	8f. Location (5 City or Tov	Street and Num vn, Stata)	ber or Run	el Routa Number,	
ם	at at at a at a at a at a at a at a at														
	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After th completaly filled in by the funeral	edical	29a. Certifier 12 Certifying (Check only 2 Medical Ex	Physician: To the aminer: On the b	best of my kno	wledge, deat	h occurred	et the	tima, data and	d place, a	nd dua to the	cause(s) end m	nenner es s	steted.	
	he H in 24 he F		one)	and man	nar stated.	tion and or in	vastigation	. III IIIy	opinion, deat	ii occuire	u at the tima,	Jata and place	, and dua t	o ina ceuse(s)	
	To the Hospital or Attano within 24 hours after deatl To the Funeral Director: complataly filled in by the	Σ	29b. Signature and title of certifier	1					nsa number			29d. Data sign	ed (Month,	Day, Year)	
	10	1	14-12		~	LL.	1	2	3567	35		June .	£5	1997	
,	•	18	30. Name end addrass of person wh	no complated caus	se of death (Item	n 23a) (Type.									
			JOSERY KAR.			MINU	PLI	7	۵.	000	JEM, V	No	709	727	
	Sta	ate	31. Data filed (Month, Day, Yaar)		lagispar's Signa	ture		-							
	Registr		JUL 0 1	199/	gulia Da	vidsor-1	andelle								

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 22450

					Certifica	ate of	Death		Reg. No.			
Dhusi		Decedant's Nama (First, Middla, Las	st)			77		2. Data of Dea	ath	Maria	3. Time of	f Death
Physic /Med		Chung-Pu Lee						July 2	Day 1997	Yaar	7:51	РМ
Exam		4e. Fecility Name (If not institution, give	straat and number)				4b. City, Town, or				, , , ,	
		Suburban Hospital Bethes  5. Social Sacurity Number 6. Sex 7. Aga (In yrs. last birthday) If Undar 1 Year If Undar 24 I						da Montgomery				
Funera Director			DXM 2□ F		nday) If Und Month		If Undar 24 Hrs. Hours Min.	8. Date of Birth (Month, Da) April	h /, Yaar)	9. Birthpla Countr		or Forei
\$ m		10a. Stata 10b. County			100	d. Insida Ci	ity Limit					
	ģ	Maryland Montgom	nerv	Rockvi	110						1 🗆 Yas	2 DN
28	Director	10e. Street and Numbar	ici	ROCKVI		Zip Coda			10g. Citlzan of	What Countr	v?	
380		8 Cedarwood Court				208	5.2		United		•	
E 5	Funeral	11. Marital Status	12. Was Dacadant Evan	in U,S.	13. Was Dad		lispanic Origin? (S an, Maxican, Puart	pecify Yas or No-		e - Amaricar		
Department of Health and Mental hygiene.  Important if item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examinar must be notified at once.	b	3 ☑ Widowad 4 ☐ Divorcad	Armad Forcas? 1 □ Yas 2 ☒ No If Yas, Give Year or Datas:				an, Maxican, Puart  Specify:	o Rican, atc.)		<sup>ck, Whita, at V: Asia1</sup>		
lical	Completed	15. Decedant's Ed	ucation	16a. [	Dacedant's Us	sual Occup	pation	t in a	16b. Kind of B			
B	pie	(Specify only highast grad	College (1-4or 5+)	- (	Giva kind of v lifa. DO NOT	usa retire	during most of word)	king				
a dien	0	_	4	Не	ad of	Secui	city		Elec	ctronics		
oth oth	Be	17. Fathar's Nama (First, Middla, Last)					18. Mothar's Nan	na (First, Middla,	Maiden Suman	na)		
Ment	2	Feng-Lin Lee					Dong					
bue s	1	19a. Informent's Neme/Raiationship (T	ype, Print)	19b.	Mailing Addre	ss (Street	and Number or Ru	ral Routa Numbe	r, City or Town,	Stata, Zip C	oda)	
27 l		Marjorie Yeh/ D	ourt, Roc	kville,	Marylan	nd 208	52					
Item oth		20a. Mathod of Disposition		Ot. Di	Namentales (A)	ta a - 4	ca) July 3,					
nent of ant: If he		1 ☐ Burial 2 ☐ Crametion 3 ☐ I 4 ☐ Donation 5 ☐ Othar (Spacific						Inc. Bethesda, Mar			rvlan	d
porta porta y inju		21. Signiture of Funeral Service Licens	\ \ \	ionego	22. Nama	end Addre	ss of FacilityRob	obert A. Pumphrey Funer			ral H	Iome
A E E S		Atru 1 -	Inc. 3	300 West Montgomery Aver			venue	· ,				
			oproximeta									
hysician		23a Fart Vinted e isaasa, or comp thook or hourt f illure. List only o	ne causa on aach lina.					or roopiratory arr	uot,	lr Ir	ntarval Bety	ween
Medical		Immediat Cause (Finel	Neutrope	nia						2	2 Dav	
xaminer		disaasa or condition rasulting in daath)	a								3 Day	5
	ĕ		Sepsis	to (or as a co	onsequence of	1):				2-	3 Day	75
dansit	Examiner	Convention by that annulations	b	to for as a co	neeguence of	6).				-	July	
in an		Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying	Dua to (or as a consaquance of): Pneumonia							2-	3 Day	7S
ettending physician and for use es the buriel-transit	edical	that initieted avants	C. Dua	to for as e co	nsaquance of	n						
g ph	8	rasulting in daath) Last										
andin	M											
d for	Ca	Part II. Other aignificant conditione co	ntributing to death but no	t requiting in t	ha uadaduina		na la Dad I	OSE DIAM		na-th-us- an at		4 4
ed by the ettendi	Physician/		inibuting to death but no	crasuming in	na unuanying	causa giv	an in Pert I.		obacco usa co			
igned to	by P	Rectal Cancer						101	es 2 No	3   Propa	bly 463	UNKNO
been s	Completed b							24a. Was a parfor		avait	autopsy fi able prior to plation of ca	0
ete hes pege 2	E							407	017/11			
		25. Was casa rafarred to medical					00 Bts ( D	1 V		101	fas 2	No
	o Be	axaminer?	Hospitel:	۵□ ۶۵/۵۰۰۰		Oth	or:	th (Check only or				
€ @	: To	27. Mannar of Death		-	na of	JOA	4 Li Nursing H	oma 5 ☐ Rasida 28d. Dascribe h				
Afte fun	tio	1 Natural 5 Panding 2 Accidant invastigation	28a. Dete of Injury (Month, Day Yea	er) Inj	ury M	28c. tnjur Wor	k? Yas 2□No					
efter death. I Director: After d in by the fune	Certification:	3 Suicide 6 Could not be 4 Homlcide determined	28e. Place of Injury - building, atc. (Sp	At homa, fam becify)				28f. Location (S City or Town	treet and Numb n, Stata)	er or Rural F	Routa Numi	ber,
		29a. Cartifiar 1 ★ Cartifying Physic (Check only one)	sician: To the bast of my nar: On tha basis of exar and mannar steted.	knowledga, o minetion and/	daath occurred or investigatio	d et tha tin on, in my o	na, date and place, plnion, daeth occur	end dua to tha c red at tha tima, d	ause(s) and ma ate end place,	nnar as state and dua to th	ed. na cause(s)	)
24 hours Funeral letely filled	de	Urie)			0/	On Linean			Od Data sizes		Wass)	
vithin 24 hours to the Funeral ompletely filled	Medical	29b. Signature end titla of certifiar							29d. Data signed (Month, Day, Year)			
within 24 hours To the Funeral completely filled	Medic				23	9c. Licens					iy, rearj	
within 24 hours of To the Funeral I completely filled	Medic					D378			uly 2,		iy, rearj	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 / Certificate of Death

Physician	FREDA G.		st)							2. Date of I Month JULY		Dey 1997	Yeer	3. Time		
/Medical Examiner	4a. Facility Neme (If		re street and number	r)				4b. City, To	own, or L	ocation of De		4c. County	of Death			
Examiner	6111 MON	TROSE RD	., #903					ROC	KVII	LE		MONT	GOME	ERY		
Funeral Director	5. Sociel Security No. 083-01-4		Sex 7. A	Age (In yrs. le 85	st birthday) Yrs.	If Under Months	1 Year Days		24 Hrs. Min.	8. Date of B (Month, I APR •	Birth Day, Ye	9ar) 1912	9. Birth Con	nplace (Stat untry) NY		
alcal Exactive rises 28a or 28a-f show disal Exactive mast be nutited at sted by Funeral Director	Usuel Residence of															
28a-f show nutfied at rector	MD	10b. County  MON	TGOMERY	10c. City,	ROCKV									10d. Inside		
8 0	10e. Street end Num 6111 MON		., #903			10f. Zip		)852			10g.		en of Whet Country? USA			
Example m	3 Widowed 4 □ Divorced If Yes, Giv			? No		Wes Deced f Yes, spec	7.2			ecify Yes or I Rican, etc.)	No-		ck, White	lcan Indien , etc. VHITE		
edical	(Speci	15. Decedent's Edify only highest gre		16e. Deced	dent's Usue kind of wor	l Occu	pation during mos	st of work	<i>ti</i> ng	16b	. Kind of B	usiness/l	ndustry			
d du	Elementary/Secon	ndary (0-12)	College (1-4o	r 5+)		IOUSE						OWN	HOME	2		
Be e	17. Fether's Name (		)	18. Mother's N							lle, Mal	den Suman	ne)			
traum	19e. Informent's Ne		Type, Print)  DAUGHTER							ral Route Num				ip Code)		
nt: if item 2			Removel from Stat	000	nce of Dispo metery, cren R OF I	natory or o	ther pla	•	D. 7	Dete 7/8/97		. Location -	-			
Department of Heal Important: If Item 2 any Injury or other once.	21. Signature of Fur		DANIEL		22	EDWAF	d Addri	ess of Fecili SAGEL CKVILL	FUNI FUNI	ERAL DI	DIRECTION, INC. ROCKVILLE, MD 20					

Physician/Medical Examiner

ρ

Completed

Be

Medical Certification: To

**Physician** 

/Medical

Examiner

physicien and s the buriel-transit

ettending p 98 980

ed by the detached

The lew requires that the deeth certificate be executed

Division of Vital Records, P.O. Box 68760,

PAMPANO BEACH, FL

22. Neme end Address of Fecility EDWARD SAGEL FUNERAL DIRECTION, INC. 1091 ROCKVILLE PIKE, ROCKVILLE, MD 20852 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heer failure. List only one ceuse on eech line.

Immediate Ceuse (Finel disease or condition resulting In death)

KECURRENT GASTRIC CANCER

3. Time of Deeth

11:10AM

 Birthplace (State or Foreign Country) NY

10d. Inside City Limits 1 ☐ Yes 2 No

Z YEARS

Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in deeth) Lest

Due to (or es e consequence of)

Due to (or es e consequence of):

Perl II. Other algnificent conditiona contributing to death but not resulting In the underlying ceuse given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Wes en eutopsy performed?

24b. Were autopsy findings eveileble prior to completion of cause of deeth?

1 Yes 2₺No

25. Was cese referred to medical exeminer?

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 DOA 28e. Dete of Injury (Month, Day Year)

26. Plece of Death (Check only one) Other: 4 ☐ Nursing Home 5 🗷 Residenca 6 ☐ Other (Specify)

1 Yes 22 No 27. Menner of Deeth 1 Neturel 2 Accident

3 Suicide

4 Homicide

5 Pending Investigation 6 Could not be determined

28c. injury et Work? 1 ☐ Yes 2 ☐ No 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

28d. Describe how injury occurred

29a. Certifier (Check only one)

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the cause(s) end menner as steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner steted.

29b. Signature end title of contifier

29c. License number

29d. Date signed (Month, Day, Year)

Location (Street and Number or Rural Route Number, City or Town, State)

30. Name and eddress of person who completed ceuse of death (Item 23e) (Type, Print)

MEDICAL CENTER DR \$300 ROCKVILLE MD 20850

State Registrar

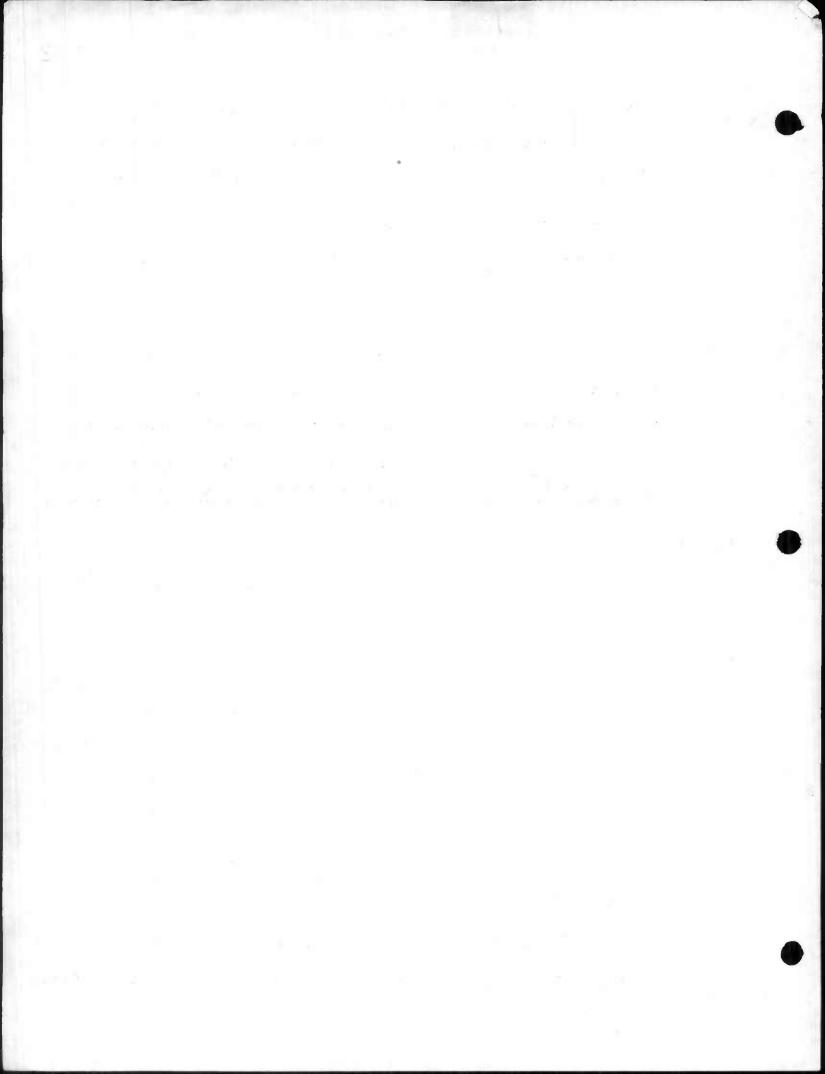
To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifical completely filled in by the funeral director,

the same of the sa Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 22452

					Certifica	te of	Death		Reg. No.			
9830		1. Decedent's Name (First, Middle, La	ist) ·					2. Dete of D			3. Time of	Deeth
Physi /Me		Audray	V.	Lu	-ese	UK	-amp	Month	Dey	Yeer	7 = 1	OP
Exam		4e. Fecility Neme (If not institution, give	ve street end number)				4b. City, Town, o			y of Deeth		1.
- LAUII		Washington Adve		+-1			T - 1 1	D 1 .	34	200	2200	
Funera	.1			(In yrs. lest bir	thday) If Und	er 1 Year	Takoma I If Under 24 Hr		irth	ntgome	ere (Stete n	r Foreign
Directo	_		1 □ M 2 □XF		Yrs. Month:	Deys	Hours Min		Dey, Yeer)		lece (Stete o try)	roleign
		Usuel Residence of Decedent		//		1		Sep.9,	1919	Virgi	.n1a	
72 hours efter death with the Maryland natural, or flems 23a or 28a-f show dies Examiner must be notified at		10a. State 10b. County		10c. City, Tow	n or Location					10	0d. Inside Cit	ty Limits
Man	ğ	Manyland Mantage		0							1√2 Yes	2 No
the 284	Director	Maryland Montgome	ery		ilver Sp	oring ip Code	3		10g. Citizen of	What Coun	· · · · ·	
72 hours efter death with the Marylan "natural", or flems 23s or 28s-f show added Examiner must be notified at					101. 2	ip Code			Tog. Citizen of	Wilet Count	.ry r	
ath 23	Funerai	810 Gist Avenue	1.2.10			2091			U.S.A.			
er de	S	11. Maritel Status	12. Was Decedent E Armed Forces?		II Yes, sp	ecify Cub	Hispenic Origin? ( en, Mexican, Pue	Specify Yes or Norto Ricen, etc.)	lo- 14. Had	ce - America ick, White, e		
d within 72 hours eft giene. ir than "natural", or i		1 Never Married 2 Married	1 ☐ Yes 2 🔀 No II Yes, Give	0	1 ☐ Yes	2 No	Specify:		Specif	hv:		
araf.	dby	3 Widowed 4 Divorced	Year or Dates:			41			- Cpoon		ite	
within 72 ho jene. r than "natur the Medical	Completed	15. Decedent's E (Specify only highest gre	ducation ade completed)	16e.	Decedent's Us	uel Occup	petion during most of wi d)	orkina	16b. Kind of B	usiness/Ind	ustry	
	d	Elementary/Secondery (0-12)	College (1-4or 54	-)	life. DO NOT	use retire	nd)	,g				
	ြင္ပ		1		eacher				Educat	ion		
d 2 should be filed within the nd Mental Hygiene. 7 Is marked other than traumatic event, the M	Be	17. Father's Name (First, Middle, Last	)				18. Mother's Na	me (First, Middle	e, Maiden Sumer	ne)		4
should by ad Menta marked	0	Lewis A. Burgess	3				Inez	McNam	ara			
d 2 should be file th end Mental Hy 7 Is marked othe traumatic event	-	19e. Informent's Name/Relationship (		19b	Mailing Addre	ss (Stree	and Number or F			State. Zip	Code)	
DENE		Harry A. Leusenk	amp									
pormit. Pages 1 and Constrient of Heelt Important: If Itam 27 any Injury or other		20e. Method of Disposition	camp		Disposition (N		nue Silv	Dete Dete	20c. Location		20910	
nt of		1X Burial 2 ☐ Cremetion 3 ☐		cem eter	y, cremetory or	other ple	ca)	20.0	200. Eddallon	Ony or Tor	WI, Olele	
tant jury		4 ☐ Donetion 5 ☐ Other (Specif	·	Fort I			etery	7/7/97	Brentwoo	d, Ma	rylan	d
permit. Pag Department Important: I sny injury o	8	21. Signeture of Funeral Service Licer	1598				ess of Fecility					
permit. Pages 1 an Department of Hee Important: if item 2 any injury or other		RACUA.	Truces)				Collins					
		23a. Part 1. Enter the disease, or com shock, or heart failure. List only	plications thet caused t	he deeth. Do r	not enter the mo	de of dyl	sity Blv	ac or respiretory	ilver Sp	ring,	Approximete	901
Physician		andox, or rieart lagaria. List only	one ceuse on eech line	).							Onset end D	veen Deeth
/Medica		Immediate Ceuse (Finel	A	+	h.				0 4		->	1
Examine		disease or condition resulting in death)	e	4. 134	ing	0 0	weigh	. 12	tare	CON	>	res
	ē		C	ue to (or es e o	consequence of	):				1		
pet jisu	Examiner		b. —									
certificate be executed ding physician and ise es the bunal-transit	Xa	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or injury	C	ue to (or es e d	onsequence of	):				_ i		
be e iciar buni		Ceuse (Diseese or injury	C									
cate phys the	/Medicai	thet initieted events resulting in death) Lest	D	ue to (or es e c	onsequenca of	:						
ding ding	Me		d									
ath tter	<u>@</u>	_										
0 0 0	Physician	Pert II. Other significent conditione c	ontributing to death but	not resulting In	the underlying	cause gi	ven in Pert I.	23b. Dld	i tobacco use co	ntribute to	the cause o	f death?
d by the	5							1	Yee 2 346	3 Prob	ably 4	Unknowr
is this	by											
·= 4, 0								24e. We	s en eutopsy	24b. Wer	re eutopsy fi	ndings
- A 0	Completed							реп	ormed?	com	lleble prior to	euse
The law ate has b	Ē									Of di	leeth?	
r. The								1 🗆	Yes 2 200	1 🗆	Yes 2D	No
Physician: The this certificate ral director, page	Be	25. Wes case referred to medical exeminer?	Manites					eth (Check only	one)			
Physic this c	10	1 No 2□ No	Hospitel: 1 ☐ Inpatient	2 STVOut	petient 3 D	OA Oth	ner: 4 Nursing	Home 5 ☐ Res	idence 6 □Oth	er (Specify)	)	
		27. Menner of Deeth 1 Naturel 5 □ Pending	28e. Dete of Injury (Month, Dey	Year) 28b. T	ime of	28c. Inju	y et rk?	28d. Describe	how Injury occur	red		
Attending ir death. sctor: Afte by the fune	atic	2 Accident Investigation		"	М		Yes 2 □ No					
or Attended of the death of the	iffic	3 ☐ Suicide 6 ☐ Could not be determined	286. Piece of injur	y - At home, far	m, street, facto	ry, office			(Street end Numb	per or Rural	Route Numi	ber,
effar Direct	Certification:	- LI HOUNGIGE	building, efc.	(эреспу)				City of To	wn, Stete)			
Hospital 24 hours Funeral staty filled	ai C	29a. Certifier 1 Certifying Ph	ysicien: To the best of	my knowledge	deeth occurred	et the tir	me dete end plac	e end due to the	cause/s) and me	enner ee etc	ated	
To the Hospital or Attendenthin 24 hours ettar deall To the Funeral Director: completaly filled in by the	edicai		iner: On the basis of e	xeminetion end	Vor Investigetion	n, in my o	plnion, deeth occ	urred et the time	, date end place,	and due to	the cause(s)	
within 7 to the comple	Me	29b. Signeture end title of cartifier	mailing state		20	c Licens	e number		29d Date ciana	d Manth F	lay Vocal	
		20	Jane.	120					29d. Dete signe	u (Ivioritri, D	ey, rear)	7
10		200	3	430	- +	0 6	3546		Jak.	7	1	(
		30. Neme end eddress of person who	completed cause of dee	th (Item 23e) (	Type, Print)						-	no
		John	Taux	es	821	8	عاد ج د	ws in	A	ce	3	the
St	ate	31. Dete filed (Month, Day, Year)	32. Regiftrar		<b>50</b> .							
		. 11 15 11 /	Chile	Januara	7.h F. 00							

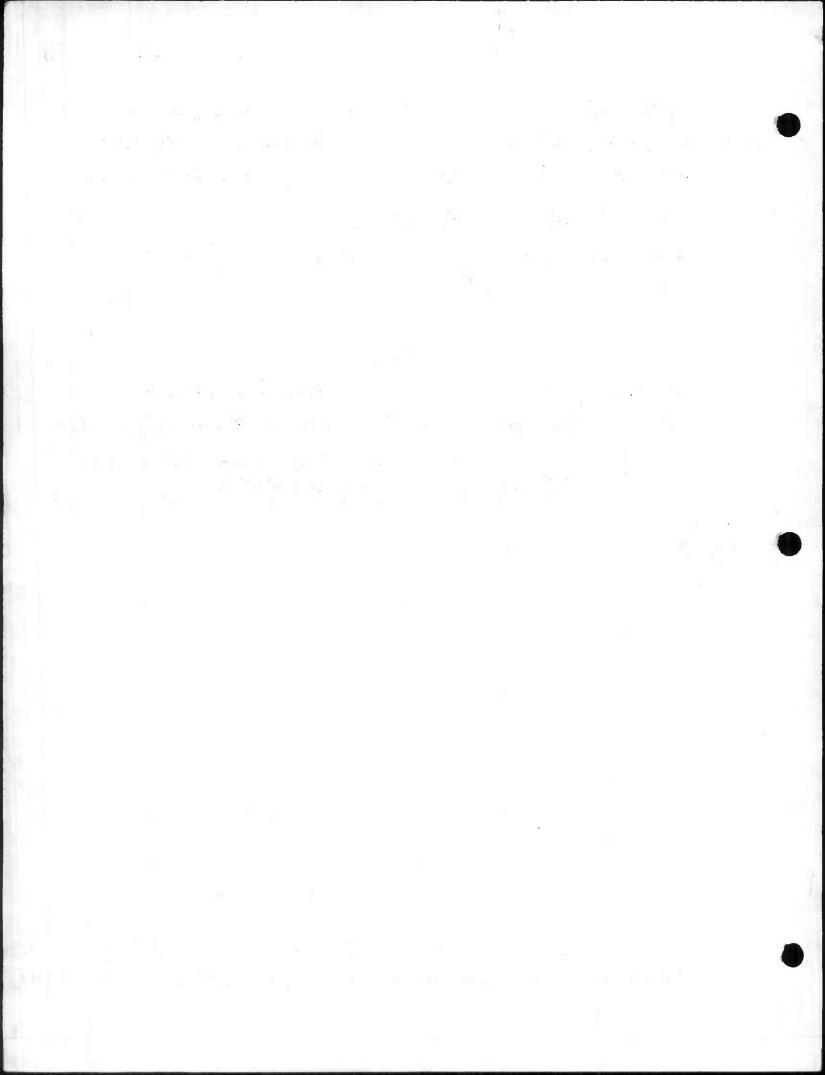


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 /

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Physician Month Year Edward 0105 egear 1997 February 15 /Medicai 4b. City, Town, or Location of Death 4a. Facility Neme (If not institution, give street end number) 4c. County of Death **Examiner** Haurede Grave HANFOLD Mom Hospila, 5. Social Security Number 6. Sex HARFORI if Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 213-16-4488 12 M 2□ F Director Usual Residence of Decadent the Maryland 10a State 10b. Count 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show treumetic event, the Modical Examiner must be notified at Harford 1 Ves 2 □ No Director 10e. Street and Number 10g. Citizen of What Country? 2154 21078 519 LAFAVEH Funeral Pages 1 and 2 should be filed within 72 hours aftar death nant of Haelth and Mentel Hygiena. Int: If Item 27 is marked other than "natural", or Items 23 11. Marital Status 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Yes 2 TNo If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Black þ 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) BANGANDER Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumama) Be Angelene Thomas Legear Harris 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 519 La FAY offe 20b. Placa of Disposition (Name of cemetery, cremetory or other place) int of Haelth a t: If Item 27 is y or other tret Ellen Hame Haur 20c. Location - City or Town, State COUSIN 20a. Method of Disposition 1 ☐ Burial 2 Cremation 3 ☐ Removal from State Department of important: If any injury or 2-20-97 Baltimore, MP 5 ☐ Other (Specify) 4 Donation cenmound 21. Signature of Buneral Service Mo 22. Name and Address of Facility
BENED FUNEVAL HOME Lewis st. 552 Haune de Grac 23a. Port Enfer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximata Intervel Betw Onset end Do Physician Aspiration n eumoung /Medical Immediata Cause (Final disease or condition rasulting in death) Examiner Due to (or as a consequence of) Physician/Medical Examiner The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate causa. Enter Underlying Cause (Disaase or injury that initiated events resulting in death) Last Due to (or es a consequence of) Box 68760, physician Due to (or as a consequenca of): signed by the attending p Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were autopsy findings evailable prior to completion of cause of death? Completed 24a. Was an autopsy performed? has this certificate 1 Yes 2 1 No 1 ☐ Yes 2 ☐ No Attending Physician: 25. Was case raferred to medical axaminer?

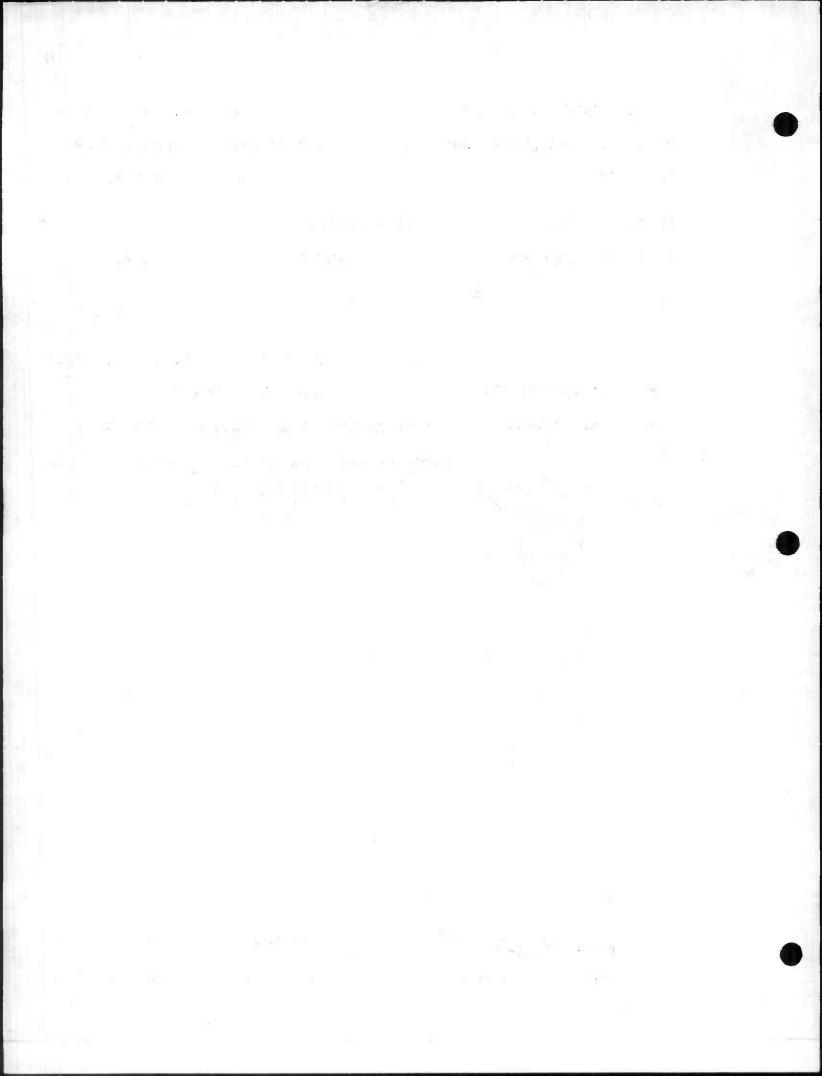
1 Yas 2 No director. Be 26. Place of Death (Check only one) Other: 4□ Nursing Home 5□ Residence 6 □Other (Specify) 2 1 SInpatient 2 ☐ ER/Outpatient 3 ☐ DOA spital or Attending Phys nours efter death. neral Director: After this v filled in by the funeral di 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28d. Dascribe how Injury occurred Medical Certification: 28b. Time of 28c. Injury at Work? 5 Pending investigation 1 Matural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicide Hospital of 24 hours el 24 hours 1 Dertifying Physician: To the best of my knowledge, death occurred at the time, date and pleca, and due to the causa(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the causa(s) and menner stated. To the Hospi within 24 hou To the Funer complataly fil 29a. Cartifier 29b. Signature and title of certifier 29c. Licensa number 29d. Date signed (Month, Day, Year) un an M 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) MD. 703 Revolution St. Hours De Gran. MD21078 amnidus Milham 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Di Burlson Rardall Registrar JUN26



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 22454

1. Decederits Name (First, Middle, Last)  1. Power Married   Security Number   Ab. City, Town, or Location   Day   Year   14:40  1. Facility Neme (if not institution, pive street and number)  1. Security Street   Ab. City, Town, or Location of Deeth   Ab. City, Town, or Location of Deeth   Ab. City, Town, or Location   Day   Number   14:40  1. Security Street   Ab. City, Town, or Location   Day   Number   14:40  1. Security Street   Ab. City, Town, or Location   Day   Number   14:40  1. Security Street   Ab. City, Town, or Location   Day   Number   14:40  1. Security Street   Ab. City, Town, or Location   Day   Number   14:40  1. Security Street   Ab. City, Town, or Location   Day   Number   14:40  1. Security Street   Ab. City, Town or Location   Day   Number   14:40  1. Security Street   Ab. City, Town or Location   Day   Number   14:40  1. Security Street   Ab. City, Town or Location   Day   Number   14:40  1. Security Street   Ab. City, Town or Location   Day   Number   14:40  1. Security Street   Ab. City, Town or Location   Day   Number   14:40  1. Security Street   Ab. City, Town or Location   Day   Number   14:40  1. Security Street   Ab. City, Town or Location   Day   Number   14:40  1. Security Street   Ab. City, Town or Location   Day   Number   14:40  1. Security Street   Ab. City, Town or Location   Day   Number   14:40  1. Security Street   Ab. City, Town or Location   Day   Number   Day   D						Certifi	icate of	Death		Reg. No.		- 10 7
And Control of Part   1997   14:40   1997   14:40   1997   14:40   1997	Dhun	! - !		.ast)						eeth		3. Time of Death
Part   Part			JOHN WEST	LEY LUMSD	EN							14.40
Social Sovicial Number   15 Social Social Number   15 Social Sovicial Number   15 Social Sovicial Number   15 Social Sovicial Number   15 Social Sovicial Number   15 Social Sovicial Number   15 Social Social Number   15 Socia						_		4b. City, Town,				14.40
Social Sovicial Number   15 Social Social Number   15 Social Sovicial Number   15 Social Sovicial Number   15 Social Sovicial Number   15 Social Sovicial Number   15 Social Sovicial Number   15 Social Social Number   15 Socia			WASHINGTON A	DVENUTCE	птдроц	λT		TAKOM	DADE	MON	(MCOME	עמי
STR - 10 - 15 - 55 G   T. M. 21   S. O. Street and Number Concentral (10 street Street)   T. O. Street and Number Country   T. O. Street Annual Report   T. O. Street   T. O. Street Annual Report   T. O. Street Annual Report   T. O.	Funer	al		Sax 7. Age		thday) If	Under 1 Year	If Under 24	Hrs. 8. Date of B	irth	9. Birthpled	ce (Stete or Foreig
Example of Security S		or		1 M 2 □ F	89	Yrs.	onins Days	Hours				
Example of Security S	ylen		10e. Steta 10b. County		10c. City, Tow	n or Locatio	าก				10d	I. Inside City Limits
Example of Security S	Me a-f	ģ	MARYLAND P.O	7	UPP	ER M	ARLBO	RO				1□Yes 2□No
Example of Security S	th the	ire.	10e. Street end Number			1				10g. Citizen of	Whet Country	13
Example of Security S	th wi			GE DRIVE			20	772		II.S	. A .	
Example of Security S	her dea r Herras	Funer	11. Marital Status  1 □ Never Married 2 □ Married	Armed Forces?		13. Was	Decedent of I s, specify Cub	lispanic Origin an, Mexicen, P	? (Specify Yes or Nuarto Rican, etc.)	o- 14. Red	ce - Amarican	
Example of Security S	urs at			ii 105, Giva		101	res 🌪□ No	Specify:		Specif		
Example of Security S	2 hou			Education	18a.	Decedent's	s Usual Occur	netion		16b Kind of B		
17. Father's Name (Prize, Mactine, Lesty)   17. Father's Name (Prize, Mactine, Mactine, Actions Summany)   18. Morther's Name (Prize, Mactine, Actions Summany)   18. Morther'	Z lin Z nin Z nin Mnin	Die	(Specify only highest g			(Give kind	of work dona	during most of	working			2.17
17. Father's Name (Prize, Mactine, Lesty)   17. Father's Name (Prize, Mactine, Mactine, Actions Summany)   18. Morther's Name (Prize, Mactine, Actions Summany)   18. Morther'	T the second	8	R 파티	College (1-4or 5-		7 17 W	FOLLED	MANIAC	VED.	D 0 0	OVER (	DDM \
OMAR CLAYTON LUMSDEN  190. Milling Address (Stress and Number or Plans Rouse Number, Cap Code)  190. Milling Address (Stress and Number or Plans Rouse Number, Cap Code)  190. Milling Address (Stress and Number or Plans Rouse Number, Cap Code)  190. Milling Address (Stress and Number or Plans Rouse Number, Cap Code)  190. Milling Address (Stress and Number or Plans Rouse Number, Cap Code)  190. Milling Address (Stress and Number or Plans Rouse Number, Cap Code)  190. Milling Address (Stress and Number or Plans Rouse Number, Cap Code)  190. Milling Address (Stress and Number or Plans Rouse Number, Cap Code)  190. Milling Address (Stress and Number or Plans Rouse Number, Cap Code)  190. Milling Address (Stress and Number or Plans Rouse Number, Cap Code)  190. Milling Address (Stress and Number or Plans Rouse Number, Cap Code)  190. Milling Address (Stress and Number or Plans Rouse, Number, Cap Code)  190. Milling Address (Stress and Number or Plans Rouse, Number, Cap Code)  190. Milling Address (Stress and Number or Plans Rouse, Number, Cap Code)  190. Milling Address (Stress and Number or Plans Rouse, Number, Cap Code)  190. Milling Address (Stress and Number or Plans Rouse, Number, Cap Code)  190. Milling Address (Stress and Number or Plans Rouse, Number, Cap Code)  190. Milling Address (Stress and Number or Plans Rouse, Number, Cap Code)  190. Milling Address (Stress and Number or Plans Rouse, Number, Cap Code)  190. Milling Address (Stress and Number or Third Rouse, Number, Cap Code)  190. Milling Address (Stress and Number or Third Rouse, Number, Cap Code)  190. Milling Address (Stress and Number or Third Rouse, Number, Cap Code)  201. Milling Address (Stress and Number, Cap Code)  202. Milling Address (Stress and Number, Cap Code)  203. Milling Address (Stress and Number, Cap Code)  204. Milling Address (Stress and Number, Cap Code)  205. Milling Address (Stress and Number, Cap Code)  206. District (Stress and Number or Third) Rouse Number, Cap Code, Number or Third Rouse, Cap Code, Number or Third Rouse, Ca	effe d		17. Father's Nema (First, Middle, Las	it)		AVI	COUL					RET.
ANTHOR DALE LONSDEN  3 STORIA RD  ANTHOR DALE LONSDEN  3 STORIA RD  ANTHOR DALE LONSDEN  20. Piece of Disposition (Name of the present of the	ld be lead be		OMAR CLAYTON	LUMSDEN				JOHN	ETTA SM	ТТН		
ANTHOR DALE LONSDEN  3 STORIA RD  ANTHOR DALE LONSDEN  3 STORIA RD  ANTHOR DALE LONSDEN  20. Piece of Disposition (Name of the present of the	shour and N		19e. Informent's Neme/Relationship	(Type, Print)	19b	. Meiling Ad	idress (Street				State, Zip Co	ode)
Set   2   2   2   2   2   2   2   2   2	C T N L		ARTHUR DALE 1	LUMSDEN								
4. Donesion S Clother (Specify)  4. Donesion S Clother (Specify)  4. Donesion S Clother (Specify)  4. Donesion S Clother (Specify)  4. Donesion S Clother (Specify)  4. Donesion S Clother (Specify)  4. Donesion S Clother (Specify)  4. Donesion S Clother (Specify)  4. Donesion S Clother (Specify)  4. Donesion S Clother (Specify)  4. Donesion S Clother (Specify)  4. Donesion S Clother (Specify)  4. Donesion S Clother (Specify)  4. Donesion S Clother (Specify)  4. Donesion S Clother (Specify)  4. Donesion S Clother (Specify)  4. Donesion S Clother (Specify)  5. Sayunitation S Clother (Specify)  5. Sayunitation S Clother (Specify)  5. Sayunitation S Clother (Specify)  6. Sayunitation S Clother (Specify)  7. RAYMOND FUNERAL SERVICE  LA PLATA MARYLAND 20646  6. SEPSIS  6. Due to (or se a consequence of):  7. Due to (or se a consequence of):  8. Sayunitation S Clother (Specify)  8. Sayunitation S Clother (Specify)  8. Sayunitation S Clother (Specify)  9. Due to (or se a consequence of):  9. Due to (or s			20e. Method of Disposition		20b. Plece of	Disposition	/Neme of					
23a Fert Enhanced Cause (Fired and Death Consideration and Service Service)  23a Fert Enhanced Cause (Fired and Death Consideration and Service)  23a Fert Enhanced Cause (Fired and Death Consideration and Service)  23a Fert Enhanced Cause (Fired and Death Consideration and Service)  23a Fert Enhanced Cause (Fired and Death Consideration and	Pege ent c							-	T N 7 1 1	OMBIDO	DE 143	DULIND
23a Fert Enhanced Cause (Fired and Death Consideration and Service Service)  23a Fert Enhanced Cause (Fired and Death Consideration and Service)  23a Fert Enhanced Cause (Fired and Death Consideration and Service)  23a Fert Enhanced Cause (Fired and Death Consideration and Service)  23a Fert Enhanced Cause (Fired and Death Consideration and	nit.	ei		<u> </u>	IKINII				DEN /-11-	97	RF, MA	RYLAND
22a. Feet Line he disease, or completations that cause the death. Do not enter the mode of dying, such as cardiac or respiratory errest.    Approximate interval Between Construction and the death.	TA E	SIG I	m/-/ (	101					AL SERV			
Physician ///edical Examiner    Part   Consequence of   C			23a Perti Enter the disease or cor	nnlications that cause	In death Do	LA LA	PLAT	A, MARY	LAND 20	646		
Due to (or es e consequence of):	Physicia		shock, or heert feilure. List only	ona ceuse on again line	9.		,				ln.	nterval Between
Due to (or es e consequence of):    Due to (or es e consequence of):   Due to (or es e		_			e En	-10						
Sequentially list conditions, if any, leading to immediate grade. Enter Underlying are consequence of):    Sequentially list conditions, if any, leading to immediate grade. Enter Underlying to list mediate density. It is a supply of the limited density of the limited density of the limited density. It is a supply of the limited density of the limited density of the limited density of the limited density of the limited density of the limited density of the limited density of the lim	Examine	r	resulting in deeth)	0.								110 da
Due to (or as e consequence of):    Part   Course (Disease or influry) that kindled events resulting in death) Lest resulting in death) Lest		Je L		,	oue to (or es e	consequenc	ze ot):					
Due to (or as e consequence of):    Part   Course (Disease or influry) that kindled events resulting in death) Lest resulting in death) Lest	outed id ansit	100	Sequentially list conditions	b	the to (or es e	ODSAGUADO	e of).					
Description of the control of the co	an en				00 10 101 63 6 1	orisequeno	o 01).					
Description of the control of the co	te be	cal	that Initieted events	c	ue to (or as e o	onsequence	e of):					
Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.    Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.    1	= 0.0		resulting in daeth) Lest		(		,-				i	
Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.    1   Yes 2   No 3   Probably 4/2 Unknown	th cert			d								
25. Wes case referred to medical exeminer?    State	deed deet deet	SICI	Pert II. Other significant conditions	contributing to death but	not resulting in	the underly	/Ing cause giv	ren in Pert I.	23b. Did	tobacco use co	entribute to th	ne cause of death
25. Wes case referred to medical exeminer?    State	by the	Å.										
25. Wes case referred to medical exeminer?    State	gned be de	ò				-						
25. Wes case referred to medical exeminer?    State	em si	P									24b. Were	eutopsy findings
25. Wes case referred to medical exeminer?    State	s be	De							_	onneu r	comp	letion of cause
25. Wes case referred to medical exeminer?    State	The It	E							10	Yes 2 No	1 D V	/as 2□ No
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signeture and title of certifier  29c. License number  29c. License number  29d. Date signed (Month, Day, Year)  30. Nema and eddress of person who completed cause of deeth (Item 23e) (Type, Print)  31. Data filed (Month, Day, Year)  32. Registrer's Signature	en: tiflica tor. p		25. Wes case referred to medical					26 Place of				as 2010
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signeture and title of certifier  29c. License number  29c. License number  29d. Date signed (Month, Day, Year)  30. Nema and eddress of person who completed cause of deeth (Item 23e) (Type, Print)  31. Data filed (Month, Day, Year)  32. Registrer's Signature	ralcia s cer direc		exeminer?	Hospital:	2 □ FB/Ou	netient 3	DOA Oth				or (Cassiful	
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signeture and title of certifier  29c. License number  29c. License number  29d. Date signed (Month, Day, Year)  30. Nema and eddress of person who completed cause of deeth (Item 23e) (Type, Print)  31. Data filed (Month, Day, Year)  32. Registrer's Signature	Ph eral		27. Menner of Death	28e. Dete of injury	28b. T	Ime of						
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signeture and title of certifier  29c. License number  29c. License number  29d. Date signed (Month, Day, Year)  30. Nema and eddress of person who completed cause of deeth (Item 23e) (Type, Print)  31. Data filed (Month, Day, Year)  32. Registrer's Signature	ath.	atio			rear) in							
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signeture and title of certifier  29c. License number  29c. License number  29d. Date signed (Month, Day, Year)  30. Nema and eddress of person who completed cause of deeth (Item 23e) (Type, Print)  31. Data filed (Month, Day, Year)  32. Registrer's Signature	Atta or de octo	HIC	determines	286. Piece of injur	y - At home, fer	m, street, fe	ectory, office		28f. Location	Street and Numb	per or Rurel R	ioute Number,
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signeture and title of certifiar  29c. License number  29c. License number  29d. Date signed (Month, Day, Year)  30. Nema and eddress of person who completed cause of deeth (Item 23e) (Type, Print)  State  31. Data filed (Month, Day, Year)  32. Registrer's Signature	s effe	Ser	4 D Homicide	building, etc.	(Specify)				City or 10	wn, Stete)		
30. Nema and eddress of person who completed cause of deeth (Item 23e) (Type, Print)  S-M-NAYAR, ND 3717-38 WE, COTTAGE CLTY, MD 20722  State 31. Data filed (Month, Day, Year)  32. Registrer's Signature	bour hour liners by fille		29a. Certifier Certifying Pi	yaician: To the best of	my knowledge,	deeth occu	rred at the tin	ne, dete end ple	ece, end due to the	cause(s) end me	anner es stete	ad.
30. Nema and eddress of person who completed cause of deeth (Item 23e) (Type, Print)  S-M-NAYAR, ND 3717-38 WE, COTTAGE CLTY, MD 20722  State 31. Data filed (Month, Day, Year)  32. Registrer's Signature	he Hi in 24 he Fu	edic	Medical Exa	miner: On the basis of e	xaminetion end	Vor Investig	etion, in my o	plnion, deeth o	ccurred et the time,	date end plece,	and due to the	e ceuse(s)
30. Nema and eddress of person who completed cause of deeth (Item 23e) (Type, Print) S-M-NAYAR, ND 3717-38 WE, COTTAGE CLTY, MD 20722  State 31. Data filed (Month, Day, Year) 32. Registrer's Signature	Vith To t	Σ					29c. Licens	e number		29d. Date signe	d (Month, Daj	y, Year)
State 31. Data filed (Month, Day, Year) 32. Registrer's Signature			M-S.	ways			D -	1787	74	7-11	-97	
State 31. Data filed (Month, Day, Year) 32. Registrer's Signature			30. Nema and eddress of person who	completed cause of dee	oth (Item 23e) (	Type, Print)						
State 31. Data filed (Month, Day, Year) 32. Registrer's Signature			S-M-NAYAR,	MD, 3717	7-38	WE	, COT	TAGE	CITY	MD	20	122
	s	tate		32. Registrer	s Signature							



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 2 2 4 5 5 State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Dacadant's Nema (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month 2:45 AH halon 101 /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Daath Examiner Mariner Health Care of Greater Laurel Prince George's Laurel If Undar 1 Yaar | If Undar 24 Hrs. | 8. Data of Birth 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□ M 2 F Director 220-90-94 93 34 Yrs. 10,1962 Washington, D.C. Usuel Rasidance of Dacadant the Maryland 10a Stata 10h County 10c. City, Town or Location 10d. Insida City Limits permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Maryla peparmant of Health and Mental Hygiena. Important: if item 27 is marked other than "netural", or items 23a or 28a-1 show any injury other traumatic event, is "Medical Examine from the notified. Director 1 ☐ Yas 2 ☐ No Maryland Baltimore 10a. Straat and Numbar 10f. Zip Coda 10g. Citizan of What Country? 16 S. Patterson Park Ave. 21231 USA Funeral 12. Was Decedant Evar in U,S. Armad Forces? 1 ☐ Yas 22 ☐ No if Yas, Giva Yaar or Datas: 13. Was Decedant of Hispanic Orlgin? (Spacify Yas or No-lf Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. 1 ☐ Never Marriad 2 ☐ Married 21215-0020 Specify: White 1 ☐ Yas 2 No Specify: þ 3 ☐ Widowed 4 ☼ Divorced Completed 18a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DD NOT use ratired) 15. Decedant's Education 16b. Kind of Businass/Industry (Specify only highast grada complated) Elementary/Secondery (0-12) College (1-4or 5+) 12th None None Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) Vittorio James Vidi 18. Mothar's Nama (First, Middla, Maidan Sumema) Elizabeth C. LoBuono Be 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Straat and Numbar or Rural Routa Numbar, City or Town, Stata, Zip Coda) Elizabeth C. Vidi/Mother 6270 Edsall Rd. AlexaNDRIA, Va. 22312 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramovai from State 5 ☐ Othar (Specify) Washington Nat. Cemetery7/9/97 Suitland, Maryland 4 Donation Ceorge P. Kalas Funeral Home Funaral Sarvice Licenses 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 of 1. Entar tha disaasa, of complication of causad tha death. Do not antar tha mode of dying, such as cerdiac or respiratory arrest, lock, or heart feilure. List only one ceuse heach line. Approximata Intarval Batween Onsat and Deeth **Physician** /Medical Immadiata Causa (Final oma disaasa or condition rasulting in death) Examiner The law requires that the deeth certificete be assecuted Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Diseesa or Injury that Initiated avants rasulting In daeth) Last Records, P.O. Box 68760, Physician/Medical the director, page 2 should be datached for use as Part ti. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown à Completed 24a. Was an autopsy performed? 24b. Wara autopsy findings availabla prior to complation of causa of death? peen After this certificata has 1 ☐ Yas 2 No Division of Vital 5. Was cesa rafarred to medicel axaminar? Attanding Physician: 8 26. Placa of Death (Check only ona) Othar: 400 Nursing Homa 5 Residence 6 Othar (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yas 2 No 2 spital or Attanding Physhours after deeth.
neral Director: After this y filled in by the funeral di 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: 5 Panding invastigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accidant 3 Sulcida 6 Could not be 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homloide Hospital 24 hours 8 24 hours 1 Certifying Physicien: To tha best of my knowledga, daath occurred at tha tima, dete and place, and due to tha ceusa(s) and mannar as stated.
2 Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and due to the ceuse(s) and mannar stated. To the Hospi within 24 hou To the Funer completely fil 29a. Cartifiar Medical 29b. Signatura and titla of certifier 29d. Data signad (Month, Day, Yaar) repleted causa of daath (Item 23e) (Typa, Print) 120-C. MAIDEN CLOICELA MACHIRAL 31. Data filad (Month, Day, Year) 32 Ragistrar's Signature State 09 199 Registrar

The State of the S The property field of the same and the first of the 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month Long JULY 1997 10:35AM Charles Francis /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner Ravenwood Lutheran Village 1183 Luther Dr. Hagerstown Washington 7. Aga (In yrs. last birthday) If Undar 1 Yaar Months Days 5. Social Sacurity Number If Undar 24 Hrs. Hours Min. Birthplaca (Stata or Foraign Country) **Funeral** 1∭ M 2□ F 579-03-5721 Director Emmittsburg, Md. Usual Rasidence of Dacedant 10a. Stata 10b. County 10c. City, Town or Location "natural", or items 23a or 28a-f show 10d. Insida City Limits Maryland Prince George's Ft. Washington 1 Yas 2 No Director 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 21 East Arthur Dr. USA Funeral 12. Was Decadant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Orlgin? (Spacify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - Amarlcan Indian, Black, Whita, atc. 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours after to Department of Haalth end Mantal Hygiena. Important: If Item 27 is marked other than "natural", or item any Injury or other traumetic event, the West and Exercises. 1 □ Navar Marriad 2 □ Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify White by 3 X Widowed 4 □ Divorced Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12th Self-employed Construction 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumeme) Charles E. Long Mary Alice Slagel 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, State, Zip Code) 2745 Berry Hills Rd. Waldorf, Md. 20603 Charles Michael Long/Son 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burlal 2 Cramation 3 Ramoval from Stata Cedar Hill Cemetery 7/11/97 Suitland, Md. 4 Donation 5 Othar (Specify) 21. Signature a Funeral Service Licensee George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 Part/. Entar tha disaasa, of complication that causad tha daath. Do not antar tha moda of dying, such as cardiac or raspiratory arrast, shock, or heart failura. List only one can be on each line. Approximata Intarvai Batwaen Physician /Medical Immediata Causa (Final herosclerotic Cardipues color Disease disaasa or condition resulting in daeth) Examiner Dua to (or as a consequence of) Examiner The law requires that the death certificate be executed the bunal-transit Sequantially list conditions, if any, leading to Immadiata ceusa. Enter Underlying Cause (Diseesa or injury that Initiated avants rasulting in deeth) Last Dua to (or as a consequence of) P.O. Box 68760, Physician/Medical Dua to (or as a consequance of) Part II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 1 Yes 2 No 3 Probably 4 Unknown Congestive Year + Failurd Records, þ 24b. Wara autopsy findings available prior to complation of causa of deeth? Be Completed 24a. Was an autopsy performad? Anther Stenesis 1 Yas 2 No Aftar this certificate of Vital or Attending Physician: 25. Was casa rafarred to medical axaminar? 26. Placa of Daath (Check only ona) 25/No Hospitel: 1 ☐ Inpatiant 2 ☐ ER/Outpetlent 3 ☐ DOA Othar: 

NursIng Homa 5 ☐ Residance 6 ☐ Other (Specify) 1 Yas Certification: To s after death.

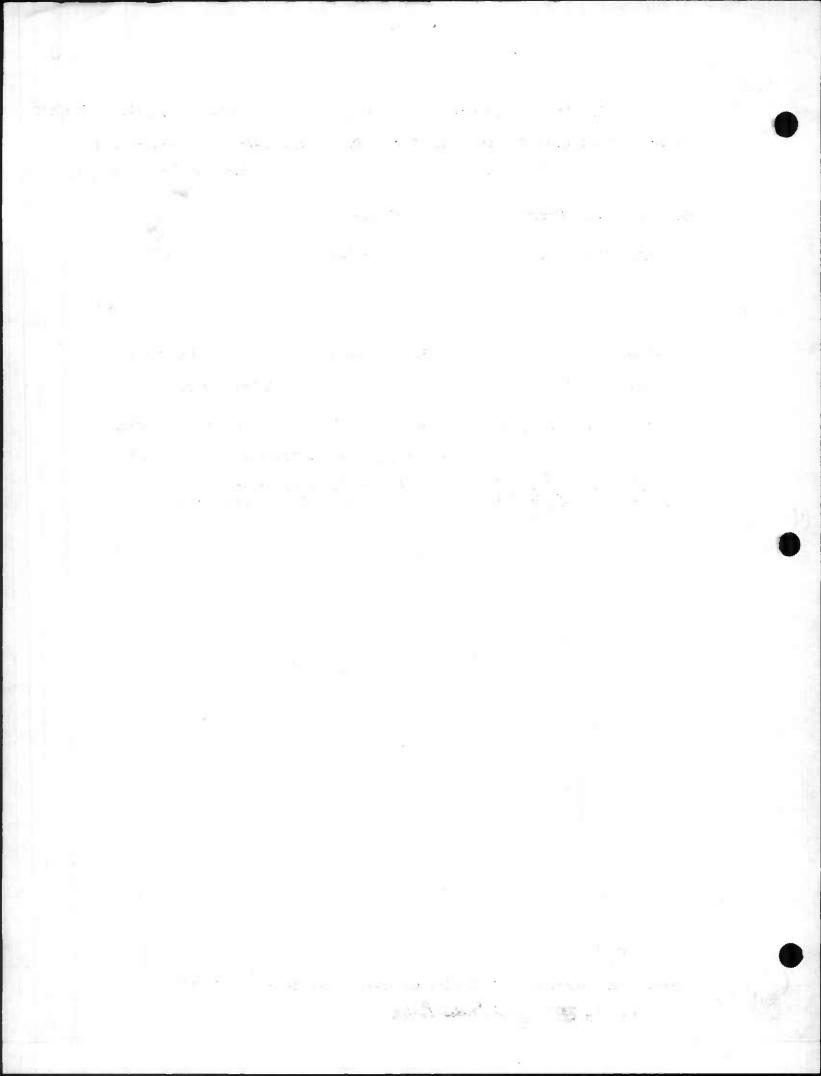
I Director: After this
ed in by the funaral d 27. Mennar of Death 28a. Data of injury (Month, Dey Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Division 5 Panding investigation 2 Accident 1 ☐ Yas 2 ☐ No 6 Could not be determined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 4 Homicide To the Hospital within 24 hours a To the Funeral C completely filled Certifying Physician: To tha best of my knowledge, daeth occurred at the time, deta and place, and dua to tha causa(s) and menner es steted.

| Medical Examiner: On the basis of axamination and/or invastigetion, in my opinion, death occurred at the time, deta and place, and dua to the ceuse(s) and mannar stated. 29a. Certifiar Medicai one) 29d. Data signed (Month, Day, Year) 29b. Signatura and titla of certifie 29c. Licansa number 30. Nama and address of parson who completed causa of daath (Itam 23a) (Type, Print) William B. Kerns, MD 22911Jefferson Blvd. Smithsburg, MD 32. Registrar's Signature 31. Data filed (Month, Day, Year) State

**DHMH 16 Bev 6/95** 

Registrar

JUL 09 1997



4151 Bladensburg Road, Colmar Manor, Maryland

Pegistrar's Signature

**DHMH 16 Rev 6/95** 

State

Registrar

William J. Zepf M.D.,

10 1997

31. Dete filed (Month, Day, Year)

0



					OGILI	ilcale of	Dealli			Reg. No.				
Phys	ician	Decedant's Nama (First, Middla		l Marce	دما	c l ow	is II		Data of D Month	Day	Yaar	Tima of Death		
/Me Exan	dical	4a. Facility Nama (If not institution,		Marce	Ιeα	2 LEM		own, or Loca	July tion of Dea			:42 AM		
/ Exam	niner	Prince Geo	All Control of the Control	oital				ever			ce Geo	rge's		
Funer Directe		5. Social Security Number 213-15-1722		a (In yrs. last birt		If Undar 1 Yaa Months Days	r If Undar			rth av. Year) 2,1987		Stata or Foraign and		
land ow		Usuai Rasidance of Decedant  10a. Stata 10b. County		10c. City, Town	or Local	tion					10d. In	sida City Limits		
se Mary	Director	Maryland Prince	e George's				attsvi	11e				Yas 2□No		
th with the 23a or 2 and	ai Dire	10e. Street and Number 4848 66th Av	venue			10f. Zip Coda	20	784		10g. Cifizan of \	What Country?			
permit. Peges 1 end 2 should be filed within 72 hours effer death with the Maryland Depertment of Health end Mentel Hygiene.  Depertment of Health end Mentel Hygiene.  Depertment of Health end Mentel Hygiene.  Depertment of Health end Standard of the than "natural" or items 23a or 28a-f show any Injury or other traumatic event, it a Medical Evaninar mast be notified.	by Funeral I	3 ☐ Widowed 4 ☐ Divorced	12. Was Decedant Armed Forcas? ed 1 Yas 2 1 1 Yas, Giva Yaar or Datas:			s Dacedant of as, specify Cu Yas 2 No			fy Yas or No can, atc.)	o- 14. Rac Blac Specify	ce - Amarican ind ck, Whita, atc. V: Black			
n 72 ho	Completed	15. Decedant' (Specify only highas)	's Education t grada completed)	16a.	Decedar (Giva kin	nt's Usual Occi nd of work don NOT usa retir	upation a during mos	st of working		16b. Kind of B	usiness/Industry			
d withing of withing or then	Comp	Elementary/Secondery (0-12) 4th	Collega (1-4or 5	+)	a. DO	Studen			Private					
d be fill and of the saven	a a	17. Fathar's Nama (First, Middla, L								n, Maidan Suman Mooney	na)			
d 2 shoul th end Me 7 is mark traumati	P	19a. Informant's Name/Raletionsh Patricia Y. Bl	nip (Type, Print)	19b. 48	Malling 6	Addrass (Strag	at end Numb	er or Rural F	Routa Numl	per, City or Town, e, Mary	Stata, Zip Code	84		
Peges 1 end lent of Health nt: If Item 27 rry or other tr		20a. Mathod of Disposition  1X Burial 2 Cramation  4 Donation 5 Other (Sp	3 Ramoval from Stata	20b. Place of cematan	Dispositi		lace)		Data 7/97	20c. Location -	City or Town, S	tata		
permit. Depertm Importa	ouce.	21. Signatura of Funaral Sarvice L	icensaa		J.	lama and Add B. Jen	kins f	unera						
Physicia /Medica	_	23a. Part1. Enter the disease, or of shock, or heart fallure. List of Immediate Ceuse (Final	complications that caused only ona causa on aach lir		ot antar t	tha mode of dy	ying, such as	cardiac or r	aspiratory a	over, Marrest,	Appr	oximata val Between at and Death		
Examine	r	disaasa or condition rasulting in daath)	a	ratory Dua to (or as a c										
neit neit	Examiner		b	eotomy										
e execuian and	Exa	Sequentially list conditions, if any, leeding to immadiata cause. Entar Undarlying Causa (Disaasa or Injury that initiated sections)		Dua to (or as a c ic lung			diseas	se			1			
certificate be executed nding physician and use es the burial-transit	n/Medical	that initiated evants rasulting In death) Last	d	Dua to (or as a co	onsequa	nce of):					1			
deeth e etten	Physician	Part II. Other significant condition	ns contributing to death bu	it not rasulting in	tha unda	artving causa g	iven in Part	l.	23b. Did	tobacco uae co	ntribute to the c	ause of death?		
thet the ed by th detach		Down Syndrom							10	Yes 2 No	3 Probably	4 Unknown		
The lew requires that the death ate has been signed by the ette page 2 should be detached for	Completed by								24a. Was	s an autopsy ormad?	24b. Wara au avallabla completi of death	prior to on of cause		
	Com								10	Yas 2 🗓 No	1 □ Yas	2□ No		
ysician: The	o Be	25. Wes casa raferred to medical axaminar?  1 🕱 Yas 2 🗆 No	Hospital:	- 2×1=00.		2 DO4 0	ther-	of Daath (C			10 11			
Aling Phys h. After this funeral d	⊢	27. Mennar of Death 1 ☑Naturel 5 ☐ Pending	Mennar of Death  28a. Dete of Injury  28b. Tima of  28c. Injury at							idance 6 Oth how injury occur				
r Attending Physicien: ler death rector: After this certific n by the funeral director,	Certification:	2 Accident invastigation of Could not detarming	ation ot be	ıry - At home, far		M 1[	]Yas 2□		f. Location	(Street and Numb wn, Stete)	per or Rural Roul	a Number,		
To the Hospital or Attending I within 24 hours effer death. To the Funeral Director: Affer completely filled in by the funer	edical Cer								d dua to tha	causa(s) and ma	annar as statad. and dua to tha c	ause(s)		
To the within 2 To the complet	Med	29b. Signature and title of certifier	and mannar sta	tad.	ices	29c, Licar	osa number			29d. Data signe	d (Month, Day, )			
14		30. Nema and address of person w		0-		-	Med Ct	r, 11	1 Mic		/	C 20010		

State

Registrar

31. Data filed (Month, Day, Year)

JUL 07 1997

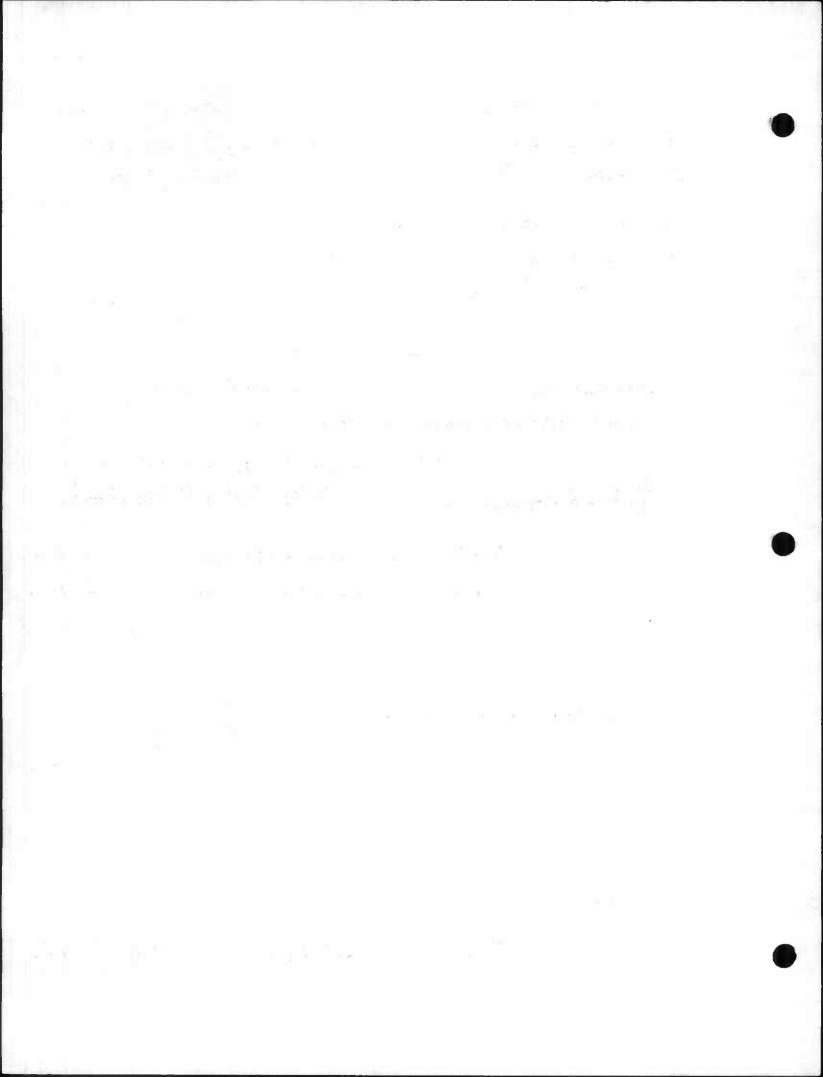
32. Registrar's Signatura

\$ 1

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

			4		Ce	rtificate	of L	Death	,		leg. No.		
Physicia	an	1. Decedent's Neme (First, Middla,								2. Dete of Dee Month	Day	Yeer	3. Time of Death
/Medic	al	Xavier M.						. A. T.	1	July	7	997	6:00pm
Examin	er	4a. Facility Name (If not Institution,	Carlo Company	)						cation of Death	4c. County		
	-	8103 Hampden  5. Social Security Number		ga (In yrs. las	t hirthday)	If Under 1		Bethe If Undar 2			Mont	gome	ry
ineral rector		578-05-0763	1 □ M 2 □XF	8.5	Yrs.		Deys	Hours	Min.	(Month, Day	Year)	Coun	leca (Steta or Foreign try) ington,
0.01		Usuei Residence of Decedant			-					Jan. 2	0,1712	wasn	D.C.
ner must be notified at		10a. Stete 10b. County		10c. City, 7	Town or Lo	cation						1	0d. Inside City Limits
	ctor	Maryland Mont	tgomery	Ве	thes	da							1 TYes 2 □ No
	Director	10e. Street end Number				10f. Zip C	oda			1	0g. Citizen of	What Coun	try?
	la	8103 Hampden 1	Lane			20	81	4			U.S.	Α.	
	Funeral	11. Marital Status	12. Wes Decedent Armed Forcas	Ever in U,S.	13.	Was Decede I Yes, specif	nt of Hi y Cuba	spanic Orig	In? (Spe	ecify Yas or No- Rican, atc.)	14. Rad Bla	ce - Americ	
	by F	1 Nevar Married 2 Married 3 Widowed 4 Divorced	If Yes, Give	No		1□ Yes 2	_					w Whi	te
1			Yaer or Datas:	1.	I Pa Dans	destin I level	0	ntla =					
	Completed	15. Decedant's (Specify only highest)	grade completed)		(Give	dent's Usuel kind of work DO NOT use	dona d	luring most	of worki	ng	16b. Kind of B	usiness/inc	lustry
	E	Elementary/Secondery (0-12)	Coilege (1-4or	5+)		ce Ma					H.E.	W.	
	Be C	17. Father's Name (First, Middla, La	ist)						r's Name	(First, Middle,	Maiden Sumer	ne)	
	ToB	Charles Schrad	ler					Mago	dali	ine Dar	rcey		
		19e. informant's Neme/Relationship	o (Type, Print)		19b. Mailli	ng Address (	Street a			I Route Numbe		, Stete, Zip	Code)
		Theodore H. Me	eltzer/Hu	sband	Sa	me as	1	0a -	10f				
		20e. Method of Disposition		0.0.00	e of Dispo	sition (Name netory or oth	of er plec	e)		Dete	20c. Location	- City or To	wn, Stete
		1X Burlel 2 ☐ Cremetion 3 4 ☐ Donetlon 5 ☐ Othar (Spe		Was	hing	ton N Cemet	lat:	iona]	1   -	/10/9	Suit	land	, MD
950		21. Signature of Funeral Service L.	pensesy		22	. Name and	Addres	s of Fecility	,				046
8		I Leten X.	Harr		_ 4	72 N.	ea. W.	rson ashir	rur	neral H	omes Falls		rch, VA
the bu	Physician/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest	a. Mu b. CEA	Dua to (or es	s a consec	uence of):	Ere	105	< ( e	Enosis			18 nuce 3-4 yra
	lan	,	-										
	ysic	Part II. Other significant conditions	_				ıse give	en in Pert I.			- 40		the cause of death?
	by Pt	MACULA	n Degi	en En	AFI	on				1 U Y	2 2 No	3∐ Prot	bably 4 Unknows
										24e. Wes e			ere autopsy findings
	piet									perfor	med?	COI	allable prior to impletion of cause death?
										1 🗆 Y	es 2000	10	Yes 2 No
	E										1		
	se Completed	25. Was casa referred to medical						26. Place	oi Deeth	i <i>(Check onl</i> v oi			
	o Be	25. Was casa referred to medical exeminar?  1  Yes	Hospitel: 1 ☐ Inpati	ent 2□ER	/Outpatler	it 3 DOA	Othe	·		ne 5 Rasid	ence 6 □Oti	ner (Specify	1)
	To Be	exeminar? 1 Yes 2 No 27. Menner of Deetit	28a, Date of Inju	Jry 28	b. Tima of		<b></b>	er: 4 🗆 Nur	sing Hor	١.	ence 6 □Oti		)
	To Be	exeminar?  1  Yes 2 No  27. Menner of Deeth  1 Netural 5 Pending Invastiget	28a. Date of Injuid. (Month, De	Jry 28			c. Injury Work	er: 4 🗆 Nur	rsing Hor	ne 5 Rasid	ence 6 □Oti		()
	To Be	exeminar? 1  Yes 2 No  27. Menner of Deeth 1 Netural 5 Pending	28a. Date of Inju	iury - At home	b. Tima of injury	M 284	c. Injury Work	er: 4□ Nur at c?	sing Hor	ne 5 Rasid 28d. Describe h	ence 6 Otto	rred	/) ! Route Number,
	Certification: To Be	exeminar?  1 Yes 2 No  27. Menger of Deeth  1 Netural 5 Pending Invastiget  3 Sulcida 6 Could not determine	28a. Date of Injuiction to be ad 28e. Plece of In building, et	jury - At home	b. Tima of injury	M 286	c. Injury Work 1 🗆 `	er: 4 Nur vat k? Ves 2 N	rsing Hor	ne 5 Aasid 28d. Describe h 28f. Location (S City or Town	ence 6 Otto ow injury occur treet and Numi in, Stete)	rred ber or Rura	l Route Number,
	Certification: To Be	exeminar?  1 Yes 2 No  27. Menner of Deeth  1 Netural 5 Pending Invastiget  3 Sulcide 6 Could not determine  29e. Certifier (Check only 2 Medical Ex	28a. Date of Inju (Month, De  28e. Plece of In building, el	jury - At home ic. (Specify) of my knowled of examination	tb. Tima of injury	M eet, factory,	c. Injury Work 1`	er: 4 Nur	sing Hor	ne 5 Aasid 28d. Describe h 28f. Location (S City or Tow	ence 6 Otto	ber or Rura	I Route Number,
	To Be	exeminar?  1 Yes 2 No  27. Menner of Deeth  1 Netural 5 Pending Invastiget 2 Accident 6 Could not determine  29e. Certifier Certifying I	28a. Date of Inju (Month, De  28e. Plece of In building, et	jury - At home ic. (Specify) of my knowled of examination	tb. Tima of injury	M eet, factory, a occurred et vestigetion, ii	c. Injury Work 1 1 1	er: 4 Nur	sing Hor	28d. Describe h 28f. Location (S City or Town	ence 6 Otto	ber or Rura enner es st and dua to	I Route Number, eted. the causa(s)
	edical Certification: To Be	exeminar?  1 Yes 2 No  27. Menner of Deeth  1 Netural 5 Pending Invastiget  3 Sulcida 6 Could not determine  29e. Certifier (Check only one)  2 Medical Ex	28a. Date of Inju (Month, De  28e. Plece of In building, el	jury - At home ic. (Specify) of my knowled of examination	tb. Tima of injury	M eet, factory, a occurred et restigetion, is	office	er: 4 Nur r at r? res 2 N res, dete and olnion, deet	do do de de de de de de de de de de de de de	28d. Describe h 28f. Location (S City or Town	ence 6 Otto ow injury occur treet and Num. n, Stere)  ause(s) and mete end place, e9d. Dete signs	enner es st and dua to	eted. the causa(s)  Day, Year)
ne funeral director, pege 2	edical Certification: To Be	exeminar?  1 Yes 2 No  27. Menger of Deeth  1 Netural 5 Pending Invastiget  3 Sulcide 6 Could not determine  29e. Certifier (Check only one)  29b. Signeture end title of certifier	28a. Date of Inju.  28a. Date of Inju.  (Month, Delay of the base of the best aminer: On the basis of end menner st	jury - At home c. (Specify) of my knowle of examination eted.	ib. Tima of injury e, ferm, str dge, deeth end/or in	M eet, factory, o occurred et vestigetion, is	office	er: 4 Nur eat c? ves 2 Nur ves 2 N	do do de de de de de de de de de de de de de	28d. Describe h 28f. Location (S City or Town	ence 6 Otto ow injury occur treet and Num. n, Stere)  ause(s) and mete end place, e9d. Dete signs	enner es st and dua to	I Route Number, eted. the causa(s)
ne funeral director, pege 2	edical Certification: To Be	exeminar?  1 Yes 2 No  27. Menger of Deeth  1 Netural 5 Pending Invastiget  3 Sulcida 6 Could not determine  29e. Certifier (Check only one)  29b. Signeture end title of certifier  30. Neme and eddrass of person wh	28a. Date of Injuiding, election and being aminer: On the basis of and menner store completed cause of a completed	ply Year) 28  28  28  28  28  28  28  28  28  28	ib. Tima of injury  a, ferm, str  dge, deett end/or in  Be) (Type,	M eet, factory, a cocurred et vestigetion, in 29c.	c. Injury Work 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	er: 4 Nur rat rat rat rat rat rat rat rat rat ra	d plece, a	me 5 Assid 28d. Describe h 28f. Location (S City or Town	ence 6 Otto ow injury occur treet and Num. n, Stere)  ause(s) and mete end place, e9d. Dete signs	enner es st and dua to	eted. the causa(s)  Day, Year)
pletaly filled in by the funeral director	Medical Certification: To Be	exeminar?  1 Yes 2 No  27. Menger of Deeth  1 Netural 5 Pending Invastiget  3 Sulcida 6 Could not determine  29e. Certifier (Check only one)  29b. Signeture end title of certifier  30. Neme and eddrass of person wh	28a. Date of Inju. (Month, Delicion below 28e. Plece of In building, el 28e. Plece of Institution below 28e. Physician: To the best aminer: On the basis of end menner st	ply Year) 28  28  28  28  28  28  28  28  28  28	ib. Tima of injury  a, ferm, str  dge, deett end/or in  Be) (Type,	M eet, factory, o occurred et restigetion, is	office the time	er: 4 Nur rat rat rat rat rat rat rat rat rat ra	d plece, a	me 5 Assid 28d. Describe h 28f. Location (S City or Town	ence 6 Otto ow injury occur treet and Num. n, Stere)  ause(s) and mete end place, e9d. Dete signs	enner es st and dua to	eted. the causa(s)  Day, Year)

DHMH 16 Rav 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 22460 Item:11 per FH G-750 8/8/97 dh Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth Month Michelson Henry July 1997 1:30 A.M. 4e. Fecility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Suburban Hospital Bethesda Montgomery If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) 1X M 2 ☐ F 88 155-36-8097 Yrs. New York Usual Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits MD Montgomery Bethesda 1 X Yes 2 No 10e. Street end Number 10f. Zip Code 10g, Citizen of Whet Country? 5913 Welborn Drive 20816 USA 14. Raca - American Indian, Black, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Dates: WW II 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: White O Widowed 4 ☐ Divorced 16e. Dacedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Dacadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) College (1-4or 5+) 5 + Physician Medicine 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Max Michelson Erna Rubenstein 19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Streat end Number or Rurel Route Number, City or Town, State, Zip Code) Janet M. Read - Daughter Welborn Drive Bethesda, MD 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2X Cremetion 3 ☐ Removel from State 7/8/97 4 ☐ Donation 5 ☐ Other (Specify) Mount Comfort Crematory Alexandria, Virginia 21. Signeture of Fungal Service Licensee 22. Name end Address of Fecility Joseph Gawler's Sons 5130 Wisc. Ave. N.W. Washington, D. C. 20016 complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, one cause on each line. Approximeta Interval Batween Onset end Death Immediate Ceuse (Final disease or condition rasulting in daath) Sequantially list conditions, if eny, leading to immediate causa. Enter Underlying Causa (Disaese or Injury that Initiated events resulting in deeth) Lest Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of deeth? 3 Probably 4 Unknown 1 Yes 2 No 24e. Wes an autopsy 24b. Wera eutopsy findings evailable prior to completion of ceuse of daath? 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Plece of Deeth (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2000 2 ER/Outpatient AOD DE 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide

physician and the bunal-transit Division of Vital Records, P.O. Box 68760, has cartificata Hospital or Attending Physician: this Aftar n 24 hours after death.

• Funeral Director: After oletaly filled in by the fun

**Physician** 

/Medical

Examiner

**Funeral** 

Director

r 28a-f show

permit. Pagas 1 and 2 should be filed within 72 hours aftar death with t Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Itema 23a or 's any Injury or other traumatic evant, the Medical Experient must be an

Physician /Medicai

Examiner

Examiner

Physician/Medical

ģ 8

Completed

Be

ပ

Certification:

Medical

funaral

USB BS 0

Baltimore, Maryland 21215-0020

Director

Funeral

þ

Completed

the Maryland

1 Yes 1 SNatural

4 Homicide

28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify)

Registra s Signature.

28f. Location (Street end Number or Rurel Route Number, City or Town, Stata)

29a. Certifier (Check only one) Cartifying Physicien: To the best of my knowledge, death occurred et the time, date end plece, end due to tha ceusa(s) and mannar es steted.

2 Medical Examiner: On the best of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date and place, and dua to the causa(s) end menner steted.

29b. Signature and title of certifier

VILL

as of person who begipleted gause of deeth (Item 23e) (Type, Print) USKN

State Registrar

To the I within 2

Please Type or Print In Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 / 22461

						Certific	cate of	Death	F	Reg. No.				
			1. Decedent's Name (First, Middla, La	st)		- 11			2. Date of Dea	ith	Van	3. Time of Death		
	Physici /Medic		BENJAMIN (	NMN) MI	LLER				J UN E	18,	1997	0731		
į.	/Medic Examir		4a. Facility Nama (If not institution, give					4b. City, Town, o	Location of Death					
			SHADY GROVE ADVEN	TIST HOSPIT	AL			ROCKVI	LLE	MONT	GOMERY	7		
	Funeral		5. Social Security Number 6. S	ex 7. Aga	(In yrs. last birt	hday) If U	nder 1 Year	If Under 24 Hr	S. 8. Date of Birth	Veer	9 Birthpia	ca (State or Foreign	7	
	Director		NONE 1 Usual Residence of Decedent	<b>M</b> 2□F		rs.	Days	Nouis Mi		, 1997	MAR	YLAND		
	ylanc		10a. State 10b. County	1	IOc. City, Town	or Location					10	d. Inside City Limits		
	Mar.	to	MARYLAND MONTGOM	ERY	GAITH	ERSRITE	RG					1 ☐ Yes 2 No		
	r 284	Director	10e. Street and Number				I. Zlp Code		1	log. Citizen of	What Countr	y?		
	23a c		12117 PUEBLO ROAD	)			2087	78	1	UNITED	STATE	S		
	dea	Funeral	11. Marital Status	12. Was Decedent Ev Armed Forces?	er in U,S.	13. Was D	ecedant of		Specify Yes or No-	14. Rac	e - America	n Indian,		
20	d within 72 hours after death with the Maryland jene. r than "natural", or terms 23s or 28s-f show the Medical Examiner must be notified at	by Fu	1 X Never Married 2 Married 3 □ Widowed 4 □ Divorced	1 ☐ Yas 2 📉 No If Yes, Give			specify Cut as 2∏ No		nto modif, e(c.)	Specifi	ck, White, e			
00	hour furai			Year or Datas:	10-	Doordont	Lloual Occ	nation			MHI.			
15	in 72 "nai	Siete	15. Decedent's Ed (Specify only highest gra	de completed)		Decedent's (Give kind o iife. DO NO	f work done	during most of w	orking	16b. Kind of B	นรทายรร/INdl	изигу		
21215-0020	within liene.	Completed	Elementary/Secondery (0-12)	Coilege (1-4or 5+)		NOI		,		NON	E			
b	e filed al Hygie other vent, th	Be C	17. Father's Name (First, Middia, Last)			1,01		18. Mother's No	ame (First, Middle,					
Maryland	should be nd Mental marked o	To B	WILLIS CHRISTOPH	ER MILLER				ELIZABI	ETH		GUZMA	N		
ary	2 should and Men is marke		19a. informant's Name/Relationship (		19b.	Mailing Add	iress (Stree		Rurai Route Numbe					
	s 1 and 2 should be filed I Health and Mental Hyg tem 27 is marked other other traumatic event,		W. CHRISTOPHER MI	LLER, FATH	ER 12	117 Pt	UEBLO	ROAD, GA	AITHERSBU	RG, MD	2087	8		
altimore,	permit. Pages 1 and 2 Department of Health is Important: if item 27 is any injury or other tra		20a. Method of Disposition  1 □ Burial 2 ☑ Cremation 3 □  4 □ Donation 5 □ Other (Specific		20b. Place of cematary	Disposition y, cremetory	(Name of or other pic	ace)	JUNE 20	20c. Location				
altir	permit. P Departme Important any injury		21. Signature of Funeral Service Dicen		METROP	T		one of Capilla				VIRGINIA		
Ä	Depa Impo any is		1 Jacon In	10 EAST DEER PARK DR., GAITHERSBURG, MD 20877										
	Physician	3 3	23a. Part1. Enter tha di ease, or com shoot, or heart fa ure. List only	plications that causad the one cause on each line.	a daath. Do n	ot enter tha	mode of dy	lng, such as cardi	ac or raspiretory arr	rest,		Approximete Interval Between Onsat and Death		
	/Medical		Immediate Cause (Final disaasa or condition	PREMATUR	TTV						1	MINUTES		
В	Examiner		resulting in death)	a.	ue to (or as a c	onsequenca	ı of):					IIMOTEO		
	D .E	iner		GESTATIO				ks						
	ecute. Ind transi	Examiner	Sequentially list conditions,	b	ue to (or es e c		1		-				ý	
90,	se exe		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury								i			
68760,	eath certificata be executed attending physician and for use as the burial-transit	edical	that initiated events resulting In death) Last	Du	e to (or as a co	onsequenca	of):							
×	Jing p	₹	L	d										
Bo	death constants at the death constant at the death constants at the death constants at the death constants at the death constants at the death constants at the death constants at the death constants at the death constants at the death constants at the death constants at the death constants at the death constants at the death constants at the death constant at the death constants at the death constants at the death constant at the death constant at the death constant at the death constant at the death constant at the death constant at the death constant at the death constant at the death constant at the death constant at the death constant at the death constant at the death constant at the death constant at the death constant at the death constant at the death constant at the death constant at	lan												
0	0 0 0	Physician	Pert II. Other significant conditions of	ontributing to death but	not resulting in	the underlyi	ing cause gi	iven in Part I.	23b. Did to	obacco use co	ntribute to	the cause of death?	?	
<u> </u>	requires that tha death								1 🗆 Y	'es 2∏ No	3 Probe	ably 4 Unknow	ก	
Records,	8 50 8	d by							24a. Was e	en eutopsv	24b. Wer	e autopsy findings	_	
200	20 00	Completed		L.					perfor		com	lable prior to pletion of causa		
Re	2 8 8	d L								6 B		eath?		
Ø	ician: The cartificate h rector, paga		or Manager						1 🗆 Y		10	Yas 2∏ No		
Viital		Be	25. Was case referred to medical examiner?	Hospital:			Ot	hor	eath (Check only or				_	
	Phys	٦.	1 ☐ Yes 2 No  27. Manner of Death	1 Inpatient 28a. Dete of Injury	2 ER/Out 28b. Ti		DUA	4 LI Nursing	Home 5 ☐ Resid					
sion	Attending in death.	ation	1 Natural 5 ☐ Pending investigation	(Month, Dey Y		jury M	28c. Inju Wo	ork? ]Yes 2□No	200. 000010011	ownqury cocur				
Division of	To the Hospital or Attanding I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Certification:	3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Plu City or Town, Stete)									Route Number,		
	spital nours nerai	_	29a. Certifier 1 Certifying Phy	ysician: To the best of r	ny knowledge	death occur	rred at the ti	ime, date and place	e, and due to the o	ause(s) and me	enner es sta	ted.	-	
	To the Hospital or A within 24 hours after To the Funeral Direc completely filled in b	edical	(Check only 2 Medical Exam	niner: On the basis of example and manner state	camination and	/or Investiga	ation, In my	opinion, death occ	curred at the time, d	late and placa,	and due to t	he cause(s)		
	Withir To th	Me	29b. Signature and little of certifler				29c. Lican		2	29d. Date signe	d (Month, D	ay, Year)		
			· While				D38	3315		JUNE	18, 1	997		
		ŀ	30. Name and address of person who d	completed cause of deal	th (Item 23a) (	Type, Print)							-	
			DAVID ZUCKERMAN,	·	, , ,		ER DR.	, ROCKVI	LLE, MD	20850	)			
m	Sta	te	31. Date filed (Month, Day Year)	100 782. Registrat's	Signature	No.								

## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible 2 2 4 6 2

State of Maryland / Department of Health and Mental Hygiene\*

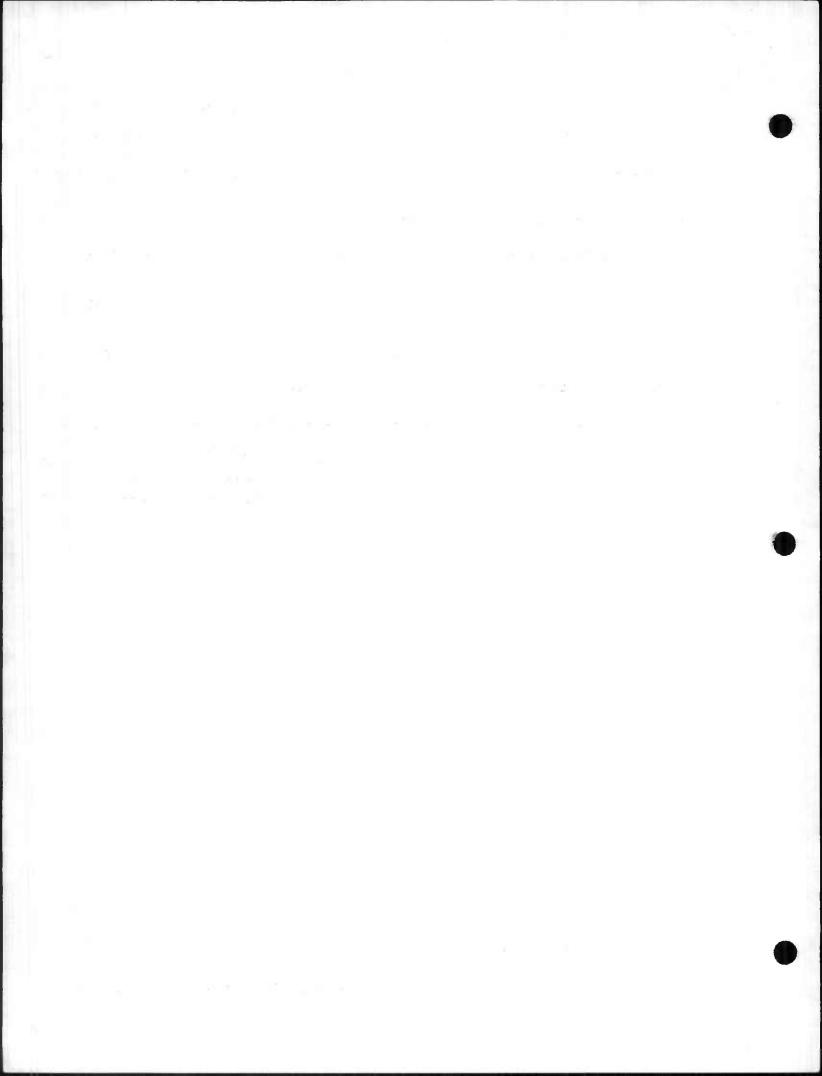
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Day **Physician** Month Year **JOSHUA** (NMN) MILLER 18, 1997 0812 JUNE /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONTGOMERY If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country)
 MARYLAND 7. Age (In yrs. lest birthday) **Funeral** Min. 05 1XM 2□ F Yrs. NONE Director JUNE 18, 1997 Usual Residence of Decedent filed within 72 hours after death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shot traumatic event, the Modical Exactions must be notified at 1 Yes 2 No Director MARYLAND MONTGOMERY GAITHERSBURG 10e. Street end Numbe 10f. Zip Code 10g. Citizen of What Country? 12117 PUEBLO ROAD 20878 UNITED STATES Funeral 12. Was Decedent Ever in U,S Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 1 ☐ Yes 2 X No If Yes, Give Yeer or Detes: 1 Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: Specify: þ 3 Wildowed 4 Divorcad WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) NONE NONE Maryland permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 is merked other any liury or other traumetic event OREs. 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) WILLIS CHRISTOPHER MILLER ELIZABETH GUZMAN 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informant's Name/Relationship (Type, Print) W. CHRISTOPHER MILLER, FATHER 12117 PUEBLO ROAD, GAITHERSBURG, MD Baltimore, 20b. Place of Disposition (Name of cemetery, cremetory or other place) Dete 20c. Location - City or Town, State JUNE 20 1 Burlat NCremation 3 □Remove 4 Donation 5 Other (Specify) METROPOLITAN CREMATORY 1997 ALEXANDRIA, VIRGINIA neral Service Doens 21. Signature 22. Name and Address of Facility DEVOL FUNERAL HOME 10 EAST DEER PARK DR., GAITHERSBURG, MD 20877 or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, list only one cause on each line. Approximate Interval Between Onset and Death **Physiclan** /Medical Immediate Cause (Final disease or condition resulting in death) a PREMATURITY MINUTES **Examiner** Due to (or as a consequence of) Examiner GESTATIONAL AGE -- 19 Weeks burial-transit The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760 physician Physician/Medical the Due to (or as a consequenca of) signed by the a Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records. P.O. 23b. Did tobacco use contribute to the causa of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Completed by 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? peen has certificate 1 ☐ Yes 2 Ø No 1 ☐ Yes 2 No after death.

Director: After this certifica director Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 9 1 Yes 2 No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA funeral 28a. Date of Injury (Month, Dey Yeer) Certification: 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Divatural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) in by 4 Homicide 24 hours a 1x Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(s) and menner stated. 29a. Certifier Medical (Check only one) To the To the To the I 29b. Signature and thin of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D38315 JUNE 18, 1997 ss of person who completed cause of death (Item 23a) (Type, Print) DAVID ZUCKERMAN, MD 9711 MEDICAL CENTER DR., ROCKVILLE, MD 20850 199 782. Registral's Signature State gruna Davidson-Randalle

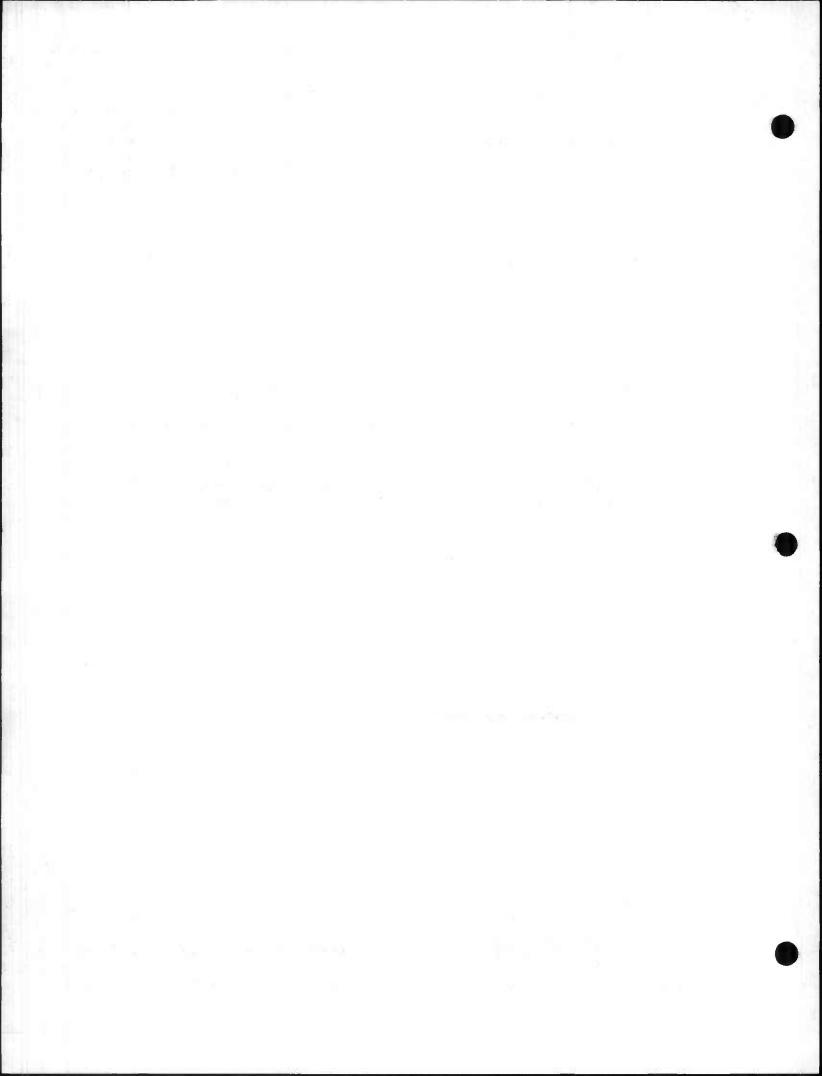
### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

	ERONA			State	of Mar	yland /	Depa	artmen	t of H	dealth a	and M	lental Hyg	jiene 9	2	241	63
		a_p	art I,27,28a-f per M	EO G-749 7	/29/97	dh_	Cei	rtificat	e of	Death			leg. No.			
	Physici	an	Decedent's Name (First, Middle     GEDONA	, Last)	MO	O D SZ						2. Date of Dea Month	Day	Year		e of Death
	/Medic		SERONA 4a. Facility Name (If not institution	give street end n		SBY				4b. City. To	wn. or Lo	JUNE cation of Death	12, 4c. County	1997	12:	56 PM
A	Examir	ıer	19648 WHITE							GERMA				OMERY	,	
	Funeral		5. Social Security Number	6. Sex	1	'In yrs. lest	birthday)	If Under Months		If Under :		8. Date of Birth (Month, Dey				te or Foreign
	Director		577-94-3852	1□ M 2□ F	35		Yrs.	IAIOII(II2	Days	riours	MIII.	Feb 4,	1962	Washi	ngto	on, DC
	and		Usual Residence of Decedent  10a. State 10b. County		1	Oc. City, To	own or Lo	ocation						10	d. Inside	City Limits
	r 28a-f show	Į.	Maryland Montgo	merv		Germa										es 2√ No
	r 28s	Directo	10e. Street and Number	ino L y		OCTIN	anco	10f. Zip	Code				log. Citizen of	What Count		A
	th wit	aiD	19648 White Sado	lle Drive				1	2087	4			United	Stat	es	
	within 72 hours efter deeth with the Meryland ene. Than "netural", or items 23a or 28a-f show he Medical Examiner must be notified at	Funeral	11. Merital Status	12. Wes Dec Armed F	orces?	er in U,S.	13.	Was Deced	ent of F	lispanic Origen, Mexican	gin? (Spe , Puerto	cify Yes or No- Ricen, etc.)	14. Rad Bla	e - America		,
2	s effe	by F	1 ☐ Never Married 2 ☑ Marri 3 ☐ Widowed 4 ☐ Divorced	If Yes, G	2 No			1□ Yes 2		Specify:			Specif	y: _		
0200-612	tural		15. Decedent	Yeer or I	Dates:	16	Sa Dece	dent's Usua	d Occur	nation		1	16b. Kind of B		lack	C
212	d within 72 ho liene. r than *natur	Completed	(Specify only highes Elementary/Secondary (0-12)	t grade completed,	) (1-4or 5+)		(Give	kind of wor DO NOT us	rk done se retire	during most d)	of work	ing		3011100011110	20(1)	
A	THE R. P. LEWIS CO., LANSING, MICH.	E 05	Elementary/Secondary (0-12)	College	4		En	terta	iner				Mus	ical		
⊆ .	be filed tal Hygid d other event,	Be	17. Father's Name (First, Middle, i							18. Mothe	r's Name	e (First, Middle,				
-	d 2 should be filed th and Mental Hyg 7 Is marked other traumatic event,	ဥ		ittle						Mar	-		Little			
	d 2 sl th and 7 ls n traur		19a. Informant's Name/Relationsh Fred B. Mosby,	Husband								el Route Numbe				
	of Health Itam 27 I		20a. Method of Disposition	1		20b. Place	of Dispo	sition (Nen	ne of			e, Germ	20c. Location			
e E	Pages nent of I int: If Its ury or o		1  Burni 2  □ Cremation 4  □ Denation 5  □ Other (Sc					metory or o		œ) al Cen		une 20, 1997	Suitla	nd M	0 wsz 1	and
Baitimor	교원문문		21. Signature of Funeral Service I	7 1		wasiii	-			es of Facility		DeVol Fu			aryı	anu
מ	Depermine Deperm		1 Tours	4:			10	East	De	er Par		r., Gait			20	877
F	_ 1		23a. Party. Enter the decase, or shock, or heart fullum. List	complications that	caused the	e death. D									Approxi	
١	Physician														Onset a	nd Death
	/Medical Examiner		Immediate Ceuse (Final disease or condition resulting in death)	e. DIPH	HENHYD	RAMINE	INTO	XICATIO	ON CC	MPLICA	TED B	Y DROWNIN	G			
9		e			Dı	ue to (or as	a consec	quence of):						1		
	ete be executed hysician end the burial-transit	Examiner	Conversion to the same distance	b	Di	ue to (or es	a consec	allence of).								
Ď.	be executed Iclan end burial-transit	Exa	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury			20 10 (01 03	0 0011300	querios orj.								
2	hysicl the bu	dicai	that initieted events resulting in death) Last	c	Du	e to (or as	a conseq	juence of):								
	leath certifice ettending phy d for use es th	Me		d												
POX	death of etten	Physician/M									*					
5	the d	hysi	Part II. Other algnificant conditio	ns contributing to d	death but r	not resulting	g in the u	nderlying c	euse giv	en in Part I.		23b. Did to	obacco use co			se of death?
, T	s that ned to e deti	by P										101	es ZLINO	3   Frob	abiy 4	Unknown
cords	v requires that the death been signed by the ette should be detached for											24a. Wes a		24b. We	re autop ilable pri	sy findings or to
	2 00 01	pie										ponto		of o	pletion eath?	of cause
	The tate h	Completed										1 1 Y	es 2 No	1/2	Yes a	2□ No
	Physician: The	Be	25. Wes cese referred to medical examiner?	Hospital:					011		of Deat	(Check only or	ne)			
5	this ald	To	1 No 27. Manner of Death	28e. Date	Inpatient		Outpatier	nt 3□ DO		4 LI NU		me 5 XResid 28d. Describe h			)	
	De fe	tion	1 Netural 5 Pending	(Mor	nth, Dey Y	'eer)	Injury		8c. Injui Woi 1 □	k?` Yes 2/12/1	Ma	unknown	ow injury occur	160		
	Attending ar death. ector: After by the fune	Iffica	3 XSuicide 6 □ Could r 4 □ Homicide determi	ot bo			und:10	reet, factory	, office			28f Location /S	treet end Numi	er or Rure	Route A	lumber,
5	tal or rs efte al Dir	Certification:	4   Nomicide			thtub a						Germantow	n, Stete) 1964 n. Maryla		e Sac	idle Dr.
	To the Hospital or Attendil within 24 hours efter death. To the Funeral Director: A completely filled in by the fu	edical	(Check only 2 X Medicat B	Physicien: To the examiner: On the b	e best of n	ny knowled	lge, death	occurred a	at the tir	me, date and	d plece.	end due to the c	euse(s) and m	anner as st	ated.	se(s)
	the hin 2, the f	Med	one)	and mar	nner stete	d.	-11-19-11-1									
	F 1 0 0	-	29b. Signature and title of certifier	hallal	0 0			290		c.M.	Ε.		9d. Date signe JUNE	13		
			30 Name and address of	IN YOU		oh /10 50	A) (True	Daint)								
			30. Name and address of person v	M. Kolwi					+	no+	D ~ 1	+ima===	Maria	1 2	2.1	201
	Sta	te	31. Dete filed (Month, Day, Year)	4	V- V	Signature	T PE	enn S	T	et,	Tba	timore	, mary	Tand	_21	201
	Registr		aun :	25 1997	· gu	Ma Davi	d/or	Manda	6							



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 4 6 4 State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Hilda Lupita Mudd July 1997 12:15 AM /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Springbrook Adventist Nursing Home Silver Spring Montgomery | Months | Days | Hours | Min. | S. Date of Birth | Day, Year) | July 19, 1910 | Treland 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 1□M 2□F 579-40-5488 Yrs. 86 Director Usuel Residence of Decedent death with the Marylend 10a. State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examiner must be notified at 10d. Inside City Limits Director 1 ☐ Yes 2 No Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2201 Colston Drive, Apt. 405 20910 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after c Department of Heelih and Mental Hygiena. Important: if item 27 is marked other than "natural", or iten any injury or other traumatic event, the Medical Examina. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 White 1 ☐ Yes 2 X No Specify: þ 3 ™ Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) James O'Connor Rose White 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Rev. John J. Mudd 4300 Harewood Road, NE, Washington, DC 20017 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, Stete 1 ₺ Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Gate of Heaven Cemetery |7/12/97 Silver Spring, MD 22. Name and Address of Facility Francis J. Collins Funeral Home, Inc. 500 University Blvd. West Funeral Service Licenses Home, Inc. Silver Spring, MD 20901 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only and cause on each line. Approximate interval Between Onset end Death **Physician** /Medical Immediate Cause (Finel Cardio pulmonary arrest disease or condition resulting in death) 4 Min. Examiner Due to (or as a consequence of) Examine Cardiac arrthymia 4 Min. physician end the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events Due to (or as a consequence of): Box 68760. Congestive heart failure 2 Years Physician/Medical Due to (or as e consequence of) resulting in death) Last as attending p 10 Years Coronary Artery Disease P.0. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Chronic obstructive pulmonary disease signed b Records, þ 24b. Were autopsy findings eveileble prior to completion of ceuse of deeth? Completed 24a. Was en autopsy peen page 2 s certificate 1 ☐ Yes 2X No 1 ☐ Yes 2 ☐ No Division of Vital i or Attending Physician: after death. 25. Was case referred to medical Be 28. Place of Death (Check only one) Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) Certification: To 1 Tes 2 No 1 ☐ Inpafient 2 ☐ ER/Outpatient 3 ☐ DOA this After thi funerel 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28c. fnjury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending after death. Director: Aft investigation 1 Yes 2 No 2 Accident 28f. Location (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours aft To the Funeral Discomplately filled in 29a. Certifier 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date and place, and due to the ceuse(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) h- Ook D22309 10 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Phillip W. Poth 831 University Blvd. East Suite 32, Silver Spring, MD 32. Registrar's Signature
Juna Davidson-Randelle State



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 22465

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth **Physician** MURNAN Month ROSALIE 10:50 PM 1114 /Medical 4b. City, Town, or Location of Deeth SILVER SPRING 4e. Fecility Neme (If not institution, give street and number)
HOLY CROSS HOSPITAL 4c. County of Deeth MONTGOMERY Examiner If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yeer) APR 22, 1925 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 72 yrs. If Under 1 Year Birthplace (State or Foreign Country)

W **Funeral** 293-20-5353 1 □ M 2 T F Months Deys Yrs. Director 10c. City, Town or Location ROCKVILLE 10e State 10b County 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at MONTGOMERY MD 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò 20853 USA 14114 LONDON LANE Items 23a death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 22 TNo If Yes, Give Year or Dates: 11. Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after c. Department of Health and Mantal Hygiene. Important: If item 27 is marked other than "neturel", or item eny injury or other treumatic event, the Medical Example. 1 ☐ Never Married 2 ☐ Married المالية Baltimore, Maryland 21215-0020 Specify: WHITE 1 ☐ Yes 2XNo Specify: by Widowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b, Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Sumeme) JESSIE SMITH DALE WRIGHT 19e. Informent's Neme/Reletionship (Type, Print) MICHELE R. NIEFELD DA 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 3808 MISTY HOLLOW ROAD, POINT OF ROCKS, MD 21777 DAUGHTER 20b. Place of Disposition (Name of cemetery, cremetory or other p 20c. Location - City or Town, Stete 20e. Method of Disposition JULY 1 ☐ Burial 2 Cremation 3 ☐ Removal from State METROPOLITAN CREMETORY 4,1997 4 ☐ Donetion 5 ☐ Other (Specify) ALEXANDRIA, VA Francis J. Collins Funeral Home 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility 500 University Blvd. West Silver Spring, MD 20901 muer. 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heert feilure. List only one ceuse on each line. Approximete Intervel Between Onset end Death Physician /Medical Immediate Cause (Final HEPATOR FAILURE disease or condition resulting in deeth) Examiner Due to (or as e consequence of): Examiner OLSTQUETTOR physiclan and s the burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): CHHICES P.O. Box 68760, Colon Physician/Medicai Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown Records, ρ 24b. Were autopsy findings eveileble prior to completion of ceuse of deeth? Be Completed 24e. Was en eutopsy performed? page 2 s 1 Yes 2 No this certificate **Division of Vital** Hospital or Attending Physician: 25. Was cese referred to medical examiner? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA To the Hospital or Attending Phy within 24 hours after death.

To the Funersi Director: After this completely filled in by the funeral is 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) and menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end manner steted. edicai 29a. Certifier (Check only 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

D(0600

AUE.

State Registrar 14 SDD

EDG484

30. Neme end eddress of person who completed cause of death (Item 23e) (Type, Print)

LEUIX

6214

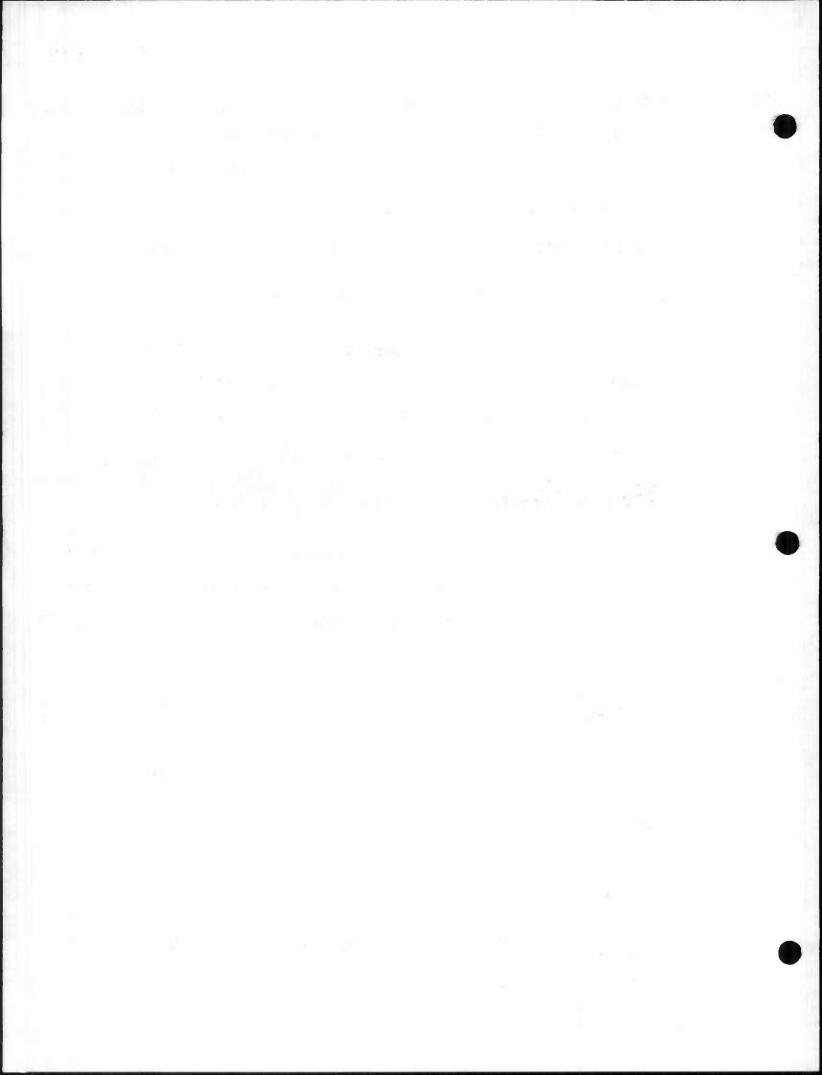
32. Registrat's Signature

Julia Davidson

9801 GEORGIA

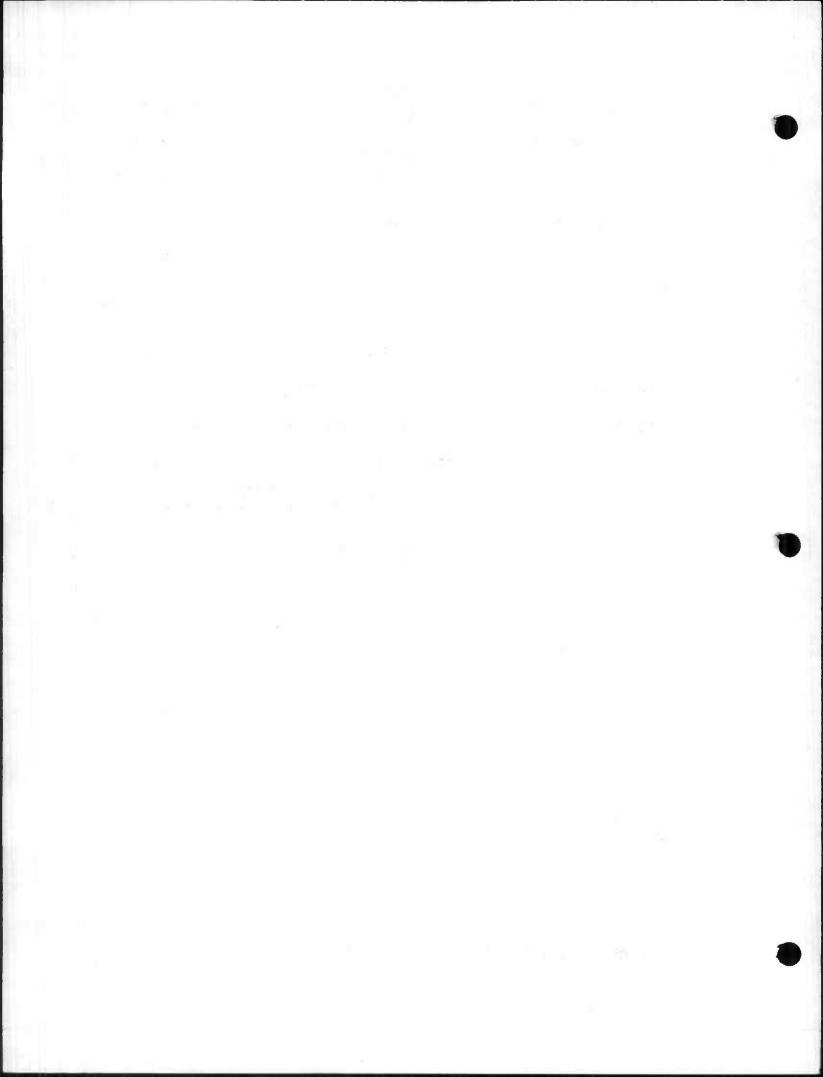
-Randose

10



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 22466

			Decedent's Name (First, Middle, L	netl		Cer	tificate of	Death	2. Dete of Deat	eg. No.	0.700.40
	Physici	an	Brian Kipkorir	,					Month	Dev '	3. Tima of Deeth
2	/Medi		4a. Fecility Neme (If not institution, gr					4h City Town or	June 11 Location of Deeth	4c. County o	6:23 PM
	Examir	ner	Holy Cross Hosp	The state of the s				Silver S		Montgo	
_	Funeral	134	5. Social Security Number 6.	Sex 7. Age	e (In yrs. le	est birthday)	If Under 1 Year	If Under 24 Hrs		Honego	
Ŀ	Director		none Usual Rasidenca of Decedent	1⊠M 2□F		Yrs.	Months Deys	Hours Min	8. Dete of Birth (Month, Day, June 9,	1997	9. Birthplece <i>(State or Foreigr</i> Country) Maryland
	filed within 72 hours after death with the Manyland Hyglene ther than "natural", or flems 23a or 28e-f show ant, the Medical Examiner must be notified at	lor	10a. Stete 10b. County  Maryland Montgome	281		Town or Loc Ver Sp					10d. Inside City Limits 1 ☐ Yes 2 💢 No
	28e	9	10e. Street and Number	= I y	311	ver sp	10f. Zip Code		1	Og. Citizen of Wi	net Country?
	3a o	Funeral Director	2415 Ross Road,	#202			20910		1	nited S	tates
	deat	ner	11. Meritel Stetus	12. Wes Decedent I Armed Forces?	Ever In U,S	S. 13. V	Vas Dacedent of I	Hispanic Orlgin? (	Specify Yas or No- rto Rican, etc.)	14. Raca	- Amarican Indian,
070	be filed within 72 hours after death with the Manylan Ital Hyglene.  d other than "natural", or Hems 23s or 28s-f show event, the Medical Examiner man be not lied at	by Fu	1 X Navar Married 2 Married 3 Widowed 4 Divorcad	1 Yas 2 X N If Yes, Give Yaar or Datas:	10		☐ Yes 2 No		no Hican, etc.)	Specify:	, Whita, etc. Black
2	72 ho	ted	15. Decedent's E	ducation		16e. Deced	ent's Usuel Occu	pation	nutrin a	16b. Kind of Bus	Iness/Industry
0200-61212	filed within 7 Hygiene. ther then "n	Completed	(Specify only highest gi Elementery/Secondary (0-12) NONE	College (1-4or 5	i+)		infant infant	during most of wo	orking	none	
D	Hyg other	Be C	17. Fathar's Name (First, Middla, Las	1)	1			18. Mother's Na	me (First, Middle, M		)
Maryland		To B	Andrew Suge					Cheryl	Mutai		
ā	2 8 9 3		19e. Informent's Name/Reletionship	(Type, Print)		19b. Meilin	g Address (Street	end Number or F	lural Route Number	City or Town, S	itete, Zip Code)
	D = C =		Andrew Suge			2415	Ross Roa	d, #202,			Maryland 2091
pallimore,	o do T		20e. Method of Disposition  1X Burial 2 Cremation 3 [				sition (Neme of atory or other ple				city or Town, Stete
	pemit. Pag Dapartment important: I any injury o		4 ☐ Donetion 5 ☐ Other (Special Signature of Funeral Service Lice		Late	e of H	eaven Name end Addre		6-18-9/ 5	ilver S	pring, MD
מ	Dapa impor any ir		1 ( 0 0 0			R	app Fune	ral Serv	ices, P.A		
	_	Н	23a. Part1. Entar the disease, or con	nplications that causad	the death.	Do not ente	33 Gist	Avenue,	Silver Sp	ring, M	aryland 2091
2	Physician	4.7	shock, or heert feilure. List only	one ceuse on eech lir	ne.		,				Interval Between Onset end Death
	/Medical		Immediate Ceuse (Final disaase or condition	M. 1	tin/	o Dr	ann Fa	11.00			1 day
	Examiner		resulting in deeth)	e. Mul	Due to (or	es e consequ	uence of):				
	sit ed	Examiner		b. Re	25011	ratory	Jenca of):	400			2 days
	and and	хап	Sequentially list conditions, if eny, leading to immadiata	The same of the sa			The state of the s				> 1
68760,	icate be executed physician and s the burial-transit		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events		tre			ative ty			ddays
20	= 0.6	edical	resulting in death) Last		Dua to (or	as a consequ	iance of):				
gox	aath cert attending	M/us		d							
	daati ne atte ed for	sicia	Pert II. Other eignificent conditions	contributing to death bu	ut not resul	lting in the un	derlying cause gi	ven in Pert I.	23b. Did to	bacco use cont	ribute to the cause of death?
л Э	law requires that the daath cer as been signed by the attendin o 2 should be detached for use	Physician/N							1 □ Y	2 2 No	3 ☐ Probably 4 ☐ Unknow
ds,	signe d be	d by							24a. Wes a	a autoney	24b. Were eutopsy findings
Hecords,	w require been si	Completed							perform		eveileble prior to completion of cause of deeth?
	0 - 0	mo							1000	s 2□No	1 □ Yes ≥ No
VITa	Icien: The certificate rector, pag	0	25. Was case referred to medical					26. Place of De	eth (Check only on		
_	d is	To B	exeminer?	Hospitel:	nt 2 🗆 E	R/Outpatient	3 DOA OI	her	Homa 5 ☐ Reside		(Specify)
n ot	ng Ph ter thi		27. Menner of Deeth 1 Deaturel 5 ☐ Pending	28a. Dete of Injur (Month, Day		28b. Time of Injury	28c. Inju Wo	ry et rk?	28d. Describe ho	w injury occurre	d
Division	Attending F r death. ector: After by the funer	catle	2 ☐ Accident investigation				M 1	Yas 2□No			
<u>&gt;</u>		Certification:	3 ☐ Suicida 6 ☐ Could not I 4 ☐ Homicide determined	28e. Plece of Inju building, etc	ry - At hor :. (Specify)	ne, farm, stre	et, fectory, office		28f. Location (St. City or Town		r or Rural Route Number,
	To the Hospital or A within 24 hours after To the Funeral Dire complately filled in b		29a. Certifier	hyelcien: To the best of	f my know	ledge, deeth	occurred et the ti	me, date end plec	e, end due to the ce	euse(s) end men	ner es steted.
	the H. nin 24 the F.	ledical	one)	miner: On the basis of end menner ste	examination red.	on end/or inv					
	To To T	Σ	29b. Signeture end title of certifier	0 2			29c. Licens				(Month, Dey, Yeer)
			Mitte fic	and MI	2		D 5	0522		June	17, 1997
			30. Name and address of person who	completed cause of de	eeth (item :	23e) (Type, F	ret (1/0	n Rd	5.1.100	Sorine	17, 1997 MD 20910
	Sta	te	31. Dete filed (Month, Day Year)	1997 A	's Signatu	ure	01 - 10			1 31	,.0 200
	Registr	ar	JUNE (	J 1997 1 4	win No	with . 3	2				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 1 2 2 4 6 7

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth FOUND Yeer **Physician** Month 2:55 PM FOUND MICHAEL 4, 1997 MCNULTY JULY /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** RIDGE RD. CREENBELT PRINCE GEORGES 73 H If Under 1 Year If Under 24 Hrs. 5. Social Security Number 6 Sex 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) Birthpleca (Stete or Foreign Country) **Funeral** 1₩ M 2□ F Deys Yrs. Director 052-38-0931 50 NOV. 2, 1946 NEW YORK Usuel Residence of Decadent 10a State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examinal rust be notified at 10d. Inside City Limits 1X Yes 2 □ No Director PRINCE GEORGES GREENBELT 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 73 H RIDGE RD. 20770 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 M Yes 2 □ No 1965 = If Yes, Give Year or Detes: 1985 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. should be filed within 72 hours efter ond Mantal Hygiene. marked other than "natural", or iter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced 1985 WHITE Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementary/Secondary (0-12) Coltega (1-4or 5+) 12 STORE KEEPER U.S. NAVY 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Pagas 1 end 2 should be f nant of Haalth and Mantal I nt: If Item 27 is marked of FRANCIS MADEL THE BOENIG McNULTY 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 19e. Informent's Name/Reletionship (Typa, Print) permit. Pagas 1 end 2 s Department of Health ar Important: If Item 27 is any injury or other trau ITEM #10 SAME AS BERNARDINE ABELL MCNULTY/WIFE 20b. Pleca of Disposition (Name of cemetery, cremetory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 1 Buriel 2 Cremetion 3 Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) ARLINGTON NATIONAL CEM. 7/10/97 21. Signeture of Funerel Servica Licensee 22. Name end Addrass of Fecility MO0091 CHAMBERS FUNERAL HOMES, P.A., RIVERDALE, MD. 20737 23e. Pert1. Enter tha diseese, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or haart failure. List only ona cause on each line. Approximete Intervel Between **Physician** /Medical Immedieta Cause (Finel ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE diseese or condition resulting in death) Examiner Dua to (or es e consequança of) Examiner Tha law requires that the daath cartificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Undarlying Cause (Disease or injury that initieted events resulting in death) Lest and Dua to (or es e consequença of): Box 68760 Physician/Medicai tha Due to (or es e consequenca of): P.0. Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of deeth? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 🛣 Unknown should be dat ETHANOL ABUSE Records, þ 24b. Were autopsy findings aveilable prior to completion of cause of daath? 24e. Wes en autopsy performed? Be Completed 1 Yas 2 No this cartificete Division of Vital To the Hoapital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartifice completely filled in by the funeral director, I 25. Was case refarred to medicat 26. Plece of Deeth (Check only ona) Hospitel: 1 | Inpatient 2 | ER/Outpetient 3 | DOA Other: 4 Nursing Home 5 AResidence 6 Other (Specify) 2 ¹X Yes 2 No 27. Manner of Deeth 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury et Work? 5 Pending investigation 1 Neturet 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Streat end Number or Rurel Route Number, City or Town, State) 28a. Place of Injury - At home, ferm, straat, factory, office building, etc. (Specify) 4 Homicida 1 Cartifying Physicien: To the best of my knowledge, daeth occurred et the time, dete end place, and dua to the cause(s) end menner es steted.

2 Medical Exeminer: On the basis of exeminetion end/or investigetion, in my opinion, death occurred et the tima, data end place, end due to the cause(s) end mannar stated. edicai 29a. Certifier 29b. Sighlature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Yeer) JULY 08, 1997 D33954 o completed cause of death (Item 23e) (Type, Print) 3001 HOSPITAL PRINT, CHEVERLY, MARYLAND 20785 JK MO 32. Registrar's Signeture State

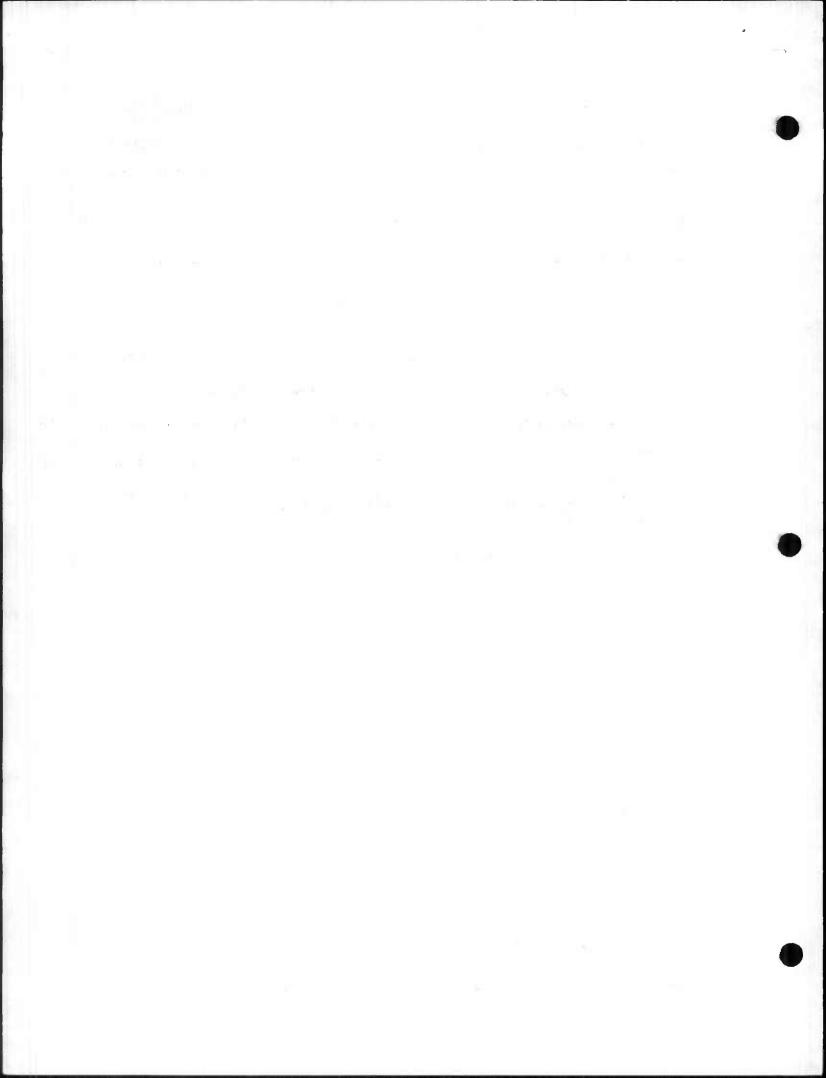
Sylve .gt my mt. arren afan fan fan Sansta Nord-and provided the SAMP table when the latter 

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. 22468

					State of	of Maryland / Department of Health and Mental Hygiene	- (
mand	#20=	7/0/07	TOR ATLA	3.6		years years and the same transfer of the same trans	
merica	mzva,	7/8/97,	ENAIM,	Montq.	Co.	Cortificate of Death	

		_	y cy s y Hilly Hollie	.g. co.		C	ertifica	te of	Death			Reg. No			
	Physic		Decedent's Nama (First, Middle, Glenn McLaug	•							2. Date of D Month June		1997	Year	3. Time of Death 10:25 at
	/Medi Examii		4a. Facility Name (If not institution,	give street and n	um <i>ber)</i>				4b. City, Towr	n, or Loc	ation of Dea	ith 4c.	County o	f Death	
7			Manor Care Whea	ton. Nu	rsing	Home			Wheaton	n		Mo	ntgo	merv	
т	Funeral			3. Sex		(In yrs. last birthda		er 1 Yea		Hrs.	8. Data of B				laca (Stete or Foreign
1	Director		579-50-0699	1□ M 2□ F	92	Yrs.	Months	Day	Hours	Min.	July 4	4, 19	04	Prag	ue, OK
	р _		Usual Residence of Decedant												
	show	_	10a. State 10b. County		1	10c. City, Town or	_ocation							1	Od. Inside City Limits
	h the Meryler r 28a-f show r colli ed a	cto	D.C. N/A			Washingt	on, D	.C.							1√2 Yes 2 □ No
	ith th	i e	10e. Street and Number				10f. Z	ip Coda				10g. Citi	izen of Wh	nat Coun	try?
	23a c	ie i	3001 Veazey Terr	ace			200	08				U.S.	Α.		
	items instrument	Funeral Director	11. Marital Status	12. Was De	cedent Ev	ver in U,S. 13	. Was Dace	edant of	Hispanic Origin ban, Mexican, I	n? (Spec	cify Yes or N		14. Race		
0	72 hours efter deeth with the Merylend natural', or ferma 23e or 28e-1 show picel Examiner must be notified at		1 ☐ Never Marriad 2 🖔 Marrie	d 1 Yes	orcas? 2 ANo		1 ☐ Yes			ruantor	nicari, atc.)			White,	
Maryland 21215-0020	al.	b	3 Widowed 4 Divorced	If Yes, G Year or	Dates:		1 LI Yes	21 <b>2</b> [N	Specify:				Specify:	Whit	te
5	72 hours natural',	Completed	15. Decedant's (Specify only highest	Education		16a. Dec	edent's Us	ual Occi	pation	of sometime		16b. K	ind of Bus	iness/Inc	lustry
7	C	pje	Elementery/Secondary (0-12)	Ī	(1-4or 5+)	life	DO NOT	use retir	e during most o	II WUIKIII	g				
21	giene. grane. granan	no.		5+			omist					U.S	. Go	vern	ment
bu	e filed withi al Hygiene. I other than vent, tre M	Be	17. Father's Name (First, Middle, L.	ast)					18. Mother's	s Name	(First, Middle	e, Maiden	Sumame	)	
<u>a</u>	Vid b	To	Claude E. McLaug	hlin					Maude	Tho	mpson				
a	sho man		19a. Informant's Name/Relationshi			19b. Me	ling Addres	s (Stree	et and Number	or Rure	Route Num	ber, City o	r Town, S	tate, Zip	Code)
Σ	alth e		Dorothy J. McLau	ghlin V	Vife	3001	Veaz	ey 1	errace	, N.	W., Wa	ashin	gton	, D.	C. 20008
e,	f Hend		20a. Method of Disposition			20b. Place of Dis	position (Na	ame of			Date		ocation - C		
altimore,	art: If		4 ☐ Donation 5 ☐ Other (Spa		Stata	Mount Co	-			17	/1/97	ΔΊρν	andr	i a	Virginia
=	ortar		21. Signature of Furural Service Li						ress of Facility	11	11/9/	HICA	and I	La,	viiginia
Ba	permit. Peges 1 and 2 should be filed v Deportment of Health and Mental Hygie Important: If Nem 27 Is marked other to any Injury or other traumatic event, m once.		1 Johan	2 ( Wests	702				ler's	Sons	Inc	5130	UT.	Δτια	NIU
_	_		1 (1411)7/	4 000	N	W	ashin	gtor	D.C.	-200	16		, MT 7	ave.	
			23a. Part 1. Enter the diseasa, of c shock or heart feilure. List of	omplications that nly one cause on	each line	ne death. Do not a	ntar tha mo	oda of dy	ring, such as ca	ardiac or	respiratory	arrest,		į	Approximate Interval Between
	Physician		Land of the second											1	Onset and Death
1	/Medical Examiner		Immadiate Causa (Final disease or condition	a	Sepsi	S								1	1 day
н	Examiner		resulting in deeth)		Di	ue to (or as a cons	equence of	):						I	
	D #	Examiner		<b>b</b>										1	
	icete be executed physician end s the buriel-transit	хап	Sequentially list conditions,		D	ue to (or as a cons	equence of	):		-					
50,	Sian Sian Suriel		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury											1	
68760,	certificate be execul nding physician end use es the buriel-trar	/Medical	that initiated events resulting in death) Last	v	Du	ue to (or as a cons	quence of)	):							
	certification of the second of	Me												-	
Box	eath ce		· ·	u										1	
o.	0 0 0	Physiciar	Part ii. Other aignificant condition	a contributing to	death but	not resulting in the	underlying	ceuse g	iven in Part I.		23b. Dic	tobacco	uae cont	ribute to	the cause of death?
P.	of the	F.									1	Yes 2	⊠ No :	3 🗆 Prot	ably 4 Unknown
	as the	þ													
Records,	w requires that the been signed by th should be detach	Completed										s an autor	psy	24b. We	ere autopsy findings aliabla prior to
S	0 0	pie													nplation of causa death?
æ	The law ete hes page 2	mo									1□	Yas 2	₩ No	1 🗆	Yas 2□No
a		Bec	25. Was case referred to medical						26 Place o	of Death	(Check only		Zi.		
of Vital	Physician: this certific ral director,	To B	examiner? 1 ☐ Yes 2 ☐ No	Hospital:	Innationt	2 ☐ ER/Outpati	ent 3 🗆 D	0	thor		e 5 Res		€ □Othor	/Consis	.1
	£ 50		27. Manner of Deeth	28a. Date	of Injury	28b. Time		28c. Inj			8d. Describe				//
Division	Attending or death. ector: After by the fune	Certification:	1 ☑Natural 5 ☐ Pending 2 ☐ Accident investiga	(Mo	nth, Day Y	(ear) Injury	м		onk? ⊒Yes 2. □No						
S	deal deal	fica	3 Suicide 6 Could no	t be Dec Bloc	a of Injury	/ - At home, farm, s	treet facto				8f. Location	(Street an	nd Number	r or Rura	l Route Number,
Ö	or lefter Dire	erti	4 ☐ Homicide determin	build	ling, etc.	(Specify)		.,,			City or To	own, State	)		
	Hospital 24 hours Funeral stely filled		29a. Certifier 1Kl Certifying	Physician: To th	e hest of r	my knowledge, dea	th occurre	d at the	ime date and	nlaca a	nd due to the	e conse(s)	and man	nor se et	eted
	Hos 24 h Fur etely	edicai	(Check only 2 Madical Ex	caminar: On the I	basis of ex	xamination and/or	nvestigatio	n, in my	opinion, death	occurre	d at the time	, date and	placa, ar	nd due to	the ceuse(s)
	To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral	Z E	29b. Signatura and title of certifler	_ A			29	9c. Licer	nse number			29d. Da	ta signad	(Month.	Day, Year)
	4		N W	alda	M			425							
	4	-	1					443	10			June	30,	199	/
			30. Name and address of person w					0.1.6							
			Gul Chablani, M	υ, IIII	KOCK	ville Pil	ce, #:	316,	Rockvi	Llle	, MD 2	20852			
	Sta		31. Date filed (Month, Day Year)	1997 32.	Hegispar's	s Signature a Davidson-	n								
	Registr	di		1001	1	- wordsow-	randel	4							

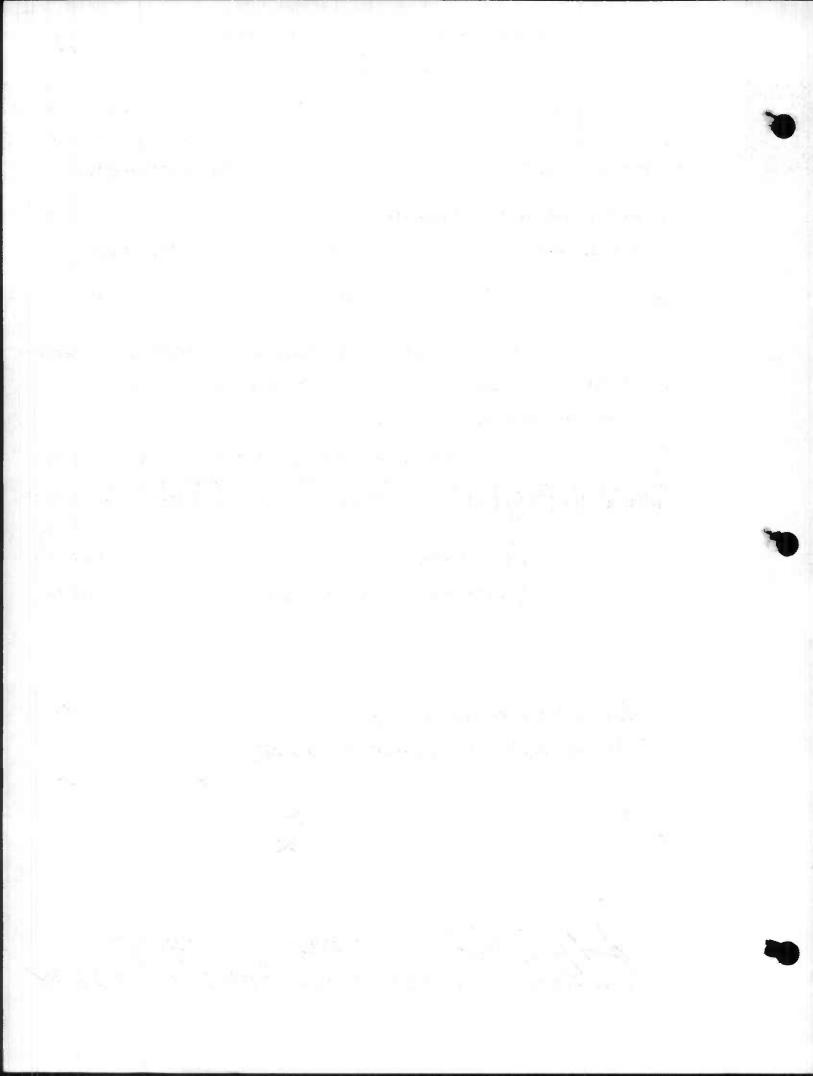
DHMH 16 Rev 6/95



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 4 6 9 State of Maryland / Department of Health and Mental Hygiene

Certificate of Death ITEM: 1 perM.D G-750 8-1-97 eoh 1. Decedent's Neme (First, Middle, Last) 2 Date of Death 3. Time of Deeth JOHN P. MATTINGLY Month **Physician** /Medical 4a. Fecility Neme (If not institution, give at eet and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner watgone are Vera 7. Age (In yrs. last birthdey) pring Year | If Under 24 Hrs. 8. 5. Social Security Number 6 Sex Dete of Birth J. Dirthplece (State or Foreign **Funeral** XXM 2□F Deys 379-26-5758 75 Yes March 19,1922 Maryland Director Usuel Residence of Decedent Peges 1 end 2 should be filed within 72 hours after death with the Manyland nent of Health end Mental Hygiene. Inter if them 27 is marked other than "natural", or items 23a or 28=4 show mix; if item 27 is marked other than "natural", or items 23a or 28=4 show mix; if items 23a or 28=4 show mix; if items 23a or 28=4 show mix; if items 23a or 28=4 show mix; if items 23a or 28=4 show mix; if items 23a or 28=4 show mix; if items 23a or 28=4 show mix; if items 23a or 28=4 show mix; items 25a or 25a or 25a or 25a or 25a or 25a or 25a 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits Maryland Prince George's Beltsville 1 ☐ Yes XXNo Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4100 Sellman Road 20705 United States Funerai 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) Raca - American Indien, Bleck, White, etc. 11 Marital Status 1 Never Married 2 Married 1 ☐ Yes XX No If Yes, Give Yeer or Dates: 21215-0020 1 ☐ Yes XX No Specify: White Completed by 3 XX Vidowed 4 □ Divorced al Hygiene.
d other than "natural event, the Wedical E 15. Decedent's Education 16a. Decedent's Usuel Occupetion 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Agricultural Scientist University of Maryland Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be Raphael Douglas Mattingly Margaret Armour Fanning 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Bonnie Mattingly (Daughter) same as #10 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete XX Burial 2 Cremetion 3 Removel from Stete pemit. Pege Department of Important: If any Injury or once. Fort Linclon Cemetery 7/9/1997 Brentwood, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Sign wre of Funeral Service Licent Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Maryland 20705 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heer fellure. List only one cause on each tine. ntervel Between Onset end Deeth Physician /Medical Immediate Ceuse (Finel neumon19 read diseese or condition resulting in death) Examiner Due to (or es e consequence of): Physician/Medical Examiner ician end burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury Due to (or es e consequence of): Box 68760. the death certificate be the thet initieted events resulting in deeth) Lest Due to (or es e consequence of): 888 esn P.O. Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dtd tobecco use contribute to the cause of deeth? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Unknown l be det Division of Vital Records. ρλ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed page 2 s 1 Ses 2 1 No 1 ☐ Yes 2 No 25. Wes cese referred to medicel exeminer? Be 26. Place of Deeth (Check only one) To Hospitel: Other: 4 rsIng Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3□ DOA this funerel 28e. Dete of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of Injury 28c. tnjury et Work? 28d. Describe how Injury occurred he Hospital or Attending P in 24 hours efter death.

The Funeral Director: After t pletely filled in by the funeral Certification: After 1 Natural
2 Accident 5 Pending investigation 1 Yes 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier Medical To the Hosp within 24 hor To the Fune completely fi (Check only one) 29b. Signature ary 29c. License number 29d. Detersigned (Month, Day, Year) 10 30. Name and ompleted ceuse of deeth (Item 23a) (Type, Print) Laurel Dawie Rd #307 4333 32. Registraris Signature, State wha Davidson Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

								rtificate		Death		Reg. N		6.0	410	
	Physic	ian	1. Decedant's Nama (First,								2. Data of Do	D	av	Yaar	3. Tima of Deeth	
J.	/Medi		Jerome	s.	Machlin						July 2	2, 1	997	i orali	6:00am	
ľ	Exami	ner	4a. Facility Nama (If not ins			er)				4b. City, Town, or	Location of Deal		c. County			
1_			Manor Care		-			Millerday		Wheaton			Monto		*	
	Funeral Director		5. Social Security Number 064–16–9128		x 7.7	Aga (In yrs. li 83	Yrs.	If Undar	Days	If Undar 24 Hrs. Hours Min.	(Month, D	rth ay, Year I	1913	9. Birthpl Count New	aca (State or Foraign ry) York	
	P & w		Usual Rasidance of Decedar 10a. Stata 10b. C			10c. City	, Town or Lo	cation						10	Od. Insida City Limits	
	Maryi	ō	MD Moi	ntgome	ry		ver Sp								1 □ Yas 2X No	
	tha 288	Joe .	10e. Street and Number					10f. Zip (	Coda			10a. C	itizen of W	hat Count	rv?	
	3a o	0	3615 Janet 1	Road				2090	6			USA				
020	urs efter daat al', or items 2 Examiner mu	by Funeral Director	11. Marital Status  1 Nevar Married 20 3 Widowed 4 Div	Married	12. Was Deceder Armed Forcas 1 X Yas 2 If Yas, Giva Yaar or Dates	s? ] No	}	Was Deceda f Yas, speci 1 ☐ Yas 2		lispantc Origin? (S an, Maxican, Puart Specify:	pecify Yas or No o Rican, atc.)	0-		- Amarice k, Whita, a Whi	tc.	
5-0	72 ho natur	Completed	15. Da (Spacify only	cedant's Edu	cation		16a. Deced	lant's Usual	Occup	oation during most of wor d)	rkina	16b.	Kind of Bu	sinass/Ind	ustry	
21	ire, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours efter death with the Manylend Fleath and Mantal Hygiene. I health and Mantal Hygiene. Item 27 is marked other then "natural", or items 23s or 28s-f show other traumatic event, the Medical Examinar must be notified at		Elementary/Secondery (	-	College (1-4o	r 5+)					Kiily	Ame	ricar	ican Contract		
121			47 Fathadablass (Fatha	2440 4 - 4	5+		National Director Bridge League							e		
lanc			17. Fathar's Nama (First, M Jacob Machl						18. Mothar's Nama (First, Middle, Melden Sumama) Sadie Sobel							
any	and A	T <sub>o</sub>	19a. Informant's Name/Rai	ationship (T)	rpe, Print)		19b. Mallir	g Addrass	(Straat	and Number or Ru	ıral Routa Numb	lumber, City or Town, Stata, Zip Coda)				
	and aalth		Gertrude Mad	chlin-	spouse					Silver	Spring,	MD	20906	5		
ore	of Haritan		20a. Mathod of Disposition 1   Burial 2 □ Cram	ation 3.□E	Removel from Stat		ace of Dispo matery, cran			ce)	Data		Location - (			
E	Pag mant ant: I					" Mei	norah	Garde	ns	ĺ	7/3/97	Roc	kvill	Le, M	D	
Baltimore,	permit. Pagas 1 and 2 Dapartment of Health a Important: If itam 27 is any Injury or other tra pace.		4 □ Donation 5 □ Other (Spacify)  Menorah Gardens  7/3/97 Rockville, MD  22. Name end Addrass of Facility Edward Sagel Funeral Direction 1091 Rockville Pike, Rockville MD 20852  33. Part1. Enter the design of Complications that caused the death. Do not anter the mode of dying, such es cerdiac or respiratory arrest, Shock, or heart inhum that only one cause on each line.													
	Physician /Medicai Examiner	er	Immediata Causa (Final disaasa or condition resulting in daath)	LISI ONLY OF	End Sta	ge Rei	nal Di	sease							Interval Batween Onsat and Death	
	onsit	mln			Hypert			-								
Ć.	ifficate be executed g physician and es tha bunel-trensit	Examiner	Sequantially list conditions if any, leading to immediate causa. Enter Underlying Causa (Disease or injury that initiated avants			Dua to (or as a consaquance of):  Dua to (or as a consaquance of):								1		
68760,	ysicia a bur	edical	Causa (Disaase or injury that initiated avants	<b>4</b>	2									-		
	5 00		rasulting In daath) Lest			200 10 (0.	ao a oonoaq	au/100 01/.								
Box	daath cart a attandin ed for usa	an/I			d									<u> </u>		
	daat na att ed fo	sici	Part ii. Other significant co	nditions cor	ntributing to death	but not rasu	ting in tha u	ndarlying ca	usa giv	an in Part I.	23b. Did	tobacc	o uaa con	tributa to	the cause of death?	
», P.O	es that the da igned by tha s be dateched	by Physician/N	Congestive	Heart	Failure						10	Yes	2⊠ No	3 Prob	ably 4 Unknows	
Records,	been s	Completed t	Chronic Obs	tructi	ve Pulmo	nary 1	Diseas	e			24a. Was	an eute ormad?	opsy	con	ra autopsy findings ilable prior to aplation of cause	
Re	The law ata hes b page 2 s	ошо	Dementia								10	Yas 2	2 <b>(X</b> No		eath? Yes 2□ No	
Vital	Iclan: The cartificata rector, pag	Be (	25. Was case refarred to m axaminar?							26. Placa of Dea	ath (Check only	one)				
of	Physician: this cartific ral director,	2	1 ☐ Yas 2 🔯 No	F	lospital: 1  Inpat	tiant 2 🗆 E	R/Outpatien			+ Cal-1 turbing it	loma 5 ☐ Ras	Idance	6 □Othe	r (Specify	)	
		on:	27. Manner of Death 1 X Natural 5 ☐ F	ending	28a. Data of in (Month, D	jury ley Yaar)	28b. Tima of Injury	M 28	c. Injur Wor		28d. Dascribe	how inj	ury occurre	ed		
Sic	Attending ir death. Sctor: After by the fune	cat	2 Accident invastigation							Yes 2 □ No	2011		-101			
Division	al or Attend s after death al Director: / ed in by the	27. Manner of Death   1 Matural   5   Pending   28a. Data of Injury   28b. Time of Injury   28c. Injury at Work?   1   Yes 2   No   28d. Dascribe no   28d. Dascrib											r or Hurai	Houra Number,		
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b	edical												eted. tha causa(s)		
	To the To the	29b. Signatura and title of certifiar 29c. Lice							29c. Licansa number 29d. Data signed (Month, Day,				Day, Yaer)			
	10		> for	CI	wa			D	203	67		July 2, 1997				
•			30. Name and addrass of pe	erson who co	mpleted causa of	daath (Item	23a) (Type,	Print)								
			Dr. Joel Ka	Lman	6111 Exe	cutive	Blvd	Rock	vi1	le MD 20	852					

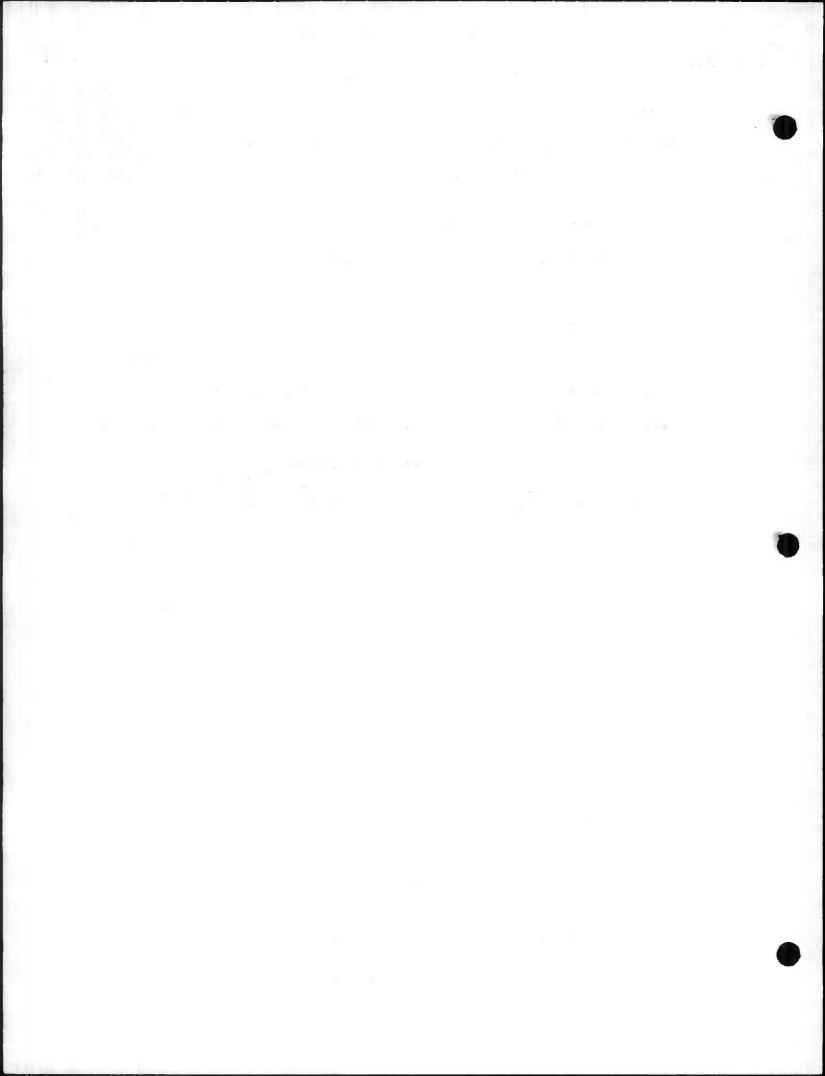
Registrar

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 22471

Certificate of Death

-								0011	moato c	<i>71 L</i>	Journ			Reg. N	0.		
	Physic /Medi		Joan 1. Maiolo										2. Dete of D Month JULY		ay 5 19	Year 197	3. Time of Death 3:40 A
	Examir		4a. Fecility Name (	If not institution, g	ive street and n	umber)				4	b. City, To	wn, or L	ocation of Dea	th 4	c. County	of Death	
М			MARVIA	ND SHOO	וגקד אי	ΙΜΔ				١,	BALT	TMO	DE				
-			5. Social Security N		Sex		n yrs. last bir	thday	If Under 1 Ye		If Under:			Ridh 0 P			Jan 2010 10 5 10 10 10 10 10 10 10 10 10 10 10 10 10
п	Funeral				1 M 2 XF			Yrs.	Months Da		Hours	Min.	8. Date of Bi (Month, D	ay, Yea	)	COIN	place (State or Foreign stry)
	Director		217-32-0			1	61	113.					Oct. 2	8, 1	935	Wash:	ington, DC
	p .		Usual Residence o				- O> T		. 41								
	show a	_	10a. State	10b. County		10	Oc. City, Tow	n or Loca	ation							1	0d. Inside City Limits
	W I	Ş	MD	Anne A	runde1		Severi	1									1 ☐ Yes 2 🖾 No
	be filed within 72 hours after death with the Maryland tiel Hyglene. Id other than "natural", or Items 23a or 28a-f show event, the Medical Examiner must be notified at	Director	10e. Street and Nu	mber					10f. Zip Cod	de				10a. C	itizen of	Whet Cour	ntrv?
	With		0220 5	C: 11 C										***			.,
	ath 23	Funeral	8239 Dee	riield C	-			1	211	• •				US			
	e de	I I	11. Marital Status		12. Wes Dec	cedent Eve orces?	ir in U,S.	13. W	as Decedent Yes, specify (	of His Suber	spanic Ori n, Mexican	gin? (Sp , Puerto	ecify Yes or N Rican, etc.)	0-		ce - Americ ck, White,	
0	or it		1 Never Marr	ied 2 Married	1 ☐ Yes If Yes, G	2 No			□Yes 2🌁								0.0.
21215-0020	al.	by	3 🖾 Widowed	4 Divorced	Year or I	Dates:		"	L 105 2EF	140	Specify.				Specif	y: WI	nite
9	2 ho	Completed		15. Decedent's	Education		16e.	Decede	ent's Usual Oc	cupa	ition			16b.	Kind of B	usiness/Inc	dustry
1	2 2	e		cify only highest g				(Give k)	ind of work do O NOT use re	ne d	urina mosi	of work	ring				,
7	within ene. than "	E	Elementary/Seco	ondary (0-12)	College	(1-4or 5+)								0		D	
	led lygie		12	/=:				ecr	etary	Т						Diagr	nosis
č	T OF T	Be	17. Father's Neme	(FIRST, MIDDIE, LA	st)						18. Mothe	rs Nam	e (First, Middle	, Malde	n Sumer	ne)	
<u>a</u>	should be filed wand Mentel Hygle a marked other ti	2	Robert G	. Temple							C1a	re I	. Love				
=	sho and a		19a, Informant's No	eme/Relationship	(Type, Print)		19b	. Mailing	Address (Str	eet a			el Route Numi	er, City	or Town	State, Zip	Code)
Ž	tra tra		Margaret	A Catl	037												
ď	1 end 2 Health em 27 i				еу	T			ition (Neme o		Driv	e, (	len Bu		-		
0	ges 1 end 2 should it of Health end Men if Item 27 is marks or other traumatic		20a. Method of Dis		□ Removal from		cemete	ry, creme	etory or other	place	9)	į	Date	20c. I	_ocation	- City or To	wn, State
E	Pag nent nt: i		Laburiai 2 Cremation 3 Linemoval from State								7	7/9/97 Silver Spring, MD					
Baltimore, Maryland	permit. Pages 1 en Depertment of Heal Important: if item 2 any injury or other once.		21. Signature of Fu	ineral Service Lic	ensee		oute c						ncis J				
B	Depermination of the party is process.			1. 1	201	)							ersity				ICIAI
			M	cheur	At est	e		Si	lver S	pri	ing,	MD	20901	DIV	u. n	COC	
			23a. Pert1. Enter t shock, or hea	he disease, or co	p cations that	caused the	death. Do	not enter	the mode of	dying	, such as	cardiac	or respiratory	arrest,		1	Approximate Intervel Between
	Physician /Medical Examiner		Immediate Cause disease or condition resulting in death)	(Final	a. Mu		e to (or as a			d	Cu	Hhhs	wo	und	13.		Onset and Death
_	-	Examiner	b. Due to (or as a consequence of):														
	uted d ansi	重															
	el-tri	Xa	Sequentially list conditions, if any, leading to Immediate cause. Enter Undertying Cause (Disease or Injury c.														
ox 68760,	eeth certificate be executed attending physician end for use es the buriel-transit	6															
8	sete shys	an/Medical	resulting In death)			Due to (or as a consequence of):											
9	ing p	Me															
	bue!	Jun 3			d					-						-	
	es thet the deett igned by the atte be detached for	Physicia	Part II. Other eignif	ficant conditions	contributing to d	death but n	ot resulting in	the unc	derlying cause	n aire	n in Part I		23h Did	tohacc	0.1180.00	ntribute t	the cause of death?
0	the y th	ys			oonthibuting to t	Journ Dut II	ot rosatting it	r trio di it	sonying cause	give	MINITERICA				_		
	thet ad b	5											1	Yes	21 <b>31No</b>	3 □ Prol	bably 4 Unknow
Records,	law requires thet the es been signed by the s 2 should be detacht	by														т	
5	v require been si should	Completed											24a. Was	an eute	opsy		ere autopsy findings elleble prior to
Š	aw re s be 2 sh	Die									-		po			CO	mpletion of cause death?
æ	0 - 5	E													_		
m	cate												1149	Yes 2	2 □ No	18	PYes 2□ No
of Vital	Physician: The this certificate and director, peg	Be	25. Was case refer examiner?	red to medical								of Deat	h (Check only	one)			
	Physic this c	2	1 X Yes 2 □	No	Hospital:	Inpatient	2 ER/Ou	tpatient	3EXDOA	Othe	r: 4 □ Nu	rsing Ho	me 5 Res	idence	6 □Oth	ner (Specif	y)
0	g Ph er th		27. Manner of Deet		28a. Date	of Injury		Time of	28c. I	njury	at		28d. Describe				
9	A P	유	1 Natural	5 Pending investigati		nth, Day Ye		13/			:/ /es 2.521	No	Subje	ut	Sta	3500	1
Division	f or Attanding after death. Director: After In by the fune	ca	2 ☐ Accident 3 ☐ Suicide	6 Could not	he	-	,					-	ont to antion	/C44 -			10-4-Mark
≥	irec irec	듣	determined  28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)										City or To	wn, Ste.	te)	oer or mure	I Route Number,
	Ta Sa Belle	27. Manner of Deeth 1 Natural 2 Natural 3 Suicide 4 Phomicide 28a. Date of Injury (Month, Day Year) 7 - 6 - 9   28b. Time of Injury (Month, Day Year) 7 - 6 - 9   28b. Time of Injury (Month, Day Year) 7 - 6 - 9   28c. Injury at Work? 1 Yes 2 No 28b. Time of York? 1 Yes 2 No 28c. Injury at Work? 28b. Discribe how injury occurred 6 Subject Study 28c. Injury at Work? 1 Yes 2 No 28c. Injury at Work?										L Cir.					
	To the Hospital or Attanding I within 24 hours after death.  To the Funeral Director: After completely filled in by the fune	edicai	29a. Certifier (Check only one)	1☐ Certifying F 2 Medical Ex	miner: On the b	e best of moasis of example stated	amination an	, deeth o	occurred at the estigation, in m	e tim	e, date and inion, deal	d place, th occur	and due to the red et the time	cause( date ar	s) and made,	enner es si and due to	tated. the cause(s)
	ithii om the	ž	29b. Signature end	title of certifier	10	1			29c. Lic	ense	number			29d. D	ate signe	d (Month,	Day, Year)
	10				01	//			0.0							6,19	
	1-				/ 4	1											
			30. Name end addr			se of death											
			Davik	RF	ruler		1	11 I	Penn S	St:	reet	, B	altimo	ore,	Ma	ryla	ind 21201

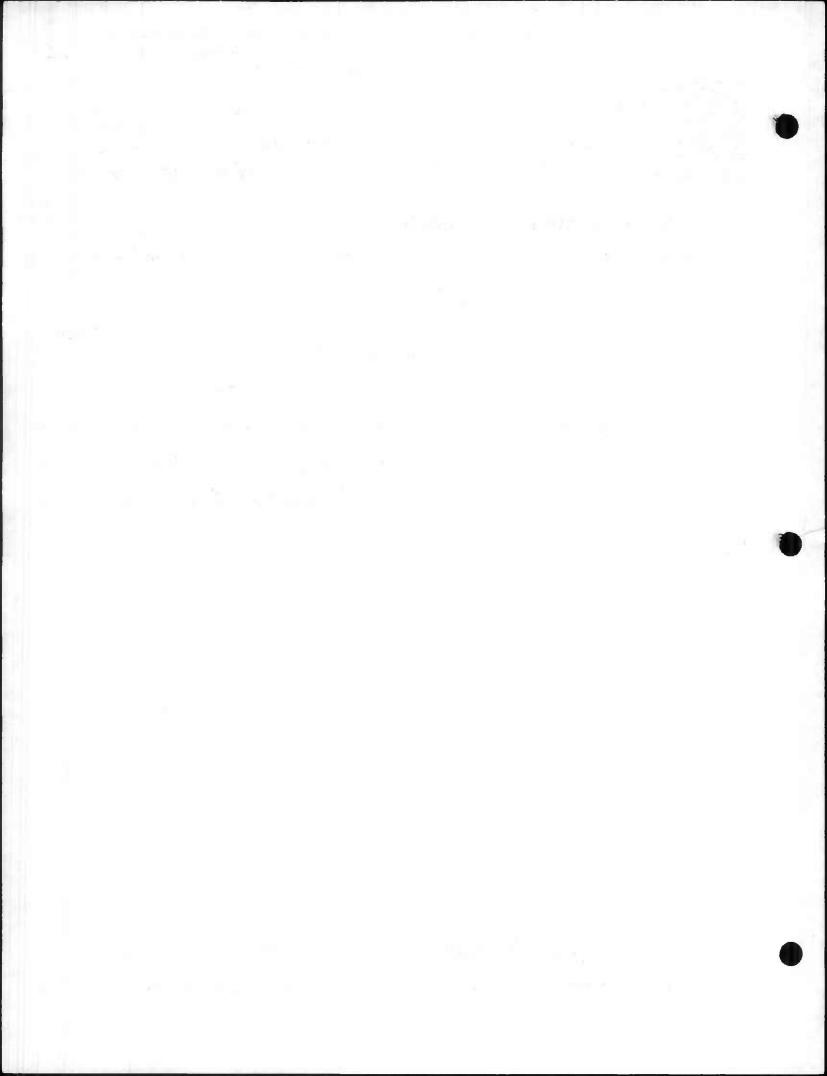
State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple.

State of Maryland / Department of Health and Mental Hygiene 22472

		Certificate of Death Reg. No.														
	Division		1. Decedant's Nema (First, Middle,	Lest)							a of Daath			3. Tin	na of Death	
Л	Physic /Medi		William	F.		Mar	rks				y 6.	Day 1997	Yaar	2.5	25 AM	
7	Exami		4a. Fecility Nama (If not institution,	give streat and numbe	er)				4b. City, Town, o		-	4c. County	y of Death	4.6	J DIT	
п			1 Lee Court						Rockvil	10						
Н	Funeral			6. Sax 7.	Age (In yrs	. last birthday)	If Under		If Under 24 H		a of Birth	Mont	gomer	y Jaco (St	ata or Foreign	
æ	Director		102-22-9493 Usual Rasidance of Decedant	1□ <b>X</b> M 2□ F		67 Yrs.	Months	Deys		in. Octo	ber 4,	1929	New	YO	rk	
	Mend Mend		10a. Stete 10b. County		10c. C	ity, Town or Lo	ocation						1	Od. Insid	de City Limits	
	Mary Fr	ğ	Maryland Montgo	merv	Ro	ckvill	٩						ľ	V	Yas 2 □ No	
	r 28a	Director	10e. Street and Number		, ,,,		10f. Zip	Coda			100	What Coun	itry?			
	h with	JE D	1 Lee Court				2	0850	n			nited				
	deat	Funeral	11. Marital Status	12. Was Decedar	nt Evar in L	J,S. 13.			dispanic Origin? an, Maxican, Pu	(Specify Ya		14. Rad	ce - Amaric	en India	n,	
21215-0020	s 1 end 2 should be filed within 72 hours efter death with the Marylend if Health end Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, its Medical Examiner must be notified at	by Fu	1 ☐ Nevar Married 2 ☐ Merrie	Armad Forca d 1 XYes 2 If Yas, Giva Yaar or Datas	s7 □ No 195 s: 105	1-	if Yas, spec 1□ Yas 2			arto Rican,	atc.)	Specif	ck, White, a			
0-10	2 hou		15. Decedent's	Education	155	16e, Dece	dant's Usua	l Occup	pation		16	Bb. Kind of B				
27	nin 7	Completed	(Spacify only highast Elamantary/Sacondary (0-12)	grade complated) College (1-4c	. F.\	(Giva	kind of wor DO NOT us	k dona e ratire	during most of w	vorking		.S. Pt			1th	
21	d with	E	12	4	) (D+)	Perso	nnel:	Spec	cialist		S	ervice	9			
שַ	othe othe	Be	17. Fether's Nema (First, Middla, La	ist)						Nama (First, Middle, Maidan Sumame)						
Maryland	2 should be filed within end Mental Hygiene. Is marked other than surmatic event, the Mental than the Mental t	TOE	Thomas Marks						Anastas	stasia Higgins						
an	sho and h		19a. Informant's Name/Relationshi	p (Type, Print)		19b. Meili	ng Addrass	(Street	end Number or		99	Stata, Zip	Coda)			
	1 end 2 Health em 27 ls		Teresa M. Burles	on		13808 Baywind			d Court, Silver						20905	
ore	permit. Peges 1 end Department of Health Important: If item 27 any injury or other tr		20a. Method of Disposition			Placa of Dispo	sition /Nam	a of		Data		c. Location		-		
Baltimore,			1 ☐ Burial 2)(☐ Cramation 3 4 ☐ Donation 5 ☐ Othar (Spe		ta	iesapea			-	7-6-9	7 R	eltsv	1770	Man	haefy	
alti			21. Signatura of Funeral Sarvice Li		CII	-		***	ass of Facility	,, 0	ט ט	EILSV	ille,	Mai	yranu	
ä		1	10-00	00					ral Serv Avenue,	içes,	P.A.				20910	
	Physician /Medical Examiner	er	immediata Cause (Finel disease or condition rasulting In daath)	a. Metas		Colon		er				м.	1		and Death	
	cuted nd rensit	Examiner	Sequentially list conditions	b	Due to (	or as a consac	uance of):									
68760,	rificete be executed ng physicien and es the buriel-trensit		Sequantially list conditions, if any, leading to immediata causa. Entar Undarlying Cause (Disaase or injury that initiated evants	C												
	00	Medical	rasulting in death) Last													
Вох	death cert e ettendin ed for use	Physician/		d												
o	0 0 2	ysic	Part il. Other significant condition	Part il. Other significant conditions contributing to death but not resulting in the under									ntribute to	the cau	se of death?	
P.0	es that ti igned by be detai	by Ph									1 🗆 Yes	2 No	3 ☐ Prob	ably	4 🗌 Unknow	
Vital Records,	The law requires that the ste hes been signed by the pege 2 should be detache	Completed b								24	a. Was an performa		ave	ellabla p	osy findings rior to of ceusa	
Rec	hes law	I d											of c	death?		
a											1 ☐ Yes	2 <b>X</b> No	1 🗆	Yes	2 X No	
=	Physicien: this certific ral director,	Be	25. Was cesa rafarred to madical axaminar?	Hospital:				Oth	26. Placa of D	aath (Chac	k only ona)					
ō	this aidi	10	1 ☐ Yes 2 ☒ No  27. Mannar of Daath	1 ∐ Inpa		ER/Outpatier			4 LI Nursing			ce 6 □Oth		1)		
Division	D 0 5	ation	1 XNatural 5 ☐ Panding Invastiga		Day Year)	28b. Tima o Injury	м 28	Bc. Injur Wor 1 🗆	yat rk? Yas 2 □ No	28d. De	scribe now	Injury occur	red			
Ž	al or Attendir s efter death. si Director: Af ed in by the fu	Certification:	3 ☐ Suicide 6 ☐ Could no determin	ed 28a. Place of I	njury - At h etc. <i>(Speci</i> i	oma, farm, str fy)	eet, factory,	, office		28f. Loc City	ation (Stre or Town,	et and Numt Stata)	er or Rure	l Routa i	Vumber,	
	To the Hospital or A within 24 hours efter To the Funeral Director Completely filled in b	edicai	29a. Certifier 1 Certifying (Check only one) 2 Medical Ex	Physician: To the best aminar: On the bests and mannar	of axamina	owledga, daath ation and/or In	occurred e vastigetion,	t tha tir	ma, data and ple plnion, daath oc	ce, end dua curred at th	to tha ceu e time, dete	sa(s) and ma e and place,	annar as st	eted. tha ceu	sa(s)	
	Within To th											l. Date signe	d (Month, L	Day, Ye	ar)	
	10		1 91	a. SJ.	CD5	~		D	4308	3	1.	111 6	1007	,		
			30. Nama and address of person who completed causa of death (Item 23a) (Type, Print)													
			George A. Sotos				,	n Dw	ive #200	) Dos	Jev : 17	0 140	mu7 ~~	d (	20050	
	Sta	te	31. Data filed (Month, Day, Year)	32. Regis	strer's Signa	atura	ven ven	UI	TAE #201	,KU(	, K_V_1=1l	e, Irla	Lyiaii	u	20850	



State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** 3:25 PM CHARLES MURRAY THOMAS JUNC 25 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Shock Trauma Center Baltimore City If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Yeer) **Funeral**  Birthplace (State or Foreign Country) 12 M 2□ F 219-56-2671 Yrs. Director Feb. 20, 1950 Pennsylvania Usuel Residence of Decedent the Maryland 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner risust be notified at Maryland Directo Baltimore City Yes 2□ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 5 filed within 72 hours efter death with 1101 St. Paul Street 21202 Items 23a USA Funerai 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. Bleck, White, etc. 1 XNever Married 2 ☐ Married 1 ☐ Yes 2 No If Yes, Give ò Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ If Yes, Give Yeer or Detes: Specify: White 3 Widowed 4 Divorced "natural". Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry nd Mental Hygiena. marked other than College (1-4or 5+) Elementary/Secondery (0-12) Systems Analyst State of Maryland permit. Pages 1 and 2 should be file Department of Health end Mental Hy Important: If Nem 27 Is marked otherly Injury or other traumatic event 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be Thomas Walls Murray Betty Jane Smith 2 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Betty J. Murray, mother 103 F. Donzen Drive, Bel Air, Maryland 21014 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 6/28/97 1 XBuriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) St. Johns Catholic Church Cem. Long Green, Maryland me of Funeral 22. Name end Address of Fecility Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Maryland 21009 23e. Part1. Enter the biseese, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear vailure. List only one cause on each line. **Physician** /Medical Immediate Ceuse (Finel diseese or condition resulting in deeth) **Examiner** The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in death) Lest Multiple Corebral

Due to pras a consequence of): Records, P.O. Box 68760, Physician/Medical for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause in Part Did tobacco use contribute to the cause of death? á 1 Yes 2 No 3 □ Probably 4 □ Unknown signed t à 24b. Were autopsy findings available prior to Completed mpletion of cause death? certificata has blirector, page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 25. Was case referred to medical director Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 Ves 2□ No 1 Vinpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 284. Describe how injury occurred After 5 Pending investigation 1 Netural 20-97 UNK deeth. 1 Tyes Director: A 2 Accident 6 Could not be determined 3 ☐ Suicide Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or City or Town, Stete) 4 Homicide within 24 hours of To the Funeral DI completaly filled in Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end menner stated. Medical 29e, Certifier To the 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) A. Politten, MD 1)-22260 10 wid eddress of person who completed cause of deeth (Item 23e) (Type, Print)

State

Registrar

31. Date filed (Month, Day, Yeer)

IOHN S. BRITTEN, MD; 12 S. GREENE ST., BALTIMORE, MARYLAND 21201

**DHMH 16 Rev 6/95** 

AND THE PROPERTY OF THE PARTY O 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 22474 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2, Data of Death 3. Tima of Death Yaar 1991 10/4 County of Death 4a. Facility Nama (If not institution, giva straat and number) 4b. City Town, or Location of Death Southern SPIN Undar 1 Yaar ANIO 1405 8. Data of Birth 9. Birthplaca (Stata of Foreign Month, Day, Year) August 25, 1920 Washington DC If Undar 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) Months Days Min. Hours 1□ M 2₽F 579-05-0384 76. Yrs Usual Rasidance of Decedant 10b. County 10c. City, Town or Location 10d. Insida City Limits Maryland Prince George's Forestville 1 Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 3705 Donnell Drive Apt 102 20747 U.S.A. 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 Ø No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - Amarican Indian, Black, Whita, atc 1 Navar Marriad 2 Married White 1 ☐ Yas 2 No Specify 3 Widowed 4 Divorced 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Collega (1-4or 5+) N/A Elemantary/Secondary (0-12) Legal Secretary Federal Reserve Board 17. Fethar's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Ghee Hamett Mabel Regal 19e. intormant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Straet end Number or Rural Routa Number, City or Town, Stata, Zip Coda) James Miller (Husband) 3705 Donnell Dr. Apt 102 Forestville, Maryland 20747 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Ramoval trom Stata 4 ☐ Donation 5 ☐ Other (Specify) July 11, Lee Crematory 1997 Clinton Maryland 21. Signature of Funeral Se 22. Nama and Addrass of Facility Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, MD 20735 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart tailure. List only one cause on each iline. Approximata Intarval Batween Onsat and Death immediata Causa (Final disaasa or condition rasulting in daath) Dua to (or as a consequance ot): Dua to (or as a consequance ot): 35.50 Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings availabla prior to completion of ceuse of deeth? 24a. Was an autopsy 1 Yas 2 No 1 □ Yas 2 □ No 25. Was cesa reterred to medicel axaminar? 26. Placa of Daath (Chack only ona)

**Physician** /Medical Examiner

physician and the burial-transit

use as for

signed by the a

page 2 : has certificata

funeral director.

After this

after death. Director: Aft

To the Hospital or Attervitin 24 hours after dea To the Funeral Director completely filled in by the

The law requires that the death certificate be axecuted

Hospital or Attending Physician:

Division of Vital Records, P.O. Box 68760,

**Physician** 

/Medical

**Examiner** 

10e. Stata

Director

Funeral

þ

Completed

Be

2

**Funeral** 

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, tra Medical Examiner must be partitioned.

Baltimore, Maryland 21215-0020

Examiner Sequantially list conditions, if any, laading to immediata ceusa. Enter Undarlying Cause (Disease or injury that initiated evants rasulting in daath) Last Physician/Medical ģ

Completed Be

2 Certification:

1 Yas 2 No 27. Manner of Deeth

29e. Cartifier (Check only one)

1 Netural 2 Accident 3 Suicida 4 Homloide

6 Could not be determined

28a. Dete of injury (Month, Day Year) 5 Panding invastigation

Hospital:

1 Inpatiant

2 ER/Outpatient 3 DOA 28b. Tima of

28a. Place of injury - At homa, tarm, straet, tectory, office building, etc. (Specify)

28c. injury at Work?

Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No

28d. Describe how injury occurred

28t. Location (Street and Number or Rural Routa Number, City or Town, Stata)

1 Certifying Physician: To the best of my knowledga, death occurred at tha tima, date and piece, end dua to tha ceusa(s) and menner es steted. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. Licansa number

29b. Signatura and titla of certifian 30. Nama and addrass of person who completed ceusa of death (Item 23a) (Type Print) RED TAEE MUBTORD BRANCH AVE TEMPLE

29d. Data signed (Month, Day, Year) 7/10/9

31. Data filed (Month, Day, Year)

32. Ragistrar's Signatura whi Davidson Randall

State Registrar

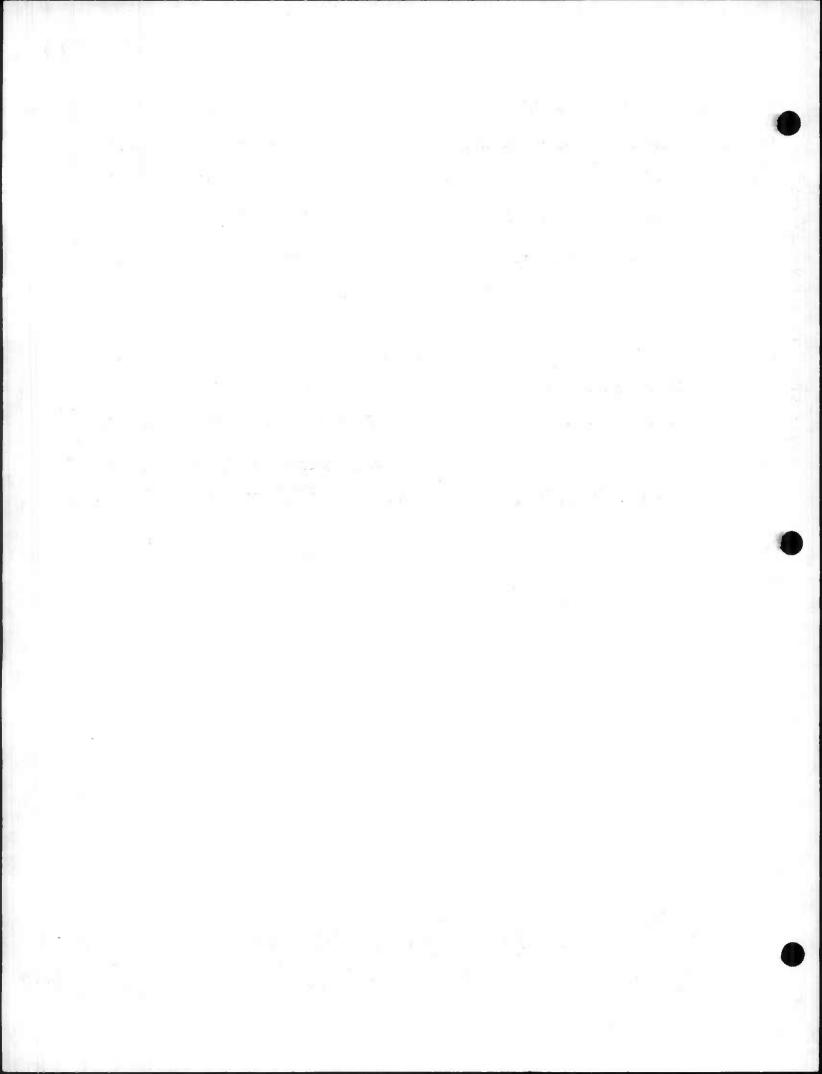
Medical

**DHMH 16 Rev 6/95** 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple. 224.75

		Decedent's Neme (First, Middle, La	st)	001	tificate of	Doam	2. Dete of De	Reg. No.		3. Time of Deeth		
Physici	an		LLIE MAYS				Month	Dey	Yeer	4:15 A.M.		
/Medic Examin		4e. Fecility Neme (If not institution, give				4b. City, Town, or	Location of Deat	th 4c. County	of Deeth	7110 41-401		
Examili	lei	Fallston Genera						To: County	Harford			
Funeral		5. Sociel Security Number 6. S	Sex 7. Age (In yr	rs. lest birthday)	If Under 1 Year	If Under 24 Hrs		rth		ora  elece (Stete or Foreign  etry)		
Director		213-20-8032	□ M 282 F 7	1 Yrs.	Months Days	Hours Min.	Dec. 10, 1925 North Carolina					
2 >		Usuel Residenca of Decedent  10e. Stete 10b. County	100	Oh. T	-41							
show anym	7		arford	City, Town or Loc	ation	Forest	u:11		1	0d. Inside City Limits 1 ☐ Yes 2 ☑ No		
or 28s-f show be notified at	Director	10e. Street end Number	di lora		406 75- 0-4-	rorest	LITTI					
5 8			D 7		10f. Zip Code	01050		10g. Citizen of \		ntry?		
ms 23	Funeral	819 Walters Mil		U.S. 13 W	as Decedent of h	21050	necify Yes or No	14 Rec	USA ce - Americ	en Indien		
if, or Items 23a xaminer must	by Fur	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Ever In Armed Forces? 1 ☐ Yes SENO If Yes, Give Year or Detes:		Yes, specify Cub □ Yes ‡5•No	Hispenic Origin? (Sen, Mexican, Puert Specify:	o Ricen, etc.)	Specify	ck, White,			
'natural'	pet	15. Decedent's E	ducetion	16e. Decede	ent's Usuel Occup	petion		16b. Kind of Bi				
- 30	Completed	(Specify only highest green Elementery/Secondary (0-12)	de completed) College (1-4or 5+)	(Give k	ind of work done O NOT use retire	during most of word)	rking					
Hygiene. Ither then ent, the M	Con	8		Homem	aker			Own Ho	ome			
marked other matic event,	Be	17. Fether's Name (First, Middle, Last,					s Neme (First, Middle, Maiden Sumeme)					
Marke Marke	2	William McKinley 1					Bessie					
E E		19e. Informent's Neme/Reletionship ( Robert R. Mays, I	***			Mill Roa				Code) 21050		
ttern 27 is marke other traumatic		20e. Method of Disposition		. Plece of Dispos		THII NO	Dete Dete	20c. Location -		ryland		
		1 Buriel 2 ☐ Cremetion 3 ☐	Removel from Stete	cemetery, crem	etory or other ple							
ortant: Injury	1	4 Donetion 5 Other (Specifical Service Licenters)			morial ( Neme end Addre	Gardens	7/8/97	Bel Air,	Mary	yland		
Important: If any injury or once.		DOMO V V	M M			McComas	III Fun	eral Hom	ne, P	.A.		
		23e Perti Enter the disease or com	plication what haused the de	eth Do not ente	West Br	coadway S	treet,	Bel Air,	Mary	yland 21014 Approximete		
hysician i		23e. Pert . Enter ne diseese, or com shock, or heart failure. List only	one ceuse on each line.		tilo modo oi dyn	ng, sour os saraide	or respiretory e	indat,		Intervel Between Onset end Deeth		
/Medical		immediate Ceuse (Final disease or condition	av	ARIAN	10	ANCE	$\sim$		,	4,001		
aminer		resulting in deeth)	e. Due to	(or es e consequ		11100	.10		-/	JEMC		
	Iner	_	<b>.</b>									
and -trans	Examine	Sequentially list conditions,	Due to	(or es e consequ	ence of):							
physician and s the burial-transit		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	C									
s the	edicai	thet initiated events resulting in deeth) Lest	Due to	(or es e consequ	enca of):							
			d									
d for	Physician/M	Port II Other elgnificant conditions	notelly sting to death has not a	andta la Maria	4.4.4	Colo Books	ant Did	A-4				
signed by the a	hys	Pert II. Other significent conditions of	ontributing to death but not re	esuiting in the und	enying ceuse giv	en in Pert I.		-/		the cause of death?		
ped e	by P						'''	Yes 2 No	3   100	Sebiy 4 Onknown		
been sig	pe						24e. Wes	en eutopsy ormed?	24b. We	ere eutopsy findings alleble prior to		
S CA	Completed						pont	Jillieg :	cor	mpletion of cause deeth?		
certificate has rector, page 2	E O						10	Yes 2000	10	Yes 2□ No		
director,	Be	25. Was case referred to medical examiner?				26. Plece of Dee	th (Check only	one)				
this ce	0	1 Ves 2□ No		☐ ER/Outpetient	3□ DOA Oth	ner: 4 Nursing H	lome 5 🗆 Resi	dence 6 Oth	er (Specify	)		
After th		27. Manner of Death 1 ☑Natural 5 ☐ Pending	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injur Wor	y et rk?	28d. Describe	how Injury occur	red			
y the fi	cati	2 Accident Investigation 3 Suicide 6 Could not be			M 1 🗆	Yes 2 No						
To the Funeral Director: complately filled in by the	Certification:	4 Homicide determined	28e. Place of Injury - At building, etc. (Spec	home, ferm, stree city)	et, fectory, office		28f. Location ( City or To	Street end Numb wn, Stete)	er or Rura	l Route Number,		
Funer Funer tely fill	edical	29a. Certifler 1 Certifying Ph	yelcien: To the best of my kr	nowledge, deeth onetion end/or inve	occurred et the tir stigation, in my o	me, dete end plece plnion, deeth occu	, end due to the rred et the time,	ceuse(s) end me date end place,	enner es ste end due to	eted. the ceuse(s)		
To the compla	Mec	29b. Signature and title of cegtiffer	end menner steted.	0	29c. Licens	se number		29d. Dete signe	d (Month, I	Dey, Year)		
F 5	1	1 31775 July 5, 1997										
1	1	30. Neme and eddress of person who completed cause of deeth (Item 23a) (Type, Print)										
/ 4		I STOAN P.	ESWARDS	Pin		FAMILET	DNELA	when	2 LA	10 2047		
Stat	e	31. Dete filed (Month, Dey, Year)	32. Registrar's Sign	nature	3.	11001/	+	0	1-110	9 -11/		
Stat Registra	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	No he	P	01			U				

DHMH 16 Rev 6/95



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible, State of Maryland / Department of Health and Mental Hygien

Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Deta of Deeth 3. Time of Deeth **Physician** Month 2:55 PM MORGAN JOHN EDWARD 10 JUL) /Medical 4a. Facility Neme (If not institution, giva streat and number, 4b. City, Town, or Location of Death 4c-County of Death Examiner DOUTHER ANd 8. Date of Birth 5. Social Security Number 7. Aga (In yrs. tast birthday 9. Birthplaca (Steta or Foreign **Funeral** , 1924 WEST 1**™** M 2□ F 233-46-0974 73 Director **VIRGINIA** Usuai Residence ot Deceden with the Maryland 10a. Stete 10b. County 10c. City. Town or Location 10d. inside City Limits 77 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at CHARLES MARYLAND LA PLATA 1 Yes 2 No Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 9454 SILVER OAK ROAD 20646 U.S.A. daath Funeral 12. Wes Decedent Evar in U,S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yas or No It Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Rece - American Indian, Black, White, etc. pernit. Pagas 1 and 2 should be filed within 72 hours aftar to Department of Haalth and Mental Hygiena. Important: If item 27 is marked other than "natural", or iter any injury or other traumatic event. In the second of the se 1 Never Merried 2 Merried 1 X Yas 2 No 1942-If Yes, Give Yaar or Datas: 1945 Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🗶 No Specify: WHITE Specify: þ 3 ☐ Widowed 4 ☐ Divorced 1945 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest greda completed) 16b. Kind of Business/Industry Elamentary/Secondery (0-12) Collega (1-4or 5+) U. S. GOVERNMENT 12 5 CHEMIST 17. Fethar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) GRADY VEER MORGAN **LULA ANN THOMAS** 19e. Intorment's Neme/Reletionship (Type, Print) 195 Meiling Address (Street and Number of Rural Route Number, City of Town, State, Zip 9454 SILVER OAK ROAD, LA PLATA, MARYLAND ELIZABETH ANN MORGAN/SPOUSE 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetery or other place) 20c. Location - City or Town, Stete 1 ☐ Bunal 2 ☐ Cremetion 3 ☐ Ramoval from Stete 4 ☐ Donetion 5 ☐ Other (Specify) HUNTT CREMATORY 7/11/1997 WALDORF, MARYLAND 21. Signature of Funeral Sarvice Licanse 22. Neme end Addrass ot Facility THE HUNTT FUNERAL HOME, INC., P.O. BOX 156, MARK G. **BROHAWN** M00053 23a. Pent1. Entar the disease, or complications that caused the daath. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or haart failure. List only one cause on each line. Approximeta **Physician** /Medical immediete Ceusa (Finei disaasa or condition resulting in daath) Examiner physician and the burial-transit cartificata be axecuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disaese or Injury that initieted avents resulting in deeth) Last Records, P.O. Box 68760 physician eu do men branous ian/Medical Due to (or es a consequenca of): usa as Of Prostate. CARCINOMA for Physicia been signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of causa of daath? 24e. Wes en eutopsy performed? Completed After this cartificata 1 ☐ Yas 2 ☐ No Division of Vital 25. Wes casa raferred to medical exeminer? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2N No 2 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 28a. Date of Injury (Month, Day Year) To the Hospital or Attending Pt within 24 hours after death.
To the Funeral Director: After the complately filled in by the funeral 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 1 Naturel 5 Panding investigation 1 Yes 2 Accident 3 ☐ Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 ☐ Homicida 12 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) end menner stated. 29a. Certifier edical (Check only one) 29b. Signetura and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) MD 30. Name end eddress of person who completed gluss at death (Item 23e) (Type, Print)
R. A. M. C. CONNAUGHY M.D. NY18 LIVINGS 418 LIVINGSTON Rd. FORT WASHINGTON, INC. 20744 31. Dete tiled (Month, Day, Year) 32. Registrer's Signeture State Jalin Swalson Rardall

**DHMH 16 Rev 6/95** 

Registra

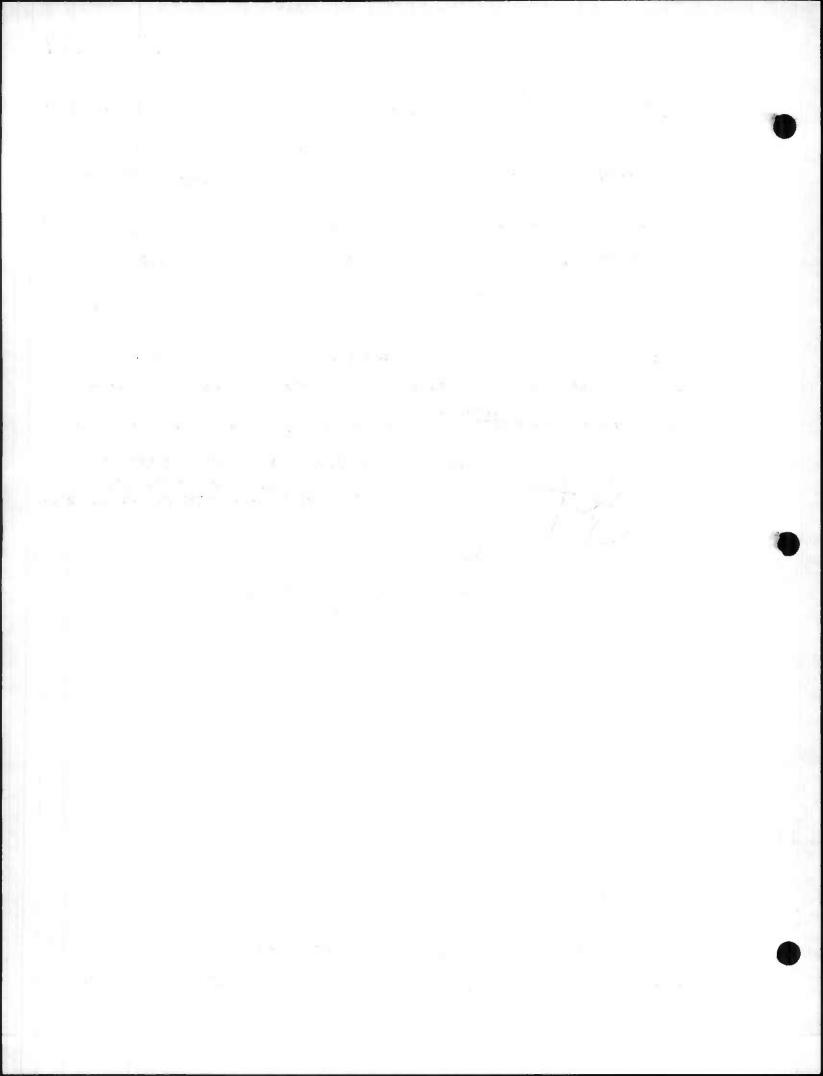
JUL1

- 10a gråi i 200 - A To At the Charles Add on the late of the attention of the 

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple. 22477 State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death **Physician** Morsberger Month 1:35PM ia July 13 /Medical 4a. Facility Nama (If not institution, giva straat at 4b. City, Town, or Location of Death Examiner 4c. County of Daath Yospital Baltimore
Undar 24 Hrs. 8, Data of E Marbor Center 5. Social Sacurity Number 6. Sex 7. Aga (In yrs. last birthday) If Undar 1 Yaar Birthplaca (Stata or Foraign Country) **Funeral** Days 1 □ M 2 🔀 F Yrs. Director 217-56-4365 MARYLAND 06-01-1928 Usual Rasidence of Dacadant death with the Marylend 10a. State 10b. County Show 10c. City, Town or Location 10d. Insida City Limits "natural", or items 23a or 28a-f sho Director 1 Yas 20 No MARYLAND ANNE ARUNDEL HARMANS 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? Funeral 1177 DORSEY ROAD 21077 U.S.A. 11. Marital Status 12. Was Dacadant Evar in U.S. Was Dacedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, etc. Pages 1 end 2 should be filed within 72 hours after inent of Health and Mental Hygiene.
ant: if item 27 is marked other than "natural; or itea
ury or other traumatic event, its Medical Experimenty. Armad Forcas? 1 ☐ Yas 2 XNo If Yas, Giva 1 ☐ Navar Married 2X Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ Specify: 3 Widowad 4 Divorcad WHITE Be Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamentary/Secondary (0-12) College (1-4or 5+) 12 HOMEMAKER OWN HOME 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) MARBURY CLARK AMY MARIE PHELPS 19a. Informant's Name/Ralationship (Type, Print) (HUSBAND) 19b. Mailing Address (Straat and Number or Rural Route Number, City or Town, State, Zip Code) Depertment of Health e Important: if Item 27 is any injury or other tracents. WILLIAM FRANCIS MORSBERGER 21077 1177 DORSEY ROAD, HARMANS, MARYLAND 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) MEADOWRIDGE MEMORIAL PARK 7/17/97 ELKRIDGE, MD. 21. Signatura of Fundal Service Ucensee 22. Nama and Addrass of Fecility SINGLETON FUNERAL HOME, 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 plications that causad tha daath. Do not antar tha moda of dying, such as cardiac or raspiratory arrast, tone causa on aach line. 23a. Part1. Enta shock, or Approximata Intarval Batwaan Onsat and Death **Physician** Immadiata Ceusa (Final disaasa or condition resulting in daath) /Medical neumonia **Examiner** Carcinoma of lung Physician/Medical Examiner The law requires that the death certificate be executed buriel-tran Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Ceusa (Disaase or injury that Initiated events rasulting in death) Last Box 68760. for use es the Dua to (or as a consequanca of): P.O. Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 NYes 2 □ No 3 Probably 4 Unknown Records, þ should be 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy completion of causa pege 2 of death? 1 Yas 2 No 1 Yas 2 No Vital or Attending Physician: 25. Was casa rafarrad to medical axaminar? Be 26. Placa of Daath (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No Certification: To 1 ☑ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA of this 27. Manner of Death 28b. Tima of 28d. Dascriba how injury occurred 28c. Injury at Work? After Division 1 Naturel 5 Panding investigation 24 hours efter death. 2 Accident 6 Could not be datarminad 3 Suicida 28a. Placa of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicide Hospital 1 Cartifying Physician: To the best of my knowledge, daath occurred et the time, date end place, and due to tha cause(s) end menner es steted.

2 Medical Examinar: On the basis of axaminetion and/or invastigation, in my opinion, death occurred at the time, data and place, and due to tha cause(s) and mannar stated. 29a. Cartifiar Medical completely (Check only within 2 To the 29b. Signatura and the of certifian 29c. Licansa number 29d. Data signed (Month, Day, Yaar) 2441614-45 July House Officer 30. Nama and address of person who complated cause of daath (Itam 23a) (Type, Print) Hanover St Baltimore 9021225 3001 XIAO ZHOU 31. Data filad (Month, Day, Year) 32. Registrar's Signatura. State 15 Registrar



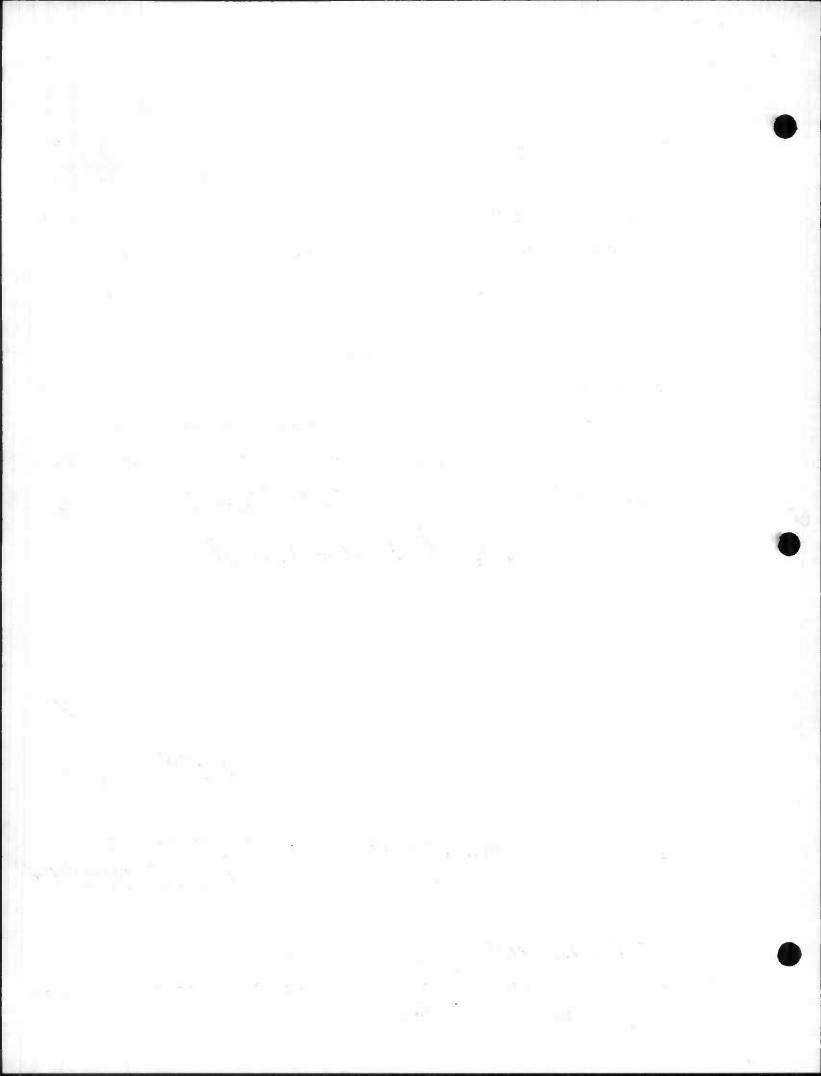
### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 22478

	OHI IOI	, ,	7. MOORE		Cei	rtificate of	Death	,	Reg. No.		
	Physic	ian	Decedent's Name (First, Middle, Last					2. Date of De Month	-	Year	3. Time of Death
	/Medi		-	n V. Moore	9			JULY		97	1925PM
	Exami	ner	4e. Facility Name (If not institution, give	The second secon				r Location of Deat	4c. Count	y of Death	
			6806 ELBROOK R 5. Social Security Number 6. Se		come food bilabele of	If Under 1 Year	LANHA If Under 24 H				EORGES
l	Funeral Director		065-42-8761	PM OF	yrs. last birthday)  7 Yrs.	Months Days	Hours Mi			9. Birthpli Count George	ace (State or Foreign ry) Guyana etown,
	pue *		Usual Residenca of Decedent  10a. State 10b. County	10	c. City, Town or Lo	ocation				40	ad Appliedo Cito I I I I I I I
	e Maryla Sa-f sho	ctor	Maryland Prince G		o. Ony, 10477 of 20		anham				od. Inside City Limits 1  Yes 2 No
	h with th	ai Director	10e. Street and Number 6806 Elbrook Ro	ad		10f. Zip Code	20706		10g. Citizen of	What Count	ry?
	deat	Funeral	11. Marital Status	12. Was Decedent Ever Armed Forces?	in U,S. 13.	Was Decedent of I If Yes, specify Cub	Hispanic Origin?	(Specify Yes or No	- 14. Ra	ca - America	
020	ours aftar al', or He Examine	by	1 ☐ Never Married 2 💢 Married 3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 No If Yes, Give Year or Dates:		1 ☐ Yes 2000 No		onto raican, etc.)	Specif	ick, White, e by: $B1$	ack
Maryland 21215-0020	be filed within 72 hours after death with the Maryland ntal Hyglene.  Id other than "natural", or Nems 23s or 28s-f show event, the Medical Exeminer must be notified at	Completed	15. Decadent's Edu (Specify only highest grad Elementary/Secondary (0-12)	cation le completed) College (1-4or 5+) 2+	16e. Dece (Give life.	dent's Usual Occup kind of work done DO NOT use retire	during most of w d)	orking	16b. Kind of B	susiness/Ind	
0	Hygi Hygi ther	S	17. Father's Name (First, Middle, Last)	<u> </u>		Print		ame (First, Middle			ce
lan	d in b	To Be	Joseph Nathar	niel Moore	2		_	aby Ann			
37	nd M	-	19a. Informent's Name/Relationship (Ty			ng Address (Street					Code)
	and 2 aalth a n 27 is		Evadne Moore/Wi	fe		Elbrook					
re,	s 1 a of Haz ntem othe		20a. Method of Disposition	2	Ob. Placa of Dispo			Date	20c. Location		
timore,	Pagas nant of h int: If ite		1 Mag Buriel 2 □ Cremation 3 □ F 4 □ Donation 5 □ Other (Specify)			Memorial	-	7/12/97	Lando	ver,	Maryland
a	permit. Pagas 1 and 2 should Department of Health and Man Important: if Item 27 Is marks any Injury or other traumatic. once.		21. Signature of Funeral Service Licens			. Name and Addre					
m	80 E 8 8		Nanca A. Pe	reantie		J.B. Je	nkins Fu	meral Ho	me		3 00705
	Physician /Medical Examiner	L	23a. Part1. Enter the disease, or compleshook, or heart fallure. List only or Immediate Cause (Final disease or condition resulting in death)	Jutra	to (or as a corisec	he sho	f, such as cardi	1	rrest,		Approximate Interval Between Onset and Death
	ned neit	Examiner		b		9					
Ć,	icata be axecuted physician and s the burial-transit	Exai	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due	to (or as a conseq	juence of);				i	
68760,	a be rslcia a bur	edical	thet initiated events	Duo.	to (or as a conseq	uanaa afi:					
×	E 8 E	2	resulting In death) Lest	d	to (or as a conseq	derica or).					
. Bo	daath ca na attandii ed for use	Physician/	Part li. Other algnificant conditiona cor		t resulting In the u	nderlying cause giv	ven in Part I.	23b. Did	tobacco use co	ontribute to	the cause of death?
, P.O	that the ned by the s datach	by Phy						10	Yes 2□ No	3 Prob	ably 4 Unknow
Records,	The law requires that the death ca ata has been signed by the attendi page 2 should be detached for use	Completed b						24a. Wes	an autopsy ormed?	ava	re autopsy findings ilable prior to apietion of cause eeth?
8		ပိ						W.	Yes 2□No	1/2	Yes 2□ No
\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	ysician: Tha i s cartificata he diractor, paga	Be	25. Was case referred to medical examiner?	described.				eath (Check only	one)		
o	Physician: r this cartific rral diractor,	은	1 X Yes 2 No  27. Menner of Death		2 ER/Outpatien	I 3LI DOA		Home 5 Resi			)
on	ding h. Aftar fune	녆	1 □ Natural 5 □ Pending	28a. Date of Injury (Month, Day Yea	An in	Wo	rk? Yes 2 No	S. Ara C	how injury occur f SCo K	seff	7
Division of Vital	or Attandation of the order of	fica	3 Suicide 6 ☐ Could not be	28a Place of Injury		14.14	165 2/2/100	28f Location /	Street and Nymi	her or Rural	Poute Number
Ö	of or Attending F safter death I Director: After in the in by the funeri	Certification:	4 ☐ Homicide determined	28e. Placa of Injury - building, etc. (S)	becify)	,,, 011104		City or To	wn, State)	2926	Logok Rost
	Hospitu 24 hours Funera	edicai C	29a. Certifier (Check only one)  1 ☐ Certifying Physical Examination (Check only one)	alcian: To the best of my ner: On the basis of exal and manner stated.	knowledge, death	occurred at the tile vestigation, in my o	me, date and place	ca, end due to the curred at the time,	cause(s) end m date and placa,	anner as sta	ited. the cause(s)
	ro the	Me	29b. Signature end title of certifier	and mainer stated.		29c. Licens	se number		29d. Date signe	ed (Month, D	ay, Year)

eddress of person who completed cause of deatb(Item 23e) (Type, Print)

O.C.M.E.

JULY 08, 1997



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple. 22479

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Dev Year Philip J. Murphy 1997 July. /Medical 11:50 P.M. 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Gladys Spellman Nursing Center Cheverly Pr
If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
Months Deys Hours Min. (Month, Dey, Year) Prince George's 5. Sociel Security Number Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthday) **Funeral** XXM 2□F Director 175 14 1129 Yrs Sept. 4,1919 Pennsylvania Usuel Residenca of Decedent 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Yes 2 No Director Maryland | Prince George's Bowie the 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 238 15102 Nashua Lane 20716 Funeral United States items 2 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 11. Marital Status 14. Race - American Indien, Bleck, White, etc. permit. Peges 1 and 2 should be filed within 72 hours effer to Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "natural", or free any Injury or other traumatic event, the Medical Exercities and notes. XXYes 2□ No
If Yes, Give
Yeer or Dates: 41–45 1 ☐ Never Married 2 🕅 Married Baltimore, Maryland 21215-0020 1 ☐ Yes & No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Washington Elementery/Secondery (0-12) College (1-4or 5+) Terminal Co. Pipefitter 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be 2 John T. Murphy Margaret Delaney 19b. Mailing Address (Straat and Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) Gertrude I. Murphy 15102 Nashua Lane Bowie Maryland 20716 Wife 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) July 9, Date 1997 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Maryland Veterans Cemetery Crownsville Maryland 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility Robert E. Evans Funeral Home, Inc. Jans 16000 Annapolis Rd. Bowie Maryland 20715 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errast, shock, or heart feiture. List only one causa on each line. Approximate Intervel Between Onset end Deeth **Physician** /Medical Immediate Causa (Final RESPIRATORY disease or condition resulting in death) FAILURE Examiner Dua to (or es e consequence of): GUZHEIMERC'S DENCUTIA Exami Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Causa (Disaase or Injury that initiated avants resulting in death) Lest pue Due to (or as a consequence of): P.O. Box 68760. physician The law requires that the death certificate be Physician/Medical the Due to (or es e consequença of) for use es Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? signed by the 1 ☐ Yes 2 Probably 4 Unknown CORONARY AULCEL 3CR3CIO Records, þ 2 24b. Were eutopsy findings evelleble prior to completion of cause of death? Completed 24a. Wes en eutopsy performed? DIABETED page 2 s certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital the Hospital or Attending Physician: hin 24 hours effer death. 25. Wes case rafarrad to medical Be 26. Pieca of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 ☐ Rasidence 6 ☐ Other (Specify) Certification: To 1 Yes 28 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 28e. Dete of Injury (Month, Day Year) 27. Mennar of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Affer 5 Pending Investigation 1 Naturel s efter death.
I Director: Aft.
of in by the fur 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28a. Plece of Injury - At homa, farm, street, factory, office building, etc. (Spacify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 Homicide To the Funeral Director To the Medical 15 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, end due to the ceuse(s) end manner es stated.

2 Medical Examinar: On the bests of examination and/or invastigation, in my opinion, deeth occurred at the time, date end place, end due to the cause(s) end manner stated. 29a. Cartifier 29b. Signetura end title of cartifier 29c. License number 29d. Dete signed (Month, Day, Year) an must who mus MD D 34498 JUM 5, 1997 30. Name end eddress of person who completed causa of daeth (Item 23e) (Type, Print)

State Registrar

JUL 11 1997

DELA

HENRI

31. Dete filed (Month, Day, Year)

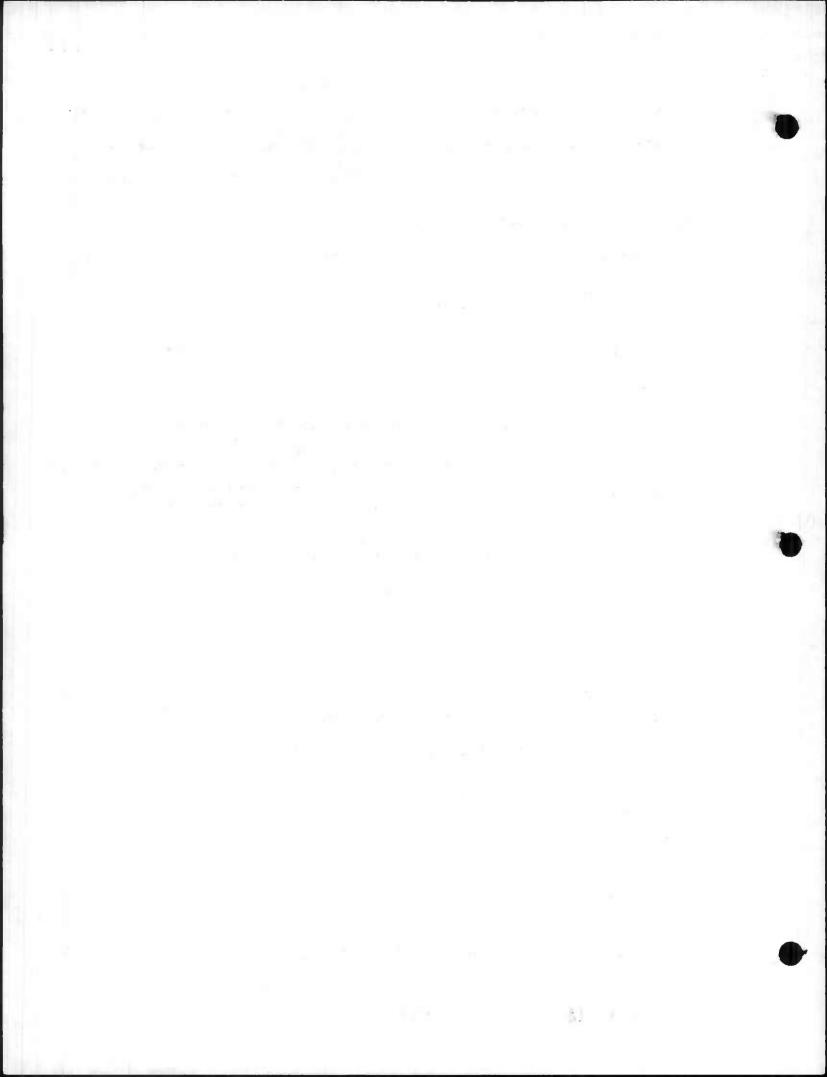
BAMME, M.D. 62. Registrer's Signature

4000

MITCHVILLE

RD.

BOWIE, MD.



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

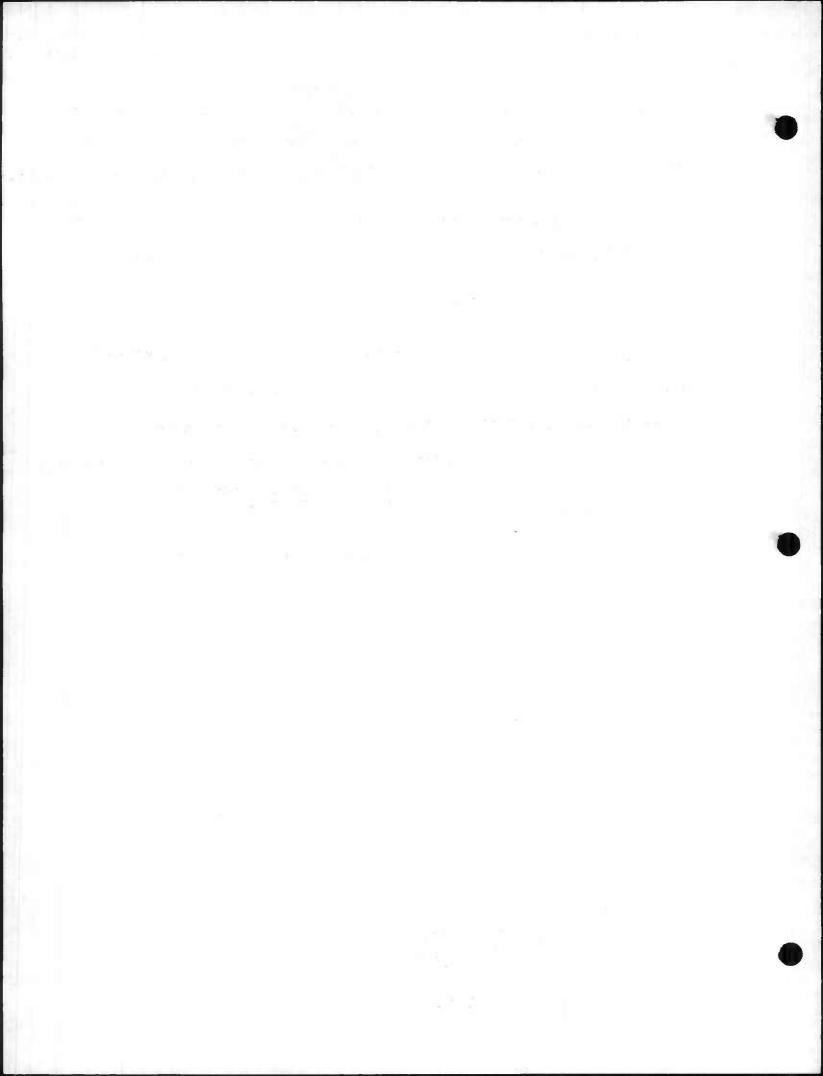
State of Maryland / Department of Health and Mental Hygiene

-				
9	9		0	0
/	/	L	8	11
Strains	See	7	V	U

		Certificate of Death Reg. No.											
	Physic /Medi		1. Decedent's Name (First, Middla, Li EARNEST		MC	MOR	LEY		2. Data of De Month	E 30, 198		3. Time of Death OG: 45AM	
	Exami		4a. Fecility Nema (If not institution, git	UITLAN	RO	SIA		4b. City, Town, or SUITL	Location of Daath			ORGES	
	Funeral Director	25	Social Security Number 6.	Sax 7. Ag	a (In yrs. las	-	if Undar 1 Year Months Days	If Undar 24 Hr	s. 8. Data of Birt	h v. Year)	9. Birthp	iace (Stete or Foraign try)	
	pug *		Usuel Rasidance of Decedant  10a. Stete 10b. County		10c City 1	Town or Loc	etion			,		Od. fnside City Limits	
	Marylan Show	ō		GEORGES			MARYLA	NID			'	1 ∑ Yes 2 □ No	
	r 28a	Director	10e. Street and Number	OBORODD	DOLL	ן מאאם	10f. Zip Coda	עואוט		10g. Citizen of V	What Coun	itry?	
	th wit		3901 SUITLAND	ROAD #30	)2					USZ	A		
020	thin 72 hours effer death with the Maryland 9. an "natural", or items 23e or 28s-f show Madical Examiner must be notified at	by Funeral	11. Marital Status  1 Navar Married 2 X Marriad 3 Widowed 4 Divorced	12. Was Decedent Armed Forcas? 12 Yas 2 1 If Yas, Giva Yaar or Datas:	lo		as Decedent of Yas, specify Cut		Spacify Yas or No- rto Rican, atc.)	Specify	e - Americ ck, Whita,	atc.	
21215-0020	within ane. then	Completed	15. Decedant's E (Specify only highast gr Elamentary/Sacondary (0-12) 12th	ducation ada completed) Coliaga (1-4or 5	+)		int's Usual Occu ind of work done O NOT usa ratire	pation during most of we	orking		rusiness/Industry		
g	be filed that Hygie d other event, th	BeC	17. Fathar's Name (First, Middla, Las	")				18. Mothar's Na	ıma (First, Middle,				
Maryland	should be nd Mantal marked o		ROBERT MOBLEY					VIOLA	LA BUFFERT				
Mar	U 0 0 6		19a. Informant's Name/Relationship						lura i Routa Numbe	Code)			
Baitimore,	other		THOMASINA MOBLI  20a. Mathod of Disposition  **D Burial 2 Cramation 3 Communic	Bamoval from State	20b. Plac	e of Disposi atary, crami	SUITLA ition (Nama of atory or other pla VETERA	ice)	SUITLAN Data	20c. Location -			
Saitir	permit. Page Depertment of important: If any injury or once.		4 □ Donation 5 □ Othar (Speci 21. Signatura of Funeral Sarvice Li	COLUMN TOTAL	A	22.	Name end Addr	ass of Facility	FUNERAL		HELTE	ENHAM, MD	
П	20159		Kalph	Well	ann	51	7 11th	STREET	FUNERAL	SVC			
	Physiclan /Medical Examiner	Examiner	Immediate Ceuse (Final disass or condition rasulting in death)	b	Dua to (or a	s a consequ	anca of):	VASCUU	YR DISEA	KE		Onsat and Death	
oʻ	an end		Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying		Dua to (or a:	s e consequ	anca or):						
BOX 68/60,	the death certificate be executed y the attending physician end sched for use as the buriel-transit	n/Medicai	Cause (Disease or Injury that initiated avents rasulting in deeth) Last  Due to (or as a consequence of):										
л Э		by Physician/I	Pert II. Other significant conditions of		ut not rasultir	ng in the und	darlying causa gi	van in Part I.	an in Part I. 23b. Did tobecco use c			the cause of death?	
or vital Records,	e law requires thet has been signed l ge 2 should be det	Completed I								an autopsy med?	ava	ara autopsy findings ailabla prior to mplation of cause daath?	
	T age								101	as 2 No	10	Yas 2□ No	
\ \ \		o Be	25. Was casa raferred to medical axaminar? 1 🗓 Yas 2 □ No	Hospital:		10-4-4	aC 504 Ot	hor	eth (Chack only o				
ion or	Attending Physic death.  actor: After this by the funeral d	ation: To	27. Manner of Death  1 Natural 5 Pending 2 Accident Invastigation	1 ☐ Inpatia 28a. Dete of Injui (Month, Day		VOutpatient Bb. Tima of injury	28c. Inju	4 Li Nursing		fanca 6 □Oth now injury occur		/)	
DIVISION	무용하다	Certification:	2 Accident 3 Suicida 6 Could not be datarmined 4 Homicida 6 Could not be datarmined 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Straat and Number or Rurel Ro										
	the Hospital	ledical	29a. Certifiar 1 Certifying Ph (Check only one) 2 Medical Example (Check only one)	nyaician: To the best of minar: On the basis of and mannar sta	axamination	dga, daath o and/or inve	occurred et the ti estigation, in my	ma, data and pied opinion, deeth occ	e, and dua to the curred at the tima,	causa(s) and ma date and place,	annar as st end due to	aled. the cause(s)	
)	(3)	M	29b. Signature and title of certifier	79All	2	me D	29c. Lican			JUNE			
11			30. Name and address of person who	combleted causa of de	V	3a) (Type, P	rint)	PITAL DI	PILE ON	a legal v	MANE	1997 CYLAND 20	
V	Sta	te	31. Dete filed (Morth Per Year)	A 32 Regist	s Signatur	a 200	( 103	114- 11	ave CH	willy	NA	- TLANIT LU	

DHMH 16 Rev 6/95

Registrar



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental HygieneQ

Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Data of Deeth 3. Time of Death Month **Physician** Leonard Μ. Nelson. July 5, 1997 11:05 PM /Medical 4a. Fecility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Brooke Grove Rehabilitation and Nursing Center Sandy Spring Montgomery 7. Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Data of Birth Months Deys Hours Min. June 14 5. Social Security Number Birthplace (Stata or Foreign Country) **Funeral** 10 M 2□ F 479-36-1756 Towa Director Usual Rasidence of Decedant the Maryland 10a. Stata 10b. Count 10c. City, Town or Location 10d. Insida City Limits 28a-fahow other traumstic event, the Medical Examiner must be notified at 1 Yas 2 No Directo Maryland Montgomery Brookeville 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 8 "natural", or items 23a pemit. Pages 1 and 2 should be filed within 72 hours after death a Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23a any injury or other traumatic event, the Medical Examiner must once. 20833 22611 Georgia Avenue United States Funeral 12. Wes Dacedant Ever in U,S. Armed Forces? 1∑Yas 2□No If Yes, Give Yaar or Datas: 14. Rece - Amarican Indian, Black, Whita, etc. Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puarto Rican, atc.) 1 □ Nevar Married 2 □ Married Baltimore, Maryland 21215-0020 1 Yas 2 No White Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working iifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grada completed) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) Collega (1-4or 5+) Manager/Sales Lumber Yards 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumeme) Be Calvin G. Nelson Hattie Harper 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Steta, Zip Code) Bryant W. Nelson / son 11102 Rock Road, Rockville, Maryland 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of camatary, cramatory or other piece) 20c. Location - City or Town, Steta 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 7-6-97 Beltsville, Maryland Chesapeake Crematory 21. Signeture of Funaral Sarvica Licansee 22. Neme end Address of Facility Rapp Funeral Services, P.A. 933 Gist Avenue, Silver Spring, Maryland 20910 23a. Part1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onset and Deeth **Physician** /Medical Immediata Cause (Finel Aspiration Pneumonia disease or condition rasulting in death) hours Examiner Due to (or es a consequanca of): Examiner Dysphagia days physician and s the burial-transit requires that the death certificate be executed Sequentielly list conditions, if any, leading to immadiata cause. Entar Undarlying Couse (Disease or Injury that Initiated evants resulting In daeth) Lest Dua to (or as e consequence of): Records, P.O. Box 68760. Small Cell Cancer of the Lung one year Physician/Medical Dua to (or as e consequence of) signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part i. 23b. Did tobacco use contributs to the cause of death? 1 No 3 Probably 4 Unknown by been si 24b. Ware autopsy findings eveilable prior to completion of cause of death? 24a. Was an eutopsy performed? Completed page 2 s 1 Yas 2 No 1 ☐ Yas 2 No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death. director. Be 25. Was case referred to medical axaminar? 26. Pleca of Death (Check only ona) Hospital: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Daath 28a. Deta of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury at Work? After 1 Natural
2 Accident 5 Panding Invastigation after death. 1 ☐ Yes 2 ☐ No In by the 3 Sulcida 6 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida within 24 hours aft To the Funeral Di completaly filled In Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as stated.

| Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29e. Certifian Medical 29b. Signature end titla of certifian 29c. License number 29d. Dete signed (Month, Dey, Year) STHAF 5 PHYSICIAN D42046 July 6, 1997 and address of person who completed cause of daeth (Itam 23a) (Type, Print) Grace Brooke Huffman, M.D., 18100 Slade School Road, Sandy Spring, Maryland 20860 UL 07 32. Registrar's Signatura State

Tulia Davidson

**DHMH 16 Rsv 6/95** 

Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day **Physician** Month July Nowalk :27 PM Hedden John /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** System Maryland Baltimore Medical Universit if Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7 - 2 Q - (97) 6. Sex If Under 1 Year 7. Age (In yrs. last birthday) Birthpiace (State or Foreign Country) 5. Social Security Number **Funeral** 1 M 2 F 64 150 26 4350 Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Director Severna 1 ☐ Yes 2 No mo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò Mckeon US Items 23e 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Tyes 2 No
If Yes, Give
Year or Dates:// 1 Never Married 2 MdMarried ò 21215-0020 1 ☐ Yes 2 ☐ Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced "natural', Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry permit. Pagas 1 and 2 should be filed within 7 Department of Health and Mental Hygiena. Ill mportant: If fem 27 is marked other than "na any injury or other traumatic even." (Specify only highest grade completed) College (1-4or 5+) Elementary/Secondary (0-12) QUALITY A-SSURANCE PRINTING 12 Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) NOWALK OHN MILDRED HEDDEN 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) DORO TITY SAME 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) CreMATURY 22. Name and Address of Fecility
BARRANCO 21. Signature of Funeral Service License AND SONS FENDRAL HOME 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Applications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,

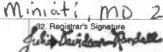
Applications that caused the deeth. 21146 Approximate Intervel Between Onset and Deeth **Physician** /Medical Immediete Cause (Final Decompensation diseese or condition resulting in death) 30 minutes Examiner Physician/Medical Examiner Unknown The law requires that the death certificate be axecuted Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of) Box 68760, tha Due to (or es e consequence of) Dystunction P.O. I Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 ☐ Probably 4 ☑ Unknown Records, ò 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy 1 PYes 2 □ No 1 ☐ Yes 2 No of Vital or Attending Physician: 25. Was case referred to medical examiner? Certification: To Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 Dempatient 2 ER/Outpatient 3 DOA this 27. Manner of Death 1 P Natural 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred Aftar Division 5 Pending investigation daath. 1 ☐ Yes 2 ☐ No To the Hospital or Attendi within 24 hours after daath. To the Funeral Director; A 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) in by 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homleide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner as steled.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and menner stated. Medical complately (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

State Registrar

31. Date filed (Month, Day, Year) JUL 1 4 1997

Douglas



South Guenne St., Baltimure, MD21201

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

N.

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 22483

					Certifica	ite of Deat	h	Reg. No.		
Physi	ician	1. Decedant's Neme (First, Middla,		3			2. Data of	Death	Year	3. Tima of Deeth
/Me	dical	Fred Enrico				1 4 00	July		1997	9:00 p
Exan	niner	4a. Fecility Nama (If not institution,	Tronscalling to the			4b. City,	Town, or Location of D		ounty of Death	
Funera	al	Villa Rosa Nur  5. Social Sacurity Number		e (In yrs. last bir		er 1 Year If Und	chellville ar 24 Hrs. 8. Data of	Birth	nce Geo	rge's placa (Stata or Foreign ntry)
Directo		160-16-2944 Usual Rasidance of Dacedant	1⊠M 2□F	91	Yrs. Month:	s Deys Hour	Min. (Month)	Day, Year) 5, 1905		Italy
how I at		10a. State 10b. County		10c. City, Town	or Location				1	0d. Inside City Limits
Ba-f.	Director	Maryland Prince	George's	Upper 1	Marlbor	0				1 ☐ Yas 2 ☒ No
Nith II						lip Code		10g. Citiza	n of What Cour	ntry?
s 23	era	3001 Eton Drive	10 144 - December	5		0772	21110/0	Uni		ates
within 72 hours efter death with the Maryland liane. than "natural", or items 23a or 28a-f show the May call Examinat must be notified at	by Funeral	3.☐,Widowed 4 □ Divorced	12. Was Decedant Armed Forcas? d 1 Tas 25 if Yas, Giva Yaar or Dates:		If Yes, sp	ecify Cuban, Maxi	Origin? (Specify Yas or can, Puarto Rican, atc.) fy:		Raca - Amaric Black, Whita, pecify: Wh1	atc.
72 hc natur	eted	15. Decedent's (Specify only highast	Education grada complated)	16e.	Decedent's Us	uel Occupetion	ost of working	16b. Kind	of Business/In	dustry
filed within Hygiane. ther than "	Completed	Elemantary/Sacondary (0-12)	Collage (1-4or	5+)		rork dona during m usa ratired)		-0.0		
한수로 두			est)		Rai	lroad Wo	rker ther's Name <i>(First, Mid</i>	Rail		
0 0 0 A	Be G								urriama)	
	ဥ	Dominick Nardon  19e. Informant's Name/Reletionship		19b.	Mailing Addre		saria DeBla nberor Rurel Routa Nu		Town Stata Zin	(Code)
nd 2 lith a 27 is		Robert C. Nardo					Jpper Marlt			
- 9 5 5		20a, Mathod of Disposition		20b. Place of	Disposition (Ny, crematory or	ama of	Data		tion - City or To	
		1  Burial 2  Cramation 3 4  Donation 5  Other (Spe				Cemetery	7 5 07	Pro o m tra	w. Lear	
permit. Pag Department Important: h	once.	21. Signetura of Funaral Service Lie	серѕаа	FULL LI		and Addrass of Fa		_prent/	vood, Ma	aryrand
2053	8	Kular	S. Solas	(MOM)			uneral Home	-	26 1	1 00700
The same		23e. Pert1. The flux disease, or or shock, or haart fallure. List or	omplications that causag	tha daath. Do r	ot antar the mo	de of dying, such	g Rd., Bre	ntwood, y arrast,	, mary La	Approximata Interval Between
Physicia	_	Strong of Hadit January, Elector				1	1			Onsat and Deeth
/Medica	_	Immediate Ceuse (Finel diseasa or condition resulting In daath)		cule	Del	whope	twoii			
		resulting in caatil)	1 .	Due to (or as a	consequance of	h			1	
nsit	Examiner		<b>b</b>	whi	uhi	lin	١			
execu n end ial-tra	Exa	Sequantially list conditions, if any, leading to Immadiate causa. Entar Undarlying Causa (Disaase or Injury	1.	Due to (or es e	consaquance of	):	o. t. 0	0-		
requires that the death certificate be executed een signed by the attending physician end hould be datached for use as the bunal-transit		thet initiated events	c	mes	onsequence of	سا ۔ هنا		un	er.	
e as th	Medicai	rasulting in death) Lest		the officer	onsequenca or	Lle.	1 to	. Q: . C		
aath cer attendin for use			<b>d</b>	J		/	201 0 00	Cury		
daai he att	Physician/	Pert II. Other eignificant conditions	a contributing to death b	ut not rasulting In	the undarlying	causa givan in Pa	rt I. 23b. I	Old tobecco us	se contribute to	the cause of death?
that tha da ed by the a datached	Phy					-	1	□ Yes 2	No 3 Pro	bably 4 Unknown
as tha	Ď									
been si should	Completed							Vas an autopsy erformad?	av	ara autopsy findings ailebla prior to
S S C	dr.								of	mpletion of causa deeth?
							1	☐ Yas 2 🗙	No 1[	Yas 2□ No
Physician: this certific ral director,	Be	25. Was casa raferred to medical axaminar?	Hospital:			011	ca of Daath (Check or			
Phys this	5	1 Yas No 27. Mennar of Death	1 ☐ Inpatia 28a. Deta of Inju	nt 2 ER/Ou	tpatiant 3□ [ ima of	OA 4LY	Nursing Homa 5 R	lasidanca 6 [ be how Injury o		y)
ding th.	tou	Neturel 5 Pending invastigation	(Month, Da		njury M	28c. Injury at Work? 1 ☐ Yes 2		De now injury	Joodhad	
at or Attending P s after daath. it Director: After t of in by the funera	Certification:	3 Suicida 6 Could no 4 Homicida datamin	t ba	ury - At homa, fa			28f. Locatio	on (Straat and I Town, Stata)	Number or Rura	I Route Number,
To the Hospital or I within 24 hours after To the Funeral Direct Completely filled in b	edicai (	29a. Certifier (Check only one)  Check only 2 Madical Ex	Physicien: To the bast of taminer: On the basis of and manner sta	axamination and	, death occurre	d at tha tima, date n, in my opinion, d	end placa, and dua to eath occurred at tha tir	the ceuse(s) ar ne, data and p	nd manner as si laca, and dua to	lated. tha causa(s)
To the within 2 To the comple		20h Signature and title of cartifier		· law	) 2	9c. Licensa numbe	ır	29d. Date :	signad (Month,	6 W 2 V
	Σ	29b. Signatura and titla of certifiar			/	oc. Licerisa Humbe			organica (morning	Day, Yaar)
	>	29b. Signatura and tina of certinar		× 500		DIVI	56	7.	2/9	Day, Yaar)
12	)   2	1	no complated cause of d	aath (Itam 23a) (		D141	56	7.	2/9	7
(2)	)	30. Name and addrass of person with Ciro D. Making				D141	56 1,1plan	7.	2/9	7 ~ 4)

1 States

f

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 2 2 4 8 4 State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month BEATRICE V. NICELY JULY 5, 1997 3:31 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral**  Birthplace (State or Foreign Country) Days Hours 1 □ M 2 🛱 F Yrs. Director 232-01-4008 NOV. 3, 1910 W. VIRGINIA the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 28a-f sh Director 1 ☐ Yes 2 ☑ No MARYLAND MONTGOMERY SILVER SPRING 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? with r than "natural", or items 23s or the Medical Examiner must be 8505 SPRINGVALE ROAD 20905 UNITED STATES 12. Was Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 ☒ No Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours efter 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify: Àq Specify: 3 X Widowed 4 ☐ Divorced WHITE Completed 15. Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) I Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12 CLERICAL FEDERAL GOVERNMENT lith end Mental Hygie 27 is marked other i r traumetic event, is Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Peges 1 and 2 should be ANTONIO ROSANNA MINNIE CHIODO 19a. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) nt of Health e ROBERT NICELY, SON 4902 HERKIMER STREET, ANNANDALE, VIRGINIA 22003 Baltimore, other 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 M Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Pege Department of Important: If any Injury or once. 4 ☐ Donation 5 ☐ Other (Specify) FORT LINCOLN CEMETERY 7/10/97 BRENTWOOD, MARYLAND 21. Signature of Fureral Service L 22. Name and Address of Facility FORT LINCOLN FUNERAL HOME 3401 BLADENSBURG RD., BRENTWOOD, MD 20722 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical Immediete Cause (Final RUPTURED AORTIC ANEURYSM disease or condition resulting in death) Examiner Due to (or es e consequenca of) Examiner HYPERTENSION The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last buriel-tran Due to (or es e consequenca of): Physician/Medicai the Due to (or as e consequença of) P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably → Unknown Records, à 8 Completed 24a. Was an autopsy 24b. Were eutopsy findings available prior to completion of cause of death? has certificate 1 Yes 2 50NO 1 Yes 2 No of Vital Attending Physician: Be 25. Was case referred to medical 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes 2 No P 1 Donatient 2 ER/Outpatient 3 DOA this 27. Manner of Deeth 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how Injury occurred After Division 1 Naturel s efter des. 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide Hospital 24 hours Decrtifying Phyelcien: To the best of my knowledge, death occurred et the time, date and plece, end due to the cause(s) and menner es stated.

| Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifie Medicai To the Hosp within 24 hor To the Fune completely fi (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) July 06, 1997 Hullis 50300 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) ANTHONY, 11119 ROCKVILLE PIKE, ROCKVILLE, MD 20852 HOMAS

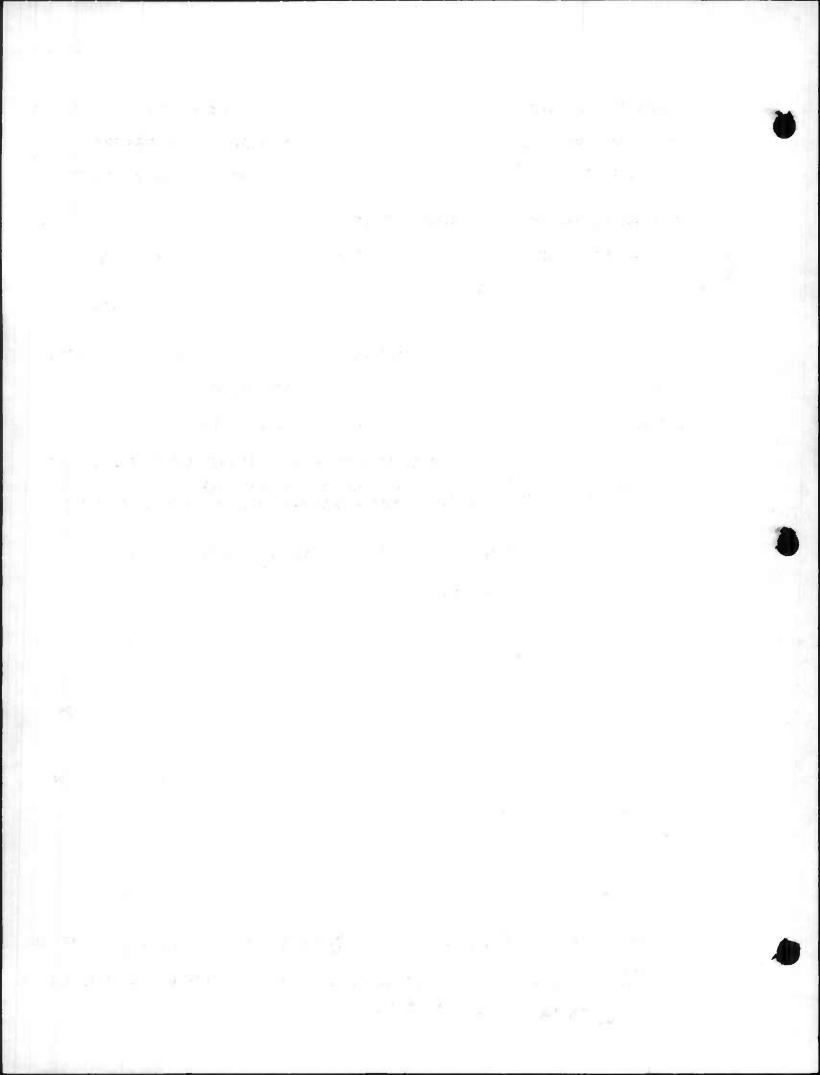
DHMH 16 Rev 6/95

State

Registrar

31. Date filed (Month, Day, Year)

JUL 09 1997



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 2 2 4 8 5

				State of Ma	aryiari	Certifi	cate of		Mental Hy	rgiene 🗸 / Reg. No.	£ (	40	J
	Dhoole	tau.	1. Decedent's Neme (First, Middle, Las	t)					2. Dete of D	eath	Vans	3. Time o	of Death
	Physic /Medi		BRENDA	N MATTHEW	I NA	ASH			Month JUN	Dey 25 199	Yeer 7	5:23	3 PM
	Exami		4e. Fecility Neme (If not institution, give	street and number)				4b. City, Town, or	Location of Dee				
			NATIONAL NAVA	L MEDICAL	CENT	ER		BETHE	SDA	М	ONTGO	MERY	
	Funeral	M	Sociel Security Number     6. Security Number		(In yrs.		Inder 1 Yeer			te of Birth 9. Birthplece (St. Country)			or Foreign
	Director		NONE	OXM 2□F	0	Yrs.	itiis Deys	2 20	JUNE	25, 1997		YLANI	
	* 2g		Usuel Residence of Decedent  10e. Steta 10b. County		100 Cit	y, Town or Location					Las		O1. 1.1.1.
	h the Marylan r 28a-f show inciffed st	2	VA 1821			1 05					10	od. Inside (	s 2XXNo
	N N N	Director	MARYLAND MONTGOM	ERY	SI	LVER SPR							> 2L1N0
	5 6		10e. Street end Number	DDIII		10	f. Zip Coda			10g. Citizen of \	Whet Count	.ry?	
	death with the Maryland irrs 23s or 28s-f show if man be notified at	Fra	12301 FEATHERWOOD			0 40 11/- 5	20904			USA			
21215-0020	J within 72 hours efter death with jiene. Jene. r than "netural", or items 23a or The Med cal Examiner must be	by Funeral	11. Maritei Stetus  1 XXever Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent I Armed Forces? 1 ☐ Yes 2 ☑ If Yes, Give Yeer or Detes:	ko		specify Cub	dispente Origin? (S an, Mexican, Puer Specify:	to Rican, etc.)	Specify	e - America ck, White, e		AN
2	72 ho	Completed	15. Decedent's Ed (Specify only highest great	ucation		16a. Decedent's	Usual Occup	eation during most of wo	dina	16b. Kind of Bu	usiness/Ind	ustry	
7	within lene. then	ple	Elementery/Secondary (0-12)	College (1-4or 5	+)	life. DO N	OT use retire	d)	rking				
	filed will Hygien the the the	S	NONE			NONE				NON	E		
2	be filed tai Hygi d other	Be	17. Fethar's Name (First, Middle, Last)						5.5	, Meiden Surnen	10)		
<u>X</u>	should be ind Mental marked o	2	MARK DEWAYNE NASH					ELIZ	ABETH SO	CHUTTA			
Jac	end end is m		19e. Informant's Neme/Reletionship (7	ype, Print)		19b. Mailing Ad	dress (Street	end Number or R	ure <i>i Route Num</i> t	er, City or Town,	Stete, Zip	Code)	
ď	1 end Health em 27 rther tr		MARK DEWAYNE NASH	- FATHER	1			WOOD DR.				2090	)4
altimore, Maryland	permit. Peges 1 en Department of Heal Important: If item 2 any Injury or other once.		20a. Method of Disposition  TXXBurial 2 Cremetion 3	Removel from State	20b. P	lece of Disposition emetery, cremetory	(Neme of or other ple	ce)	Dete	20c. Location -	City or Tov	wn, Stete	
E	ment:		4 ☐ Donetion 5 ☐ Other (Specify		ARL	INGTON N	ATIONA	L CEMETE	RY 7/2/9	7 ARLI	NGTON	, VA	
<u>a</u>	permit. Departrimports imports any inju		21. Signeture of Funeral Service Licens	999		22. Nen	ne end Addre	ess of Fecility					
מ	20.5 % 3		Fin D. M	Illian	15	DEM	AINE F KANDRI	UNERAL H		NC.			
			23a. Pert1. Enter the diseese, or comp shock, or haert feilure. List only	lications that caused	the deeth	n. Do not enter the	mode of dyi	ng, such es cardia	22314 c or respiretory	arrest,		Approxime interval Be	ete
	Physician /Medical Examiner	Jer	Immediate Ceuse (Final disease or condition resulting in deeth)	0		ETAL ANOM						Onset and	
	icete be executed physician and s the burial-transit	Examiner	Sequentially list conditions	b	Due to (o	r es e consequence	e of):						
)	an ar		Sequentially list conditions, if any, leading to immediata cause. Enter Underlying		,								
<b>58/6</b> 0,	ate be he bu	edicai	Ceuse (Diseese or Injury that initiated events resulting in death) Lest										
							1						
POX	deeth certifi e attending ed for use es	an		d									
	he at hed fo	Physician/M	Pert II. Other significant conditions co	ntributing to deeth bu	t not resu	ulting in the underly	ring cause giv	ven in Pert i.	23b. Dfd	tobacco use co	ntribute to	the cause	of death?
л Э	thet the de led by the a deteched t	Phy							1□	Yes 2□ No	3 Prob	ebly 4	Unknow
	8 5 8	by											
5	v require been si should	Completed							24e. Wes	en autopsy ormed?	ave	re eutopsy ilable prior	to
Q Q	2 S C	ple.									of d	nplation of leath?	cause
_	The ate h	NO.							10	Yes 2 No	10	Yes 2	] No
2	Physician: The Interpretation of the Interpr	Be	25. Wes case referred to medical examiner?					26. Piece of De	eth (Check only	one)			
		ို	1 ☐ Yes 2 ☒ No	Hospitel: 1 🕅 inpatie	nt 2 🗆	ER/Outpatient 3[	DOA Oth	ner: 4 I Nursing H	lome 5 ☐ Res	idance 8 □Oth	er (Specify	)	
	ding Ph h. After th funeral		27. Menner of Deeth 1 ☑Naturel 5 ☐ Pending	28a. Dete of Injur (Month, Dey	Year)	28b. Time of injury	28c. Injui	y at rk?	28d. Describe	how injury occur	red		
20	Attending it deeth. Sctor: After by the fune	atic	2 Accident invastigation			M		Yes 2 □ No					
	i or Attendafter deet Director:	Certification:	3 Suicide 6 Could not be 4 Homicida determined	28e. Place of Inju building, etc	ry - At ho (Specify	ome, ferm, street, fe	ectory, office			(Street and Numb wn, Stete)	er or Rural	Route Nur	mber,
-	To the Hospital or Attending Ph within 24 hours after deeth. To the Funeral Director: After th completely filled in by the funeral												
	P Fur letely	edical	(Check only 2 Medical Exami	plnion, deeth occu	irred et the time,	data end piece,	end due to	the cause(	(s)				
	omple omple	S S	29b. Signetyra end title of certifier	se number	29d. Dete signed (Month, Day, Year)								
	F S F O		D// //		D-44634								
	(3)	30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)						06/27/97					
	8		//		eun (item	ı∠se) (Type, Print)			AVAL MEDICAL CENTER 0 20889-5600				
	Sta	to	J. GREENWALD, CDR, 31. Dete filed (Month, Dey, Yaer)	32. Registre	r's Signal	ture	DEI	INESDA ML	/ 2000Y-	2000			
	Registr		JUL 07 19	97 She	Much	workand W							

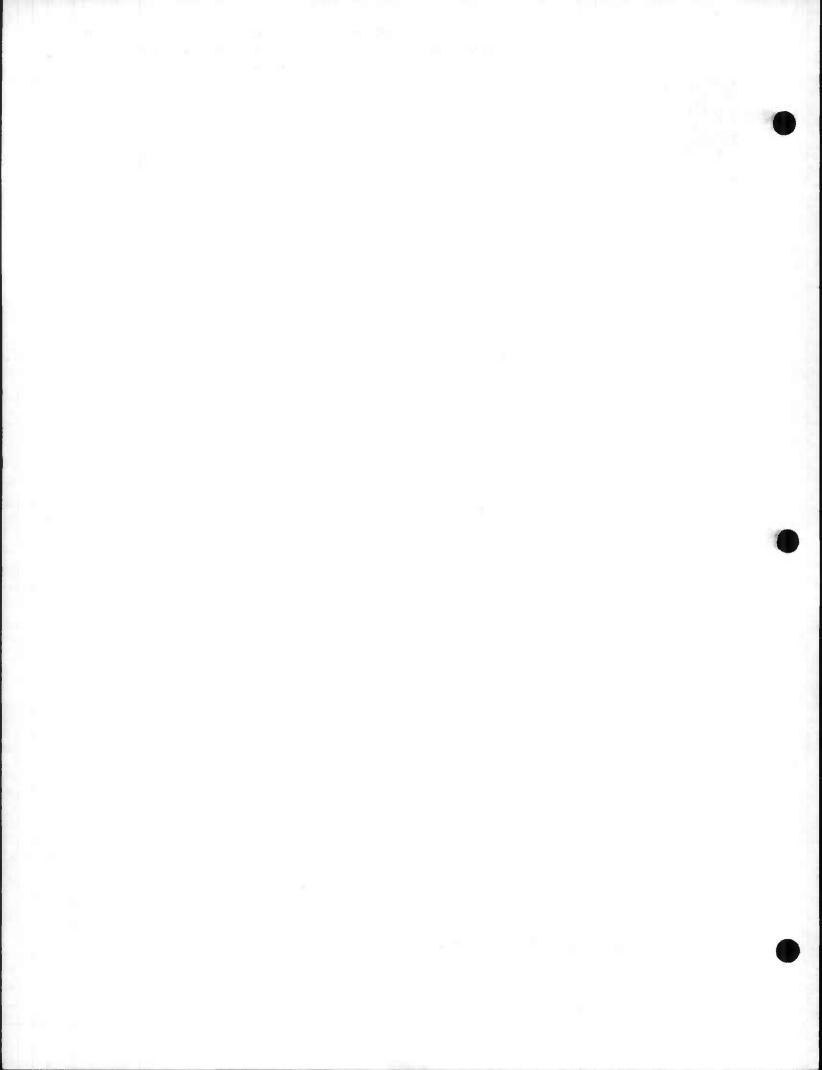
a serious see the second of

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 3 Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Tima of Daath **Physician** July 1997 3 Barbara Lohmann 0de 11 5:00 AM /Medical 4a. Facility Neme (If not institution, giva street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth **Examiner** 7317 Columbia Avenue Montgomery Glen Echo If Under 1 Year If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthplaca (State or Foraign Country) **Funeral** 1□M 2XF Months Days 74 Yrs Director York 124-14-0421 New Usual Rasidence of Decedant with the Maryland 10a. State 10b. County 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylar Department of Health and Mantal Hygiene. Important: if item 27 is marked other than "natural; or items 23s or 23s-f show any injury or other traumatic event, the Moores Examiner must be nothed as once. 10d, Insida City Limits Director 1 X Yas 2 □ No Maryland Glen Echo Montgomery 10e. Street and Number 10f. Zip Code 10g, Citizan of What Country? United States 7317 Columbia Avenue 20812 Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, etc. 1 ☐ Navar Married 2 Married ☐ Yas 為(XNo Yas, Give Baltimore, Maryland 21215-0020 1 Yas 2 No þ Specify 3 ☐ Widowed 4 ☐ Divorced Yaar or Datas: white Completed 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collega (1-4or 5+) Own Home 12 6 Homemaker 17. Fether's Nema (First, Middla, Last) 18. Mother's Nama (First, Middla, Maidan Sumema) Be Charles Louis Lohmann Driscoll 2 Kathryn 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Harry I. Odell Same as 10 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, State 1XXBurlei 2 ☐ Cramation 3 ☐ Removal from Stata 7-7-97 Washington, DC 4 ☐ Donation 5 ☐ Othar (Spacify) Rock Creek Cemetery 21. Signature of Funaral Sarvica Licansaa Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20910 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onsat and Death Physician /Medical Immediata Causa (Finel disaasa or condition rasulting in deeth) Post necrotic cirrhosis Examiner Dua to (or as a consequence of): Physician/Medical Examiner Immunologic hepatitis The law requires that the deeth certificate be executed bunel-transit Sequantially list conditions, if any, leading to immadiata causa. Entar Undarfying Cause (Diseasa or Injury that Initiated evants rasulting in deeth) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, physicien the bune Dua to (or es a conseguança of): 80 use Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. be detached 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 Probably 4 Unknown Malnutrition by Completed 24a. Was an eutopsy 24b. Wara autopsy findings available prior to completion of causa of death? page 2 hes 1 Yas 2 XNo 1 Yas 2 No certificete or Attending Physician: director. Be 25. Wes casa rafarred to medical exeminar? 26. Placa of Daath (Check only ona) Hospital: 1 | Inpatiant 2 | ER/Outpatiant 3 | DOA Othar: 4□ Nursing Homa 5X Residence 6 □ Othar (Specify) 1 Yes 2 No Certification: To this funeral 27. Mapnar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred After 5 Panding invastigation 1 Natural To the Hospital or Attendi within 24 hours efter death. To the Funeral Director: A 1 Yas 2 No 2 Accidant the 6 Could not ba 3 ☐ Suicida 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) filled in by 4 ☐ HomicIda 29a. Certifian 1 🕻 Certifying Phyalcian: To tha bast of my knowledga, daath occurred at tha time, dete end piece, and dua to tha causa(s) and mannar as statad. Medical completely 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end manner stated. (Check only one) 29b. Signature end titla of certifier 29c. License number 29d. Deta signad (Month, Dey, Year) 15 D 07048 July 3, 1997 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print) D., 10215 Fernwood Road, #401, Bethesda, MD 20817-1184 Sidney J. Malawer, M. 2. Register scignature. Linda Pardson-Rindall

**DHMH 16 Rev 6/95** 

State Registrar



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple. 22487 State of Marvland / Department of Health and Mental Hygiene

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month MARTIN H. OLSTAD JULY 1997 10:50 PM 5, /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner COLLINGTON LIFE CARE MITCHELLVILLE PRINCE GEORGES 6. Sex 1**1** M 2□ F If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (in yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** Deys Hours Yrs. Director 060-07-0545 JULY 19,1904 NEW YORK Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. tnside City Limits 28a-f show the Medical Examiner must be notitied at Director 1 X Yes 2 □ No PRINCE GEORGES MITCHELLVILLE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6 Items 23a 10450 LOTTSFORD RD. #2015 20716 Funeral U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 11. Marital Status 72 hours efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 No Specify: by Specify: 3 Widowed 4 □ Divorced "natural", WHITE Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind ot Business/Industry nd Mental Hygiene. marked other than Elementary/Secondery (0-12) College (1-4or 5+) CO. PRESIDENT 5+ NIAGARA BLOWER CO. 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Peges 1 and 2 should be f nent of Health and Mental I int: If Item 27 is marked of MARTIN T. OLSTAD AAGOT JESSINE DOVING 19e. Intormant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) permit. Peges 1 end 2 s Department of Health er Important: If Item 27 Is any Injury or other trau once. MARTIN D. OLSTAD/SON 6118 GONDOLIER LN., NEW BERN, N.C. 28560 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 M Cremetion 3 ☐ Removel trom Stete 4 Donation 5 Other (Specify) CHAMBERS CREMATORY 7/7/97 RIVERDALE, MD. 21. Signeture of Funeral Service Licensee 22. Name end Address of Facility 20737 rused CHAMBERS FUNERAL HOMES, P.A., RIVERDALE, MD. M00091 23e. Part1. Enter the disease, or complication and caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart tailure. List only one out on each line. Approximete Intervel Betw Onset end De **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) Examine Due to (or as e consequence ot) Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Lest and Due to (or es e consequence ot) physician as the buriel-t P.O. Box 68760, Physician/Medical Due to (or es e consequence of): ettending for use es signed by the eld be detached for Pert II. Other elgnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23h. Dtd tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy tindings evelleble prior to completion of cause ot deeth? page 2 s certificete 1 ☐ Yes 2 No Division of Vital To the Hospital or Attanding Physician: within 24 hours efter death.

To the Funeral Director: After this certifical completely filled in by the funeral director, 25. Wes case reterred to medical exeminer? Be 26. Plece of Deeth (Check only one) 1 Yes No Other: 4 Wursing Home 5 Residence 6 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation Naturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28t. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 - Homicide 29a. Certifier edicai 🕊 Certifying Phyelclan: To the best ot my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner as steted. 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the cause(s) end manner stated. 29b. Signature and the ob 29c. License number 29d. Dete signed (Month, Dey, Yeer) 30. Name end eddress of person folio completed ceuse of deeth (Item 23e) (Type, Print) 60th COLLEGE PARK M) 89 // 60 th 32. Registray's Signeture State

Julia Davidson

Registrar

TO A STREET, S. C. 4 4 45 STATE OF THE PERSON NAMED IN THE PERSON the first of the f the state of the s and the street of the second of the street of the second o

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 1

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Dete of Deeth 3. Time of Deeth Dey Month **Physician** Christopher Todd Orsborne. Sr. Ju<sub>1</sub>y 1997 11:08 PM /Medical 4a. Facility Name (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner University of Maryland Shock Trauma Center Baltimore Baltimore If Under 24 Hrs. 8. Deta of Birth Hours Min. Sep. 20, 1958 Rentucky 5. Social Security Number If Under 1 Year 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign **Funeral** 1☑ M 2□ F 218-76-9784 38 **Director** Usual Residence of Decedent with the Maryland 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinar must be notified at 1 Yes 2 No Directo Maryland Montgomery Laytonsville 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? USA 7912 Briarheath Court 20882 death v Funeral 12. Was Decedent Ever In U.S. Armed Forcas? Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11 Meritel Status 14. Race - American Indian, Bleck. White, etc. 2 should be filled within 72 hours efter and Mental Hygiene. Is marked other than "natural", or its 1 ☐ Yes 2 🔯 No If Yes, Give Year or Dates: 1 ☐ Navar Marriad 257 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: þ White 3 Widowed 4 Divorced Completed 16e. Decedant's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Collega (1-4or 5+) Elamantary/Secondary (0-12) Law Enforcement Police Officer 17. Fether's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Maidan Sumame) Be Donald Orsborne Norma June Baker 2 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 20882 19e. Informent's Neme/Relationship (Type, Print) permit. Pages 1 and 2 sh Department of Health and Important: If item 27 is m any injury or other traum 8400 Hawkins Creamery Road, Gaithersburg, Maryland John G. Wood / Father-in-law 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town. State 1 Burial 2 ☐ Cremetion 3 ☐ Removel from State Gate of Heaven Cemetery 17/7/97 Silver Spring, Maryland 4 ☐ Donaffon 5 ☐ Other (Specify) 22. Name and Address of Facility Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland Walter The Land of Street Street Street Street Part1. Enter the disease of complications that causad the shock, or heart failure. List only one cause on each line complications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete interval Between Onset end Deeth Physician /Medical Immediate Cause (Final disease or condition resulting in death) Bilateral Basil Ganglia Infarcts 24 hours Examiner Due to (or es e consequance of): Examiner Pulmonary Contusions 72 hours ician and burial-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Dua to (or as a consequence of): Box 68760, 80 hours attending physician for use as the buria Motor Vehicle Accident certificate be Physician/Medical that initiated events resulting in death) Last Due to (or es a consequence of): deteched P.O. Pert II. Other eignificant conditions contributing to death but not resulting in tha underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Tyes 2K No 3 Probably 4 Unknown Division of Vital Records, þ 24e. Wes en eutopsy performed? 24b. Wara autopsy findings availabla prior to completion of causa of deeth? Completed peen hes 2 X No 1 Yes 2X No 25. Was case referred to medical exeminer? 26. Place of Death (Check only ona) Be Hospitel: 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 XYes 2 No 2 funeral 28a. Dete of Injury (Month, Dey Year) 28a. Dete of Injury (Month, Dey Year) June 28, 1997 8:15 27. Manner of Death 28d. Describe how injury occurred 28c. Injury et Work? Certification: After 5 Pending investigation ours after deal. 1 Naturel 1 Yas 2 No Motorcycle Accident 2 X Accident 6 Could not be detarmined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Frederick Rd. and 3 ☐ Suicide 28e. Plece of Injury - At home, farm, straat, factory, office building, etc. (Specify) 4 Homicida Roadway Hospital of 24 hours a Funerel D Triadelphia Rd. Howard County 12 Cartifying Physician: To the bast of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Exeminer: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one)

To the Vithin 2

32. Registraria Signature State who Davidson-Randell Registrar

30. Nema end address of person who complated cause of death (Item 23e) (Type, Print)

29b. Signature and title of certified

Eric Wellons

Shock Trauma Center, Baltimore, Maryland University of Maryland

29c. Licensa number

AT2438946.B23

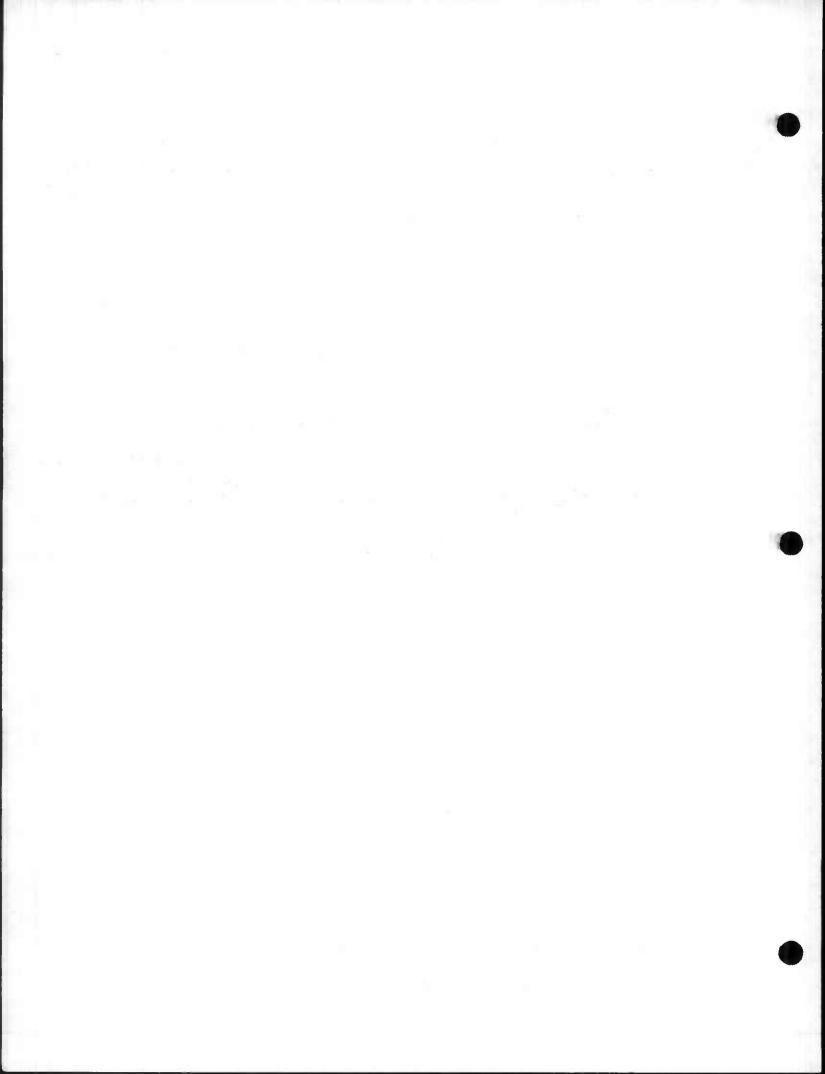
29d. Date signed (Month, Dey, Year)

July 2, 1997

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

			•	0	6	0	
State of Maryland / Department of Health and Mental Hygiene 9	1	6	_	2	1.1	8	
O and the second of Day and							

					Certif	icate of	Death		R	eg. No.			
		1. Decedent's Nama (First, Middle, Li	ast)		-				2. Deta of Dee	th		3. Time o	of Deeth
Physic		LEROY (NMI)	OSBORNE	7					Month	Day	Year	1:5	2 2
/Med		4e. Fecility Nama (If not institution, gi					4h City To	own orlo	JULY 8		y of Deeth		AM
Exam	iner	CARROLL COUNTY		אדווואד									
	_				16	Hadas 1 Van	WEST			CARR	_		
Funera Directo		162-28-0731	Sex 7. Aga 1X M 2□ F	(In yrs. lest bin		Undar 1 Yaar onths Deys		Min.	8. Date of Birth (Month, Dey AUG. 24)	Year)	9. Birthp Coun	lece (State try) Pa.	
20 8		Usual Rasidence of Decedent  10a. Steta 10b. County		10c. City, Town	os Looptis	0.0					Tai		Dh. 14. h
ehow	-	,				OII					11	0d. inside (	
98 M	Sc	MARYLAND CARROLI		TANEY	IOMN							1 1 10	s 2No
1 2 2 E	Director	10e. Straat and Number			1	10f. Zip Code			1	0g. Citizen of	Whet Coun	try?	
23a	<u>a</u>	3630 FRINGER ROAL	)				217	87			USA		
5-0020 72 hours effer death with the Marylend natural", or Items 23s or 28s-f show diest Examiner must be notified at	Funeral	11. Marital Status	12. Was Decedent Ev	er in U,S.	13. Was	Decedent of	Hispenic Or	igin? (Spe	ecify Yas or No- Rican, atc.)		ce - Amaric		
o in the contract of	3	1 Never Married 2 Married	Armed Forces? 1 ☐ Yas 2 ☑ No		_				Hican, atc.)		ick, White,	etc.	
72 hours eff	b	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give "> Yaar or Dates:		1 🗆	Yas ZNO	Specify.			Specif	y:	CASTA	N
2 ho	8	15. Decedent's E	ducation	16e.	Decedant'	's Usual Occu	petion			16b. Kind of B			7.4
	Completed	(Specify only highast gr	ade completed)		(Give kind	d of work done NOT use retire	during mos	t of worki	ing	INDUST		,	
with the same	E	Elemantery/Secondary (0-12)	Collage (1-4or 5+)		TT ED 9.	MACHIN	EDV TI	MCDEY	TIND OCTIV	INSURA		OMPAN	Y
filled within Hygiene. omt, trees		17. Fether's Nama (First, Middle, Lasi		(S DU	TLEKO	MACHIN			First, Middla, I			24 24 4 24 4	
Vian ould be Mentel arked o	Be		•							Maidon Garnor			
Maryland 212. d 2 should be filed within th end Mentel Hygiene. 7 Is marked other than traumatic event, traw	2	LESLIE	OSBORNE					RLOT		GHES			
2 sho end ls me		19e. Informent's Name/Ralationship	(Type, Print)	19b.	Mailing A	ddress (Stree	t end Numb	er or Rure	el Route Number	, City or Town	, State, Zip	Code)	
is 1 and 2 of Heelth item 27 I		ELAINE J. OSBORNE	WIFE			RINGER	ROAD	TAN	VEYTOWN.	MARYL	AND :	21787	
Ps 1		20a. Method of Disposition	7	20b. Piace of cematar	Disposition v. cremato	n (Neme of ary or other ple	ice)	1	Date	20c. Location	- City or To	wn, Steta	
Baltimore, semit. Pages 1 a Department of Hec mportant: If item iny lighty or othe		5 Buriel 2 □ Crametion 3 E 4 □ Donetion 5 □ Other (Speci						ן דעסיבויז	7/11/97	TANEYT	OUT TATUTE	MADVT	CITAK
Baltimo permit. Pages Depertment of Important: If i any Injury or once.		21. Signetura of Funerel Service Lice		51. 00		ame end Addr				-			MIND
Demi		011	. (1-1	1		and on a read.		'y 136	EAST B	ALTIMO	RE ST	REET	
		1. Kei	unfud	4		LES FU				TOWN . I	MARYL	AND 2	1787
		23a. Part1. Enter the diseasa, or con shock, or heart failure. List only	plication that caused to one cause on each line	daath. Do r	ot enter th	na moda of dy	ing, such es	cardiac o	or respiratory arr	ast,		Approxima Intervel Be	ite etween
Physician											1	Onset end	Deeth
/Medical	_	Immediata Ceuse (Finel disease or condition	Cerch	ral me	ta in	9 9 2 4						10/0	76
Examiner		resulting in death)	0	ue to (or es e								101	
	ě				•	,	110 2		0.014	<b>\</b>	1		
uted d ansit	Examiner	C	b. Adenoc				NKHO	WD	01071-				
exec n en	X	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury c.											
The Cords, P.O. Box 68/60,  The law requires that the death certificete be executed the has been signed by the ettending physician end page 2 should be detached for use as the buniel-transit		Cause (Diseese or Injury that initiated events	c										
phy:	Medical	resulting in deeth) Lest	Du	ue to (or as e c	onsequenc	ce of):							
certifice ding ph	Me		d								j		
BOX eath cer ettendir I for use	E		d.								1		
de e	Physician	Part II. Other aignificant conditions	contributing to death but	not rasulting in	the under	lying ceusa gi	van in Part	1.	23b. Did tobacco use contribute to the cause of death				of death?
that the de detached the	Ě						1□ Y	es 2 No	3 Prob	ably 42	Unknow		
es the igned be de	by												
HECOTOS, he law requires the hes been signed age 2 should be a	2								24e. Wes e	n eutopsy	24b. We	ere autopsy	findings
v require	Completed								perform	nad?	cor	npletion of	to
hes ye 2	5										of	daeth?	
	ပိ								1 □ Ye	s 2 No	1 🗆	Yes 2	] No
Of Vital I Physician: The rthis certificate and director, per	Be	25. Was case referred to madical exeminar?					26. Pleci	e of Death	(Check only on	e)			
OT VITAL Physician: T this certificat ral director, po	2	1 ☐ Yes ZONO	Hospitel: 1 Inpatiant	2 ER/Ou	tpetient 3	3□ DOA Ot	her: 4 🗆 N	ursing Ho	me 5 Reside	nce 6 Oti	her (Specify	')	
on o ding Ph h. After th funeral		27. Mennar of Death	28e. Deta of Injury (Month, Day)		ima of	28c. Inju Wo	ry et		28d. Dascribe ho	w Injury occu	rred		
nding lath.	atic	1 Naturel 5 ☐ Pending 2 ☐ Accident Invastigatio		, 00,7	njury I		Yes 2	No					
DIVISION  I or Attending after death.  Director: After din by the fune	E	3 Suicide 6 Could not b	Zoa. Flaca of Injury	y - At homa, fa	rm, streat,	factory, office			28f. Location (Street end Number or Rural Route Number,				
LIVISION Attend after death Director: d in by the	Certification:	4 ☐ Homicida Gaterrineo	building, atc.	(Specify)		•			City or Town	n, Stete)			
To the Hospital or within 24 hours aff To the Funeral Di completely filled in		29a. Certifier 1 Cartifying Pt	uniciam. To the best of		death are			1 -1					
Hos 24 h Fun tely	edical		nyeician: To the best of a miner: On the basis of e	xaminetion end	dor Investi	igation, in my	ma, date er opinion, dee	eth occurr	end due to the co ed et the time, d	eusa(s) and m ata end piece,	anner es st	the ceuse	(s)
within 2 To the comple	Mec		end mannar state	ed.									
o Yeil S o o		29b. Signature and title of certifiar				29c. Lican			2	9d. Date signe	ed (Month, L	Jay, Year)	
		1 (olard	luta MD			DI	715	0		JULY 9	, 1997	7	
		30. Nama end addrass of parson who	complated cause of daa	ith (Itam 23a) (	Type, Print	t)						-	
		ROLANDO VIETA					77777	N # 75 T	בתאת דעו	21002			
	ate	31. Deta filed (Month, Dey, Yaar)		YORK RO	עאט .	LUTHER	V TILLE,	MAR	TTAMU	21093			
Regist		1111	997 Wind	s Signature	211								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 1 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death 3. Time of Deeth Day **Physician** Month =14 e No Maria Fromcisca 5 Pu /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner 2103 Greenery Lane, #302 Silver Spring Montgomery If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) May 24, 1929 5. Social Security Number 9. Birthplace (Stete or Foreign Country)
El Salvador 7. Age (In yrs. lest birthday) **Funeral** 1□ M 2X F Yrs. 577-74-5613 68 Director Usuat Residence of Decedent the Maryland 10a State 10b. Count 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examinat must be notified at 1 Yes 2 No Director Washington, D.C. 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 3217 Connecticut Avenue, N.W., #67 20008 USA Funerai 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. e filed within 72 hours efter all Hygiene.
other than "natural", or flee 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married கூ Baltimore, Maryland 21215-0020 El Salvador þ 3 ☐ Widowed 4 ☐ Divorced Hispanic Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Collaga (1-4or 5+) Elamantary/Secondary (0-12) Nurse Medical permit. Pages 1 and 2 should be file Depertment of Health end Mental Hy Important: If item 27 is marked other any Injury or other traumatic event 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Jose Pena Luisa Pena Lo 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Maria E. Pena / Sister 2103 Greenery Lane, #302, Silver Spring, MD 20b. Place of Disposition (Neme of cemetary, cramatory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, State 1⊠ Burial 2 ☐ Cremetion 3 ☐ Removal from State Gate of Heaven Cemetery 7/8/97 Silver Spring, Maryland 4 □ Donation 5 Other (Specify) 21. Signature of Funeral Service Licenses Name end Address of Facility Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland Part . Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximete Interval Between Onset end Death **Physician** o cardial /Medical Immediate Cause (Final disease or condition resulting in death) 10 MINS Examiner Dua to (or as a consequenca of): Examiner sician end burief-trensit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants rasulting in death) Last Due to (or as e consequenca of): physician the burie Box 68760. certificate be Physician/Medical Due to (or es e consequence of): -Se signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records. þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed peed hes 1 Yes 2 No Division of Vital 25. Was case referred to medical Be 26. Place of Death (Check only one) examiner? Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2□ No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) funeral 27. Manner of Death ne Hospital or Attending P n 24 hours efter death. ne Funeral Director: After t Certification: 28c. injury at Work? 28d. Describe how injury occurred After Natural 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be datarmined 3 ☐ Sulcide 28f. Location (Streat and Number or Rurel Route Number, City or Town, State) Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicida 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Substituting Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) To the I within 2 To the F complet 29b. Signeture and title of cartifiar 10 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) auber 3218 John

32. Registrar's Signature

Fulia Davidson

-Randelle

State Registrar Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 3 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month HJORdis 6:45 PM 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Springbrook NURSing Center 12325 N.H. Ave Montgonery 7. Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Silver 5. Social Security Number 6. Sax Birthplace (Stata or Foreign Country) 1 M 2 F 87 Yrs. 360-14-7332 SWEDEN 1-22-10 Usual Residence of Dacedant 10b. County 10c. City, Town or Location 10d. Inside City Limits Yes 2 No MONTGOMERY SILVER SPRING 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 12325 New Hampshire Avenue 20904 U.S. A. 13. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puarto Rican, atc.) 12. Was Decedent Evar in U,S. Armed Forces? 11 Marital Status 14. Race - Amarican Indian. Biack, Whita, atc. 1 Never Married 2 Marriad 1 ☐ Yes 2 ☒ No If Yes, Give 1 ☐ Yes 2 ₺ No Specify: White Specify: 3₺ Widowed 4 Divorced Yaar or Dates 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education (Spacify only highest grade completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Swen Ebbeson Ida Sweenson 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Intormant's Name/Relationship (Type, Print) Keith Peterson -Son 4616 Edgefield Road Bethesda. MD 20b. Place of Disposition (Name of cemetery, crematory or other piace) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2X Cremation 3 ☐ Removal from State 7/3/97 Mount Comfort Crematory Alexandria, VA 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Addrass of Facility 21. Signature of Funeral Sarvice Licensea Joseph Gawler's Sons 5130 Wisc. Ave. N.W. Washington, D. C. 20016 Enfer the diseasa, or complications that caused the daath. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each lina. Approximate Interval Between Onset and Death tmmediate Cause (Final ENDUMETRIAL CARCINOMA disease or condition rasulting in death) Due to (or as a consequence ot): Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

**Physician** /Medical Examiner

nding physician and use es the bunel-transit

USB BS for u

signed by t d be detect

page 2 certificate has

this

Aftar t

Attending

deeth.

To the Hospital or Attendi within 24 hours after deeth. To the Funeral Director: A

in by the funeral

certificate be

Records, P.O. Box 68760.

Division of Vital

**Physician** 

/Medical

Examiner

10a. Stata

MD

Director

Funeral

à

Completed

Be

2

Examiner

Physician/Medical

þ

Completed

Be

P

Certification:

Medical

**Funeral** 

Director

d other than "natural", or items 23s or 28s-f show event, the Medical Examiner must be notified at

permit. Peges 1 and 2 should be filed within 72 hours efter Department of Health end Mental Hygiena. Important: if item 27 is marked other than "natural", or item any injury or other traumatic event. In Medical Ferrit

Baltimore, Maryland 21215-0020

deeth with the Marylend

Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Causa (Disease or Injury that Initiated events resulting In death) Last

24a. Was an autopsy performed?

24b. Were autopsy tindings available prior to completion of cause of daath?

1 Yes 2 No 26. Placa of Death (Check only one)

1 ☐ Yas 2 ☐ No

25. Was case referred to medical axaminar? 1 Yes 2 No 27. Manner of Death

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 5 Panding investigation

28b. Time of

28e. Place of Injury - At homa, farm, street, tactory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work? 1 Yas 2 No

28d. Describe how Injury occurred

29a. Certifier

Natural 2 Accident

3 Suicida

4 I Homicide

1 Certifying Physician: To the best of my knowledge, daath occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signatura and title of certifiar

S.M. NAYAR, MD

31. Date tiled (Month, Pay, Year)

29c. Licansa number D- 17874

29d. Data signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

42 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)

6 Could not be determined

COTTAGE CITY, MD

State Registrar

32. Ragistrar's Signature Fichia Davidson

3717 - 38

and the second of the second o

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7 2249

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** JULY 19'9"7 EDYTHE PLUMMER 5:25 A /Medical 4e. Fecility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner MONTGOMERY Shady Grove Nursing & Rehab Center Rockville 8. Data of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) If Under 1 Year Months Days If Undar 24 Hrs. Hours Min. 9. Birthplaca (Stata or Foraign Couptry) Maryland **Funeral** 1 M 2 XF ,1918 Director 214-36-3598 79 Usual Rasidance of Dacadant with the Manylend 10a Stata 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23e or 28e-f show traumatic event, the Magical Examiner cust be notified at 10d. Insida City Limits MD Montgomery Director Gaithersburg 1 ☐ Yes 2 ☐No 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? 9519 Stewarttown Road 20879 U.S.A. Funeral 12. Was Dacedant Ever In U,S. Armed Forcas? 1 ☐ Yes 2 Ā No If Yas, Giva Yaar or Dates: 14. Race - Amarican Indian, Black, White, atc. Was Decedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Mexicen, Puarto Rican, etc.) permit. Peges 1 and 2 should be filed within 72 hours after c Department of Health end Mental Hygiene. Important: if item 27 is marked other than "natural", or item sny injury or other traumatic event, the Mexical Exercises and 1 Navar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Black ò 3₺ Widowed 4 Divorced Completed Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) yrs Housewife None 17. Father's Neme (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Robert L. Prather Hester Claggett 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0879 19a. Informant's Name/Ralationship (Type, Print) Yvonne P. King (Daughter) 9519 Stewarttown Rd., Gaithersburg, 20b. Place of Disposition (Name of camatary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Steta Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Brooke Grove Ce,. 7/10/97 Laytonsville, MD 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nema and Addrass of Facility SNOWDEN FUNERAL HOME, P.A. Part 1. Enter the disease, or complications that caused tha daath. Do not enter the mode of dying, such as cerdiac or respiratory arrast, mock, or heart failure. List only one cause on each line. ROCKVILLE, MD Approximata Intarvel Between Onsat and Death **Physician** /Medical Immediata Causa (Final disaase or condition rasulting in daath) Examiner Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effect death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deteched for use as the bursel-trensit Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Diseese or Injury thet initieted avants resulting In daath) Last Due to (or es a consequence of) P.O. Box 68760, Physician/Medical Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 (Unknown Division of Vital Records. ò Completed 24b. Wara sutopsy findings evailabla prior to complation of causa of daath? 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yas 2 No Be 25. Was casa rafarrad to medical 26. Placa of Deeth (Check only ona) axaminar? Othar: Nursing Home 5 Rasidance 6 Other (Specify) Certification: To 1 ☐ Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Panding invastigation 1 Natural 1 Yas 2 No 2 Accident 3 Suicida 6 Could not be 28f. Location (Straet and Number or Rural Routa Number, City or Town, Stata) Place of Injury - At homa, ferm, street, factory, offica bullding, atc. (Spacify) 4 Homicida edical 29a. Certifian 1 Cartifying Physician: To the bast of my knowledge, death occurred et the time, dete and piece, end due to the cause(s) and menner as steted.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and manner stated. (Check only one) 29b. Signeture en 111 29c. License number D3579 29d. Data signed (Month, Dey, Yaar) 8 who completed ceusa of death (Itam 23a) (Type, Print)

32. Registrar's Signature

50, W. EDMONSTON DR. ROCKVILLE, MD

State Registrar Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 / Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Time of Death Dey Month Yae **Physician** Jose R. Pocasangre July 4 1997 1:45 AM /Medical 4a. Fecility Name (If not institution, give straet and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Prince George's Hospital Prince George's Cheverly If Under 1 Year If Under 24 Hrs. Hours Min. Social Security Number 6. Sax 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Yeer) Birthplece (Stete or Foreign Country) **Funeral** Months Devs 1 M 2 □ F Director 577-72-9794 El Salvador Dec.5,1925 Usual Residence of Decedent death with the Maryland 10a State 10h County 10c. City. Town or Location r than "natural", or items 23a or 28a-f show the Medical Examiner must be nutified at 10d. Insida City Limits Director 1 ☐ Yes 2 ☐ No Maryland | Prince George's Hyattsville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8133 15th Avenue #3 20783 U.S.A. Funeral 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian 11 Marital Status Bleck, White, etc. filed within 72 hours efter 1 ☐ Nevar Marriad 2 ☑ Married 1 ☐ Yes 2 ☑ No If Yes, Give 21215-0020 ı⊋Yes 2□No *Specify*Ël Salvadorian Specify by 3 Widowed 4 Divorced Year or Dates: White Completed 16a. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry nd Mental Hygiene. marked other than Elementary/Secondery (0-12) College (1-4or 5+) 12 Musician Entertainment Baltimore, Maryland permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If Item Z7 Is marked othe eny Injury or other treumatic event once. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Jose Contreras Clementina Pocasangre 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 8133 15th Avenue #3 Juana Pocasangre Hyattsville, Maryland 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 20e. Method of Disposition Date 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Gate of Heaven Cemetery 7/07/97 Silver Spring, Maryland 21. Signature of Funeral Service Licensee 22. Name and Addrass of Fecility Francis J. Collins Funeral Home, Inc. 500 University Blvd., W., Silver Spring, MD 20901 23a. Pert I Entar the disease of complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate tntervet Between Onset end Deeth Physician /Medical Immediate Ceuse (Final a Respiratory Failure disease or condition resulting in deeth) 6 Weeks Examiner Due to (or es e consequence of): Examiner Sepsis/Pneumonia 6 Weeks that the death certificate be executed -tran Sequentially list conditions, if any, leeding to immediate cause. Enter Undarlying Cause (Diseese or injury that initieted events resulting in death) Lest and Dua to (or as e consequence of): physician at s the bunal-t Box 68760, 7 Weeks c. Metastatic Cancer of Stomach Physician/Medical Due to (or es a consequence of) ettending for use es signed by the e P.O. Pert II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown þ Records, been si 24b. Were eutopsy findings eveitable prior to completion of ceuse of deeth? 24a. Was en eutopsy performed? Completed cete has pege 2 s 1 ☐ Yes 2 No 1 ☐ Yes 2 No certificete Division of Vital Attanding Physicien: director, 25. Wes cese referred to medical Be 26. Plece of Death (Check only one) Hospitel: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Date of tnjury (Month, Dey Year) funeral 27. Menner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? After 1 Naturel 5 Pending after death.

Diractor: Aft
d in by the fur 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Hospital or A
 24 hours after
 Funaral Dira 1월 Certifying Physictan: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner es steted.

2 Medicat Examtner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at tha time, dete and place, and dua to tha cause(s) and menner stated. Medical 29a. Certifier within 24 hor To the Funa completely fi (Check only one) 29b. Signatura and title of certifiar 29c. License number 29d. Date signed (Month, Dey, Year)

was byo

1997 32. Registers Signature

7305 Hanover Parkway Greenbelt, Maryland 20770

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Radman Mostaghim, M.D.

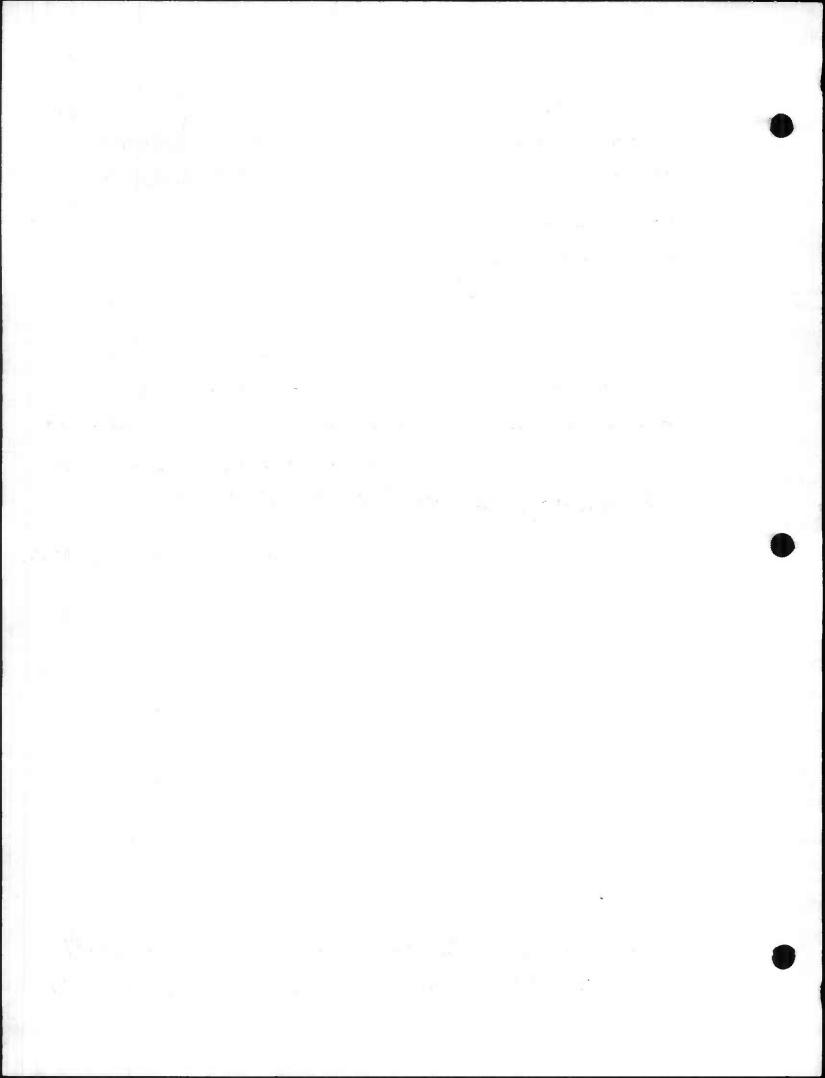
31. Date filed (Month, Day, Year) 7

3

State Registrar

## Please Type or Print in Black Indelible Ink. Assure All Copies Are segible 2 1, 9 4 State of Maryland / Department of Health and Mental Hygiene

						Cei	rtificate	e of	Death			Reg. No.				
		- 7	1. Decedent's Name (First, Middle, Las	st)							2. Dete of D	eeth	.,	3. Time	of Deeth	
4	Physici /Medic		Perry Mark Pat	terson							July	Day	Yeer 1997	9:00	P.M.	
)	Examir		4e. Facility Neme (If not institution, give street end number)  4b. City, Town,						wn, or L	ocation of Dee	th 4c.	County of Deeth				
			501 Old Robin	Hood Road					Aberd	een		Н	larford			
1	Funeral		Social Security Number     6. Security Number		e (fn yrs. lest i	birthday)	If Under Months		if Under Hours		8. Dete of B	irth	9. Birth	plece (Stere	or Foreign	
	Director		217-70-7394	<b>™</b> 2□ F	43	Yrs.	MOITIN	Deys	Hours	Min.	April	14, 1	954 Mar	yland		
	and **		Usuel Residence of Decedent  10e. Stete 10b. County		10c. City, To	wn or Lo	cation						1	10d. Inside (	City Limits	
	f ehc	٥	Maryland Harfor	ď		erdee									25No	
	with the Maryland a or 28a-f show be notified at	Director	10e. Street and Number		1100	a acc	10f. Zip	Code				10g Chiz	zen of What Cou	intry?		
	filed within 72 hours after death with the Maryland thygiene.  ther than "natural", or flems 23s or 28s-f show int, the Medical Examination number in the motified as		501 Old Robin Hoo	d Road				2100	1				S.A.			
	frems 2	Funeral	11. Maritel Stetus	12. Wes Decedent		13. \				gin? (Sp	ecify Yes or N		14. Rece - Amer	lcan Indien.		
0	or he	Fur	1 Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 🔂			f Yes, spec	ify Cub	en, Mexicar	, Puerto	Rican, etc.)		Bleck, White	etc.		
02	ar', o	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:			1 □ Yes 2	No No	Specify:				Specify: Whi	te		
21215-0020	72 hours "neturel",	Completed	15. Decedent's Ed (Specify only highest grad	ucation	16	e. Deced	tent's Usue	Occup	nation during mos	t of word	vin a	16b. Kin	nd of Business/i	ndustry		
21	within ene. than "	npie	Elementery/Secondery (0-12)	College (1-4or 5	5+)	life. L	DO NOT us	e retire	d)	t or work	ung					
2	ygien A th	S	12 5+ Engineering Psychologist U.S. Governme									ment				
pu	be filed ntel Hygid of other event,	Be	17. Fether's Neme (First, Middle, Last)								e (First, Middle					
yla	should be nd Mentel marked or umatic eve	2	Kenneth Howard								Eileen					
Maryland			19e. Informent's Name/Reletionship (7										Town, Stete, Z.			
	s 1 end 2 should I Health end Men tem 27 la marke other traumatic		Pamela Lyons (Sis	cer)					n koa	a, I			Marylan		54	
Ö			20e. Method of Disposition 1 □ Buriel 2 ☑ Cremetion 3 □	Removel from Stete	ceme	tery, cren	sition (Nem	her ple		1	Dete	20c. Loc	cation - City or 1	own, Stete		
Baltimore,	t. Partmer		4 □ Donetion 5 □ Other (Specify	1 1 1 1	R. A.						7/9/97	Wes	t Chest	er, PA	A	
Bai	permit. Page Department of Important: If any Injury or once.		21. Signature of Funeral Servica Licans	see	11				ss of Fecilit		eral Ho	me. P	Δ			
	0260		huseren	ulurg	16500						eral Ho 2100		9 .			
			23e. Perf. Enter the disease, or comp shock, or heart feilure. List only of	plieations thet cause one cause on eech	the deeth. Do	o not ente	er the mode	of dylr	ng, such es	cardiac	or respiretory	errest,		Approxime tntervel Be Onset end	ete etween	
	Physician			150	( 14	20.	.(0	A	1 ,,,	(11.1.	/	00,	100	Onset end	Death	
1	/Medical Examiner		Immediate Ceuse (Final disease or condition resulting in death)	· ADEN	OCAN	-4/	OUNCE	7 0	7 an	KNO	DN	riorn	corre	21 Mo	NTHS	
		Ē			Due to (or as											
	nsit	Examin	edical Examiner		b											
	ertificeta be executed ling physician end a as the burial-transit			Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	Due to (or es	e conseq	uence of):									
68760,	sicla buri	cai	Ceuse (Disease or Injury that initieted events	c	Due to fee as									_		
68	ifficet g phy as th	B	resulting in deeth) Lest	Due to (or es e consequence of):												
Box	eath certif ettending for usa a	Z		d												
ω.	death c e ettenc ad for us	icia	Pert II. Other significant conditions co	entributing to death b	ut not resulting	In the ur	nderlying ca	use air	en in Pert I		23h Dio	I tohacco i	usa coptribute	to the cause	of death?	
P.0	thet the death cer ed by the ettendin deteched for usa	Physician			- trot too armig		1001171119 00	auto gre					./	obably 4		
_	w requires thet been signed to should be dete	by F														
Records,	quire en sig	8									24e. We	s en eutop:	sy 24b. V	/ere eutopsy veileble prior	findings	
သို့		De									port	omiou :	C	ompletion of deeth?	cause	
æ	The la	Completed									10	Yes 2	9 No 1	☐ Yes 2□	] No	
Vital		Bec	25. Wes case referred to medical						26. Place	of Deet	th (Check only					
<b>†</b> \		To	examiner? 1 Yes 2 No	Hospitel: 1   Inpatie	ent 2 ER/0	Dutpetien	t 3 DO	A Oth	or:		/		Other (Spec	lfv)		
n of	ng Ph ter th neral		27. Manner of Death 1 Naturel 5 □ Pending	28a. Dete of Inju (Month, De	ry 28b	Time of	28	Bc. Injur Wor	y at	T	28d. Describe	how injury	y occurred			
Sio	Attending ir death. octor: After by the fune	atic	2 ☐ Accident investigetion		, , , , , ,	,,	М		Yes 2	No						
Division	or Att	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homlcide determined	28e. Plece of Injuding, etc	ury - At home, c. (Specify)	farm, stre	eet, fectory,	offica			28f. Location City or To	(Street and	d Number or Ru	ral Route Nur	n <i>ber</i> ,	
Ω	rel D															
	To the Hospital or Attending Phywithin 24 hours after death.  To the Funeral Director: After thi completely filled in by the funeral	edical	29a. Certifier 1 Certifying Phy (Check only 2 Madicat Exam	sician: To the best of iner: On the besis of	exemination a	ge, deeth	occurred a	in my o	me, dete en	d place, th occur	and due to the	ceuse(s)	end manner as plece, and due	stated. to the ceuse	's)	
	the the	Med	29b. Signatule and title of certified	and manner sta	sted /											
	N N N	- {	100 76	line	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	LI	290.	) Licens	se number 3ノつつ	/		11,10	e signed (Month	1997		
			John 1	www	0	-		0	111	2		July	1	' /		
	12		30. Normal and address of person who c	ompleted cause of d	eath (item 23e	(Type, I	Print)	762	- M	24	R /L	0.	EANS.	2104	7	
	-01		31. Date filed (Month, Dey, Year)	32 Dominto	ar's Signature			SA	usn	1	ma	rige	AND		1	
	Sta Registr		1111 9 1997	Sha Man	clear-Ran	tall										



**Examiner** 

**Director** 

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at

"natural", or

72 hours efter

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Year

3. Tima of Death

10:30AM

MICHELLE C. POWELL

Director

Funeral

by

Completed

Certificate of Death

1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** Month Michelle Atkinson Powell JULY /Medical

1997 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death

2206 HOPE CIRCLE WALDORF CHARLES If Undar 1 Yaar If Under 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** 

 Birthplaca (Stata or Foraign Country) 1□ M 2X F 214 08 7554 27 Feb 25,1970 Washington DO

Usual Rasidence of Decedant 10c. City, Town or Location 10b. County 10d. Insida City Limits

Maryland P.G. Clinton 1 Yas 2 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country?

5809 Terence Drive 20735 United States

12. Was Decedent Ever in U,S. Armed Forcas? Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) Reca - American In Black, White, atc. 1 ☐ Yas 2 ▼No If Yas, Giva Yaar or Dates: 1□ Yas 2 No Specify: Specify: Black 3 Widowad 4 Divorced

16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry FBI Federal Elamantary/Secondary (0-12) Collega (1-4or 5+) Government

Investigative Analyst Gover 17. Fathar's Nama (First, Middla, Last)

Gladys Houston 19a. Informant's Name/Ratationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda)

Gladys Watkins 5809 Terence Dr. Clinton, Maryland 20735

20b. Place of Disposition (Nama of July 18, 1997) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Removal from Stata 4 ☐ Donation 5 ☐ Othar (Spacify)

Lincoln Cemetery Suitland, Maryland 22. Nama and Addrass of Facility Lee Funeral Home, Inc 6633

Old Alexandria Ferry Road, Clinton, Md causad tha daath. Do not antar tha moda of dying, such as cardiac or respiretory errest, Approximata

Immediata Causa (Final disease or condition rasulting in death)

Dua to (or s a consequence of):

Sequantially list conditions, if any, leading to immadiata cause. Entar Undarlying Ceusa (Disaasa or Injury that in the lead of the lead o Dua to (or es a consaguance of):

that initiated avants rasulting in daath) Last Dua to (or as e consaquanca of):

Sinclair E. Atkinson

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

24e. Wes en eutopsy performad?

24b. Wara autopsy findings availabla prior to complation of causa of daath?

25. Was casa rafarrad to medical axaminar? 26. Placa of Death (Check only ona)

Hospital: 1 | Inpatianf | 2 | ER/Outpatiant | 3 | DOA Othar: 4 Nursing Home 5 Nasidance 6 Othar (Specify) 1K Yas 2 No

27. Mannar of Death 28b. Time of 28d. Dascribe how injury occurred 28a. Data of Injury (Month, Day Year) 28c. Injury at Work?

Injury UNK 1 Natural 5 Panding 1 Yes 2 No invastigation SF 2 Accidant Suicide

Could not be datarmined 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) Homicida 2206 Home

Certification: 29a. Certifian 1 Cartifying Physician: To tha best of my knowladga, daath occurrad at tha tima, data and place, and dua to tha causa(s) and mannar as stated.

2 Medical Examinar: On the besis of examination and/or invastigation, in my opinion, death occurred at the fime, date and place, and due to the causa(s) and manner stated.

29b. Signat 29c. License number 29d. Data signed (Month, Day, Year) O.C.M.E. JULY 12,1997

nd addrass of person who complated causa of daath (Itam 23a) (Type, Print)

ALON LO CKEL

111 Penn Street, Baltimore, Maryland 21201 h, Day, Year) 1997 State Manual or Randall Registrar

Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked other any Injury or other traumatic events

physician and s the buriel-transit Box 68760 P.O. signed by to peen page 2 s certificata funeral

**Physician** /Medical

Examiner

Examiner

Physician/Medicai

þ

Completed

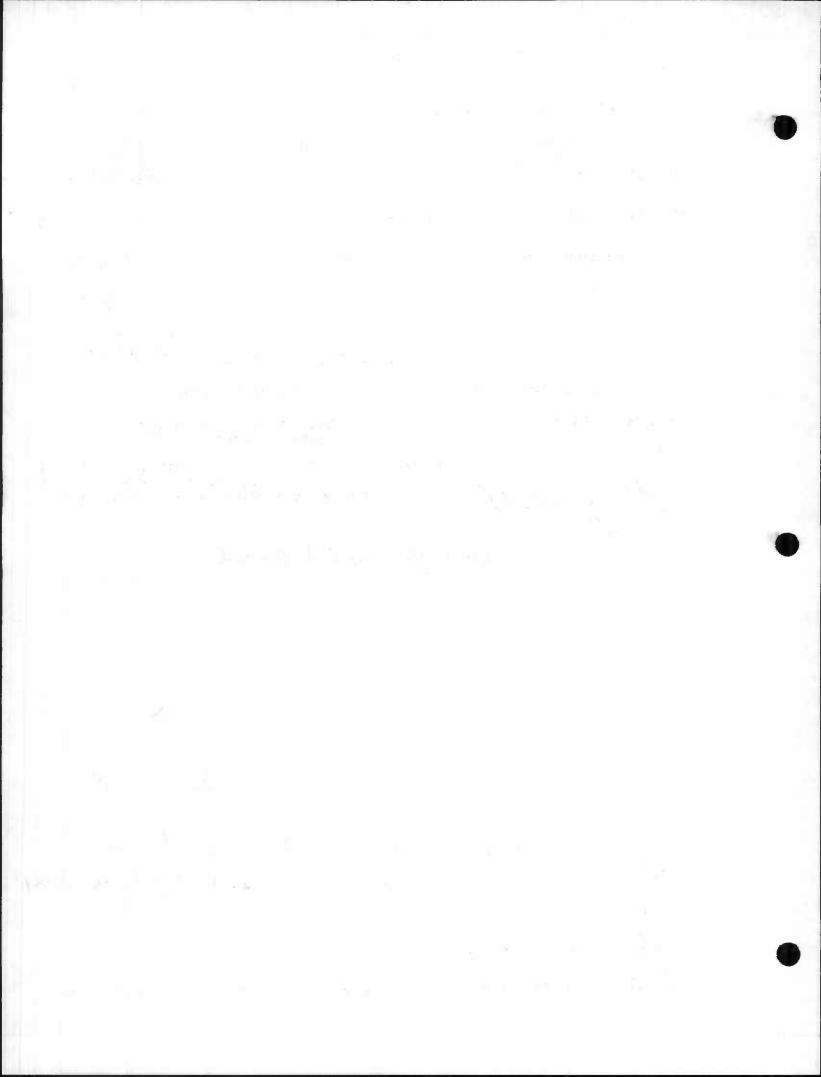
Be

Records, Division of Vital i or Attending Physician: efter death.

Director: After this certifica 24 hours e

Hospital

To the I



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible,

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2 Data of Death 3. Time of Death 12,1997 **Physician** JULY IRENE ELIZABETH PAUL 10:15PM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner PHYSICIANS MEMORIAL HOSPITAL LAPLATA CHARLES f Undar 24 Hrs. 8. Data of Birth (Month, Dey, Yaar) 5. Social Sacurity Number If Under 1 Year 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Dey, Year)

JULY 10, 1911 MARYLAND **Funeral** 1 M 2 N F Days Yrs. Director 86 578-34-4173 Usual Rasidanca of Dacedan the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 1 Yas 2 □ No Director MARYLAND CHARLES LAPLATA 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? USA 1 MAGNOLIA AVENUE 20646 Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: 13. Was Dacadant of Hispanic Origin? (Spacify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Biack, Whita, atc. 11. Marital Status 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: þ Specify: 3 Widowad 4 Divorcad WHITE Completed 15. Decedant's Education (Specify only highast grade complated) Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Businass/Industry i Hygiena. Elamentary/Secondary (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) egas 1 and 2 should be fill nt of Health and Mental H t: If item 27 Is marked oth Be NATHAN WILKERSON IRENE ELIZABETH WILKERSON 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 307 TAYLOR ST. FREDERICKSBURG VIRGINIA 22405 LEW E. PAUL, JR / SON permit. Pegas 1 a
Depertment of Hea
Important: If item;
any Injury or other 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) PETERS CHURCH CEM. 7-15-97 WALDORF, MARYLAND 21. Signature of Funaral Sarvica Licansaa hannon W. Hannes 22. Nama and Addrass of Facility THE HUNTT FUNERAL HOME, INC. M00798 SHANNON W. RAMIREZ P.O. BOX 156 WALDORF, MARYLAND 20604 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Onsat and Death **Physician** /Medical Immadiata Causa (Final diseasa or condition rasulting in daath) Examiner certificate be axecuted buriel-transit Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Cause (Diseasa or injury that initiated events rasulting in daath) Last end Dua to (or as a consequenca of): Records, P.O. Box 68760. physician Physician/Medical the Du to (or as consequenca of) 88 for u Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of deeth? à 4 Unknown 1 ☐ Yes 2 ☐ No 3 ☐ Probably signed l þ 24b. Wara autopsy findings available prior to completion of cause of deeth? Be Completed 24a. Was an eutopsy performed? has page 2 certificata 2 ZN 1 Yas 2 No Division of Vital To the Hospital or Attending Physician: 25. Was casa referred to medical 26. Pieca of Death (Check only one) Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) 2 1 🗌 Yas 1 Inpatiant 2 □ ER/Outpatient 3 □ DOA After this 27. Manuer of Daath 1 ☑ Natural 2 ☐ Accident 28b. Time of 28d. Dascribe how Injury occurred Certification: 28c. Injury et Work? 5 Pending invastigation within 24 hours after death.

To the Funeral Director: Af
complataly filled in by the fu 1 Tyes 6 Could not be determined 3 ☐ Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify) 4 Homleida Medical 29a. Cartifier Contitying Phyaicien: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred at the time, data and place, end due to the causa(s) and mannar stated. 29b. Sidnatura and titla of cartifiar 29c. Licansa numbar 29d. Data signad (Month, Ray, Year)

State Registrar

31. Data filed (Month, Day, Yaer) JUL15

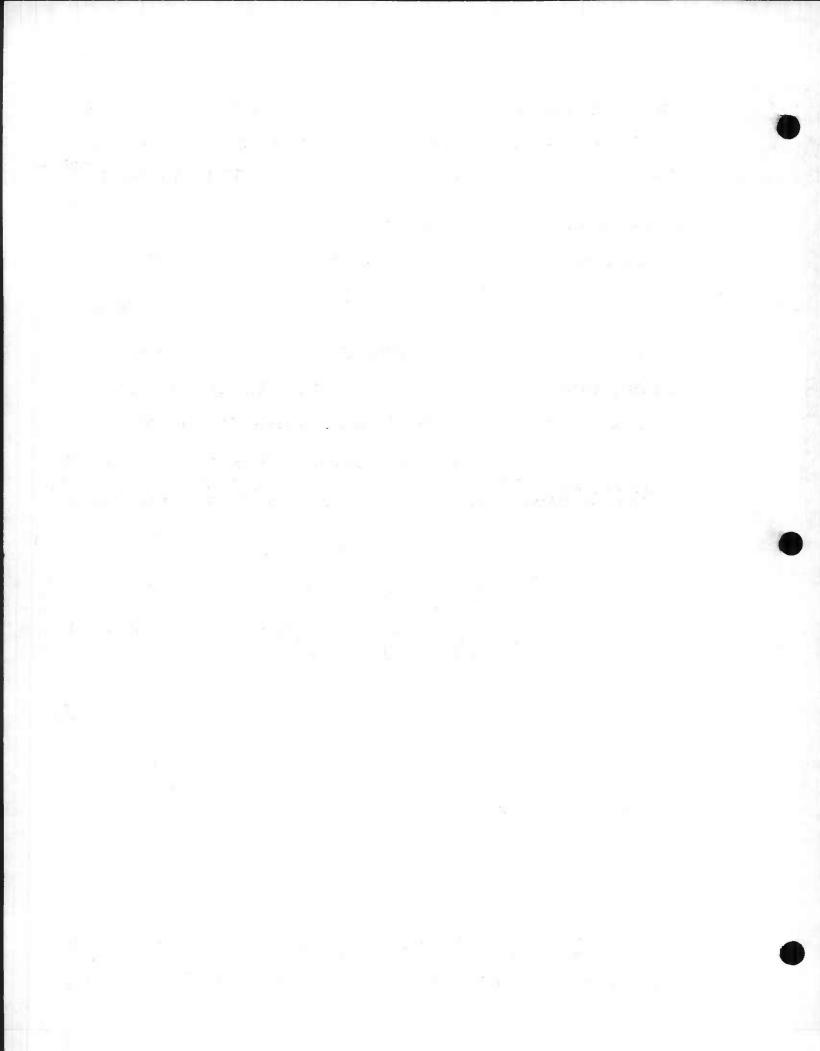
30. Name and eddrass of person who completed cause of daath (itam 23a) (Type, Print)

GEORGE WATHEN MD 11345 PEMBROOKE SQUARE 32. Ragistrar's Signatura

D - 20629

SUITE 103 WALDORF, MD 20603

RENE



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible

_	Type of the annual and the state of the Logistic Logistic		-
	State of Maryland / Department of Health and Mental Hygiene 97	221	19
	Cartificate of Dooth		

Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Tima of Deeth Month **Physician** HERBERT CHARLES PUSEY, SR. JULY 13,1997 11:30 AM /Medicai 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** MECHANICSVILLE
If Under 1 Year If Under 24 Hrs. 8. Date of Birth 30002 BARGER DRIVE ST.MARY'S 5. Sociel Security Number 7. Aga (In yrs. lest birthdey) 6. Sex 8. Date of Birth (Month, Day, Year) **Funeral** 1₽M 2□ F Months Deys Hours Min Yrs 69 Director 577-32-7823 APRIL 27,1928 MARYLAND Usuel Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location Itam 27 is marked other than "natural", or frams 23a or 28a-f ahow other traumatic event, the Modical Examiner must be notified at 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Director MARYLAND ST.MARY'S MECHANICSVILLE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 30002 BARGER DRIVE 20659 U.S.A. daath Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 11. Marital Status 12. Wes Decedent Ever In U,S. Armed Forcas? 14. Raca - Amarican Indian, pernit. Pages 1 and 2 should be filed within 72 hours after Department of Haalth and Mental Hygiene. Important: If Itam 27 is marked other than "netural", or its any Injury or other traumatic event, the Madical Exempton. Bleck, White, etc. 1 Types 2 No
If Yes, Give
Yeer or Detes: KOREA 1 ☐ Never Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: 3 ☐ Widowed 4 ☐ Divorcad WHITE Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) 10TH UPHOLSTERER SELF EMPLOYED 17. Father's Name (First, Middle, Last) 18. Mother's Nema (First, Middle, Meidan Sumama) Be 2 ROBERT PUSEY SOPHIE MARIE BECK 19e. tnformant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, State, Zip Code) SHARON D. PUSEY SAME AS #10 20b. Plece of Disposition (Nema of cametery, cremetory or other pleca) 20a. Method of Disposition Date 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) TRINITY MEM.GARDEN 7-16-97 WALDORF, MARYLAND 21. Signeture of Funerel Service Licensee 22. Nema and Addrass of Fecility RAYMOND FUNERAL SERVICE LA PLATA, MARYLAND 20646 23a. Pert1. Enter the disease, or complications that counted the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on the final. Approximata Interval Between Onset end Death **Physician** Immediete Ceuse (Final diseasa or condition resulting in deeth) /Medical Examiner Due to (or as e consequence of): Examiner tha attanding physician and hed for usa as tha burial-transit Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or Injury Due to (or as e consequence of): Division of Vital Records, P.O. Box 68760, requires that the death certificate be Physician/Medical that initieted events resulting in deeth) Last Due to (or as a consequence of). Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Dtd tobacco use contribute to the cause of death? datached Yes 2 No 3 Probably 4 Unknown þ 8 24b. Were eutopsy findings availabla prior to completion of causa of death? Completed 24e. Wes en eutopsy The 1 Yas 2 No certificata 1 ☐ Yas 2 ☐ No To the Hospital or Attending Physician: within 24 hours aftar death.

To the Funeral Director: Aftar this certifica complataly filled in by the funaral director, i 25. Wes case referred to medical examiner? Be 28. Plece of Death (Check only one) 1 Yes 2 No Hospitel: Other: 4 Nursing Home 5 Rasidenca 6 Other (Specify) 7 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. Injury et Work? Certification: 28d. Describe how Injury occurred 1 Netural 2 Accident 5 Pending Invastigetion 1 ☐ Yas 2 ☐ No 6 Could not be determined 3 ☐ Sulcide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) end menner es stated.

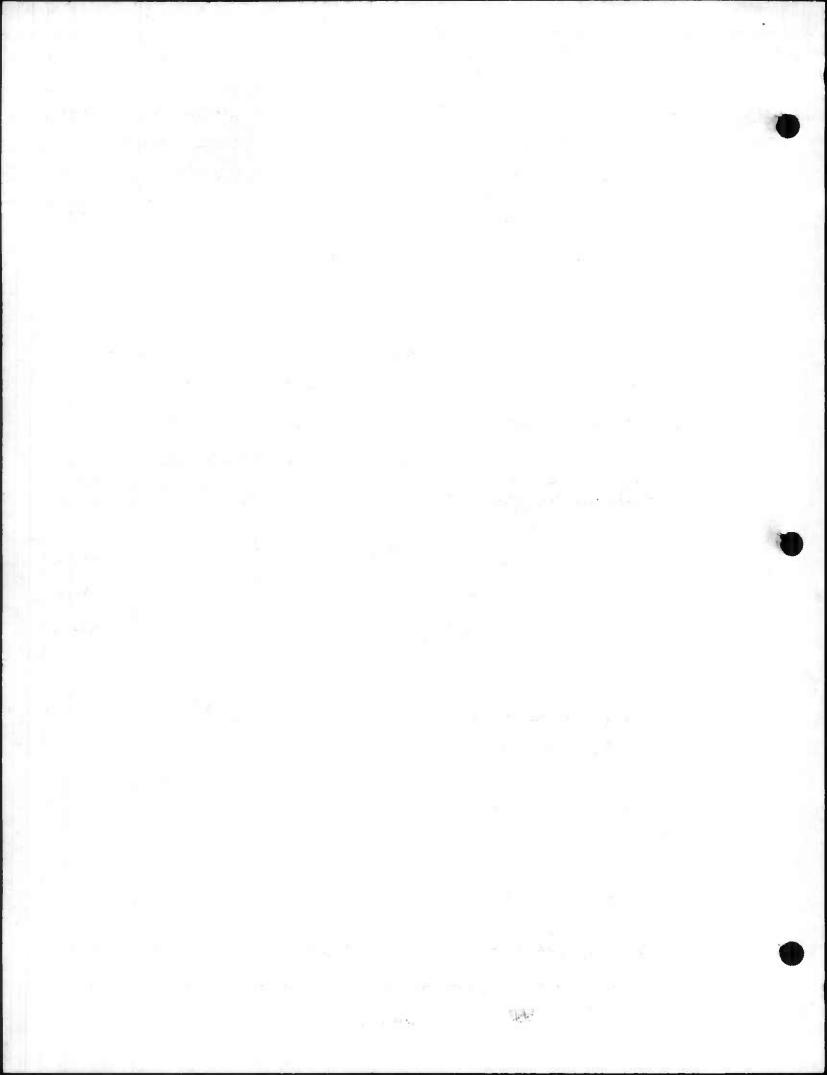
Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, deta and placa, end due to the cause(s) and menner stated. Medical (Check only 29b. Signeture end title of certifie 29c. License number 29d. Data signed (Month, Dey, Year) D33426 \_ 30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print) Larry Jenkins, Jr, M.D., PO Box 1724, LaPlata, MD 32. Registrer's Signature 31. Date filed (Month, Dey, Year) State JUL1 4 1997 Registrar

The second secon

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 22498

						Ce	rtificate	of L	Death			Reg. N	lo.		
Dhou	ololo		1. Decedent's Neme (First, Middle	, Last)							2. Data of De Month	eath		Vace	3. Time of Death
Phys	siciai edica	_	ELIZABETH		POO	LE					JULY		) ey 1997	Yeer 7	00:10
Exa		-	4e. Fecility Neme (If not institution	give street end nu	ımber)			4	b. City, Tow	n, or Lo	cation of Dee			of Deeth	00:10
			Calvert Memori	al Hospit	al			F	Prince	Fre	ederic	6	Calv	ert	
Funer	ral	7	5. Social Security Number	6. Sex	7. Age (In yrs. la	st birthday)	If Under 1 Y	'ear	If Under 2		8. Date of Bi (Month, D				plece (Stete or Foreig
Direct	_		235 38 0040 Usuel Residence of Decedent	1□M 2∏F	70	Yrs.	Months D	eys	Hours	Min.	Mar.	28, 1	927	Cou	t Virginia
Marylan f show		5	10e. State 10b. County Maryland	Calvert	10c. City,	Town or Lo		Lus	sby						10d. Inside City Limit
the 28s		Director	10a. Street end Number				10f. Zip Co					100.0	itizen of	Whet Cou	nin/?
th with 23s or			250 Laurel Driv	е					557			rog. c	USA	Wild Cou	wyr
des me		Funeral	11. Maritel Status	12. Wes Dec	edent Ever in U,S	6. 13.	Was Decedent If Yes, specify	of Hi	spenic Orlg	in? (Spe	cify Yes or No	o-		ck, White,	cen Indien,
filed within 72 hours efter death with the Manyland Hygiene. Hygiene the filed that "hetural", or items 23a or 28a-f show the transmitter man be notified as mit, tra Medical Examine must be notified as		þ	1 ☐ Never Married 2 ☐ Marri 3 ☑ Widowed 4 ☐ Divorced		2 X No ive		1 □ Yes 2 <b>X</b>		Specity:					whit	
d within 72 ho jiene. r then "netur the Wedical		Completed	15. Decedent	s Educetion		16a. Dece	dent's Usuel O	ccupa	ition			16b.		usiness/în	
hin "			(Specify only highes Elementary/Secondary (0-12)	T	1-4or 5+)	life.	kind of work d DO NOT usa re	one d atired	uring most )	ot workir	ng				
filed withir Hygiene. other than		0	12	- Conaga (	,	hous	sewife						own	home	
0 0 A		Be	17. Fether's Neme (First, Middle, L			_					(First, Middle		en Sumer	ne)	
should be nd Mentel marked o		0	Clarence C. Hug	nes					Estel	.la N	Mae Owe	ens			
and and	1		19e. Informent's Name/Reletionsh	ip (Type, Print)		19b. Mailir	ng Addrass (St	treet a	nd Number	or Rura	Route Numb	er, City	or Town	Stete, Zip	Code)
Health Health Hem 27 is			Debrah D. Robey	/ daught	cer	same	as # 1	0 a	above						
of Healt item 2	8	Ī	20a, Method of Disposition		20b. Ple	ace of Dispo	sition (Neme of	of			Deta	20c.	Location	- City or To	own, Stete
permit. Peges ' Depertment of H Important: If ite any injury or ot			1 ☐ Burial 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Othar (Sp		State					7-	20c. Location - City or Town, Stete -11-97 Alexandria, VA				
orta inju	4	+		75							ausch Funeral Home, P.A.				
De F	DUCE		▶ William	B. Th						nau					MD 20676
Physicia Physicia	an		23e. Pert1. Enter the disease, or shock, or haert failura. List of	complications that only one automotion a	caused the death. aach lina.	Do not ent	er the mode of	dying	, such es c	ardiac o	r respiretory e	errest,		1	Approximete Intervel Between Onsat end Death
/Medic	_		Immediata Ceuse (Finel	^	v n										,
Examin	er	-	resulting in deeth)	θ.	By to to	( )	Tolle					_			MANY
		ē					quance or):							1	1
d d ansit	1		Convention the that are distant	b			wanaa aft:								den)
exe on en riel-tr	i j	Ĭ	if eny, laading to immediate	_	, , ,		juditou dij.								
ertificate be executed ling physiclen end se es the buriel-transit	1	Sa	Ceuse (Disease or Injury that initiated events	с.											Years
mean phy s th	1	D	resulting in deeth) Lest		Delato (or s	as e conseq	uence or):								
0 2 2	1	2	): ·	d									_		
atte d for	5	<u> </u>	Dort II. Other elselficent condition	o contribution to d		i - i - at	adad tau asia		THE PARTY.		not Did	A . B			
y the	193	) ys					noenying caus	e give	en in Pert I.		A	-			
	Ö		conjective heart failure								1.2	12 Yes 2 No 3 Probably 4 Unkn			
8 50											240 18/00	an arri	onev	24h 1A/	ara eutopsy findings
	1	616	Amial	F. bull	ction									ev	eileble prior to mpletion of cause
sicien: The law certificete has b director, page 2 s	100	E I													daeth?
	disease or condition resulting in deeth)  Sequentially list conditions, if eny, leading to immediate course. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest  Due to (or es e consequence of):  Course (Disease or Injury that initiated events resulting in deeth) Lest  Due to (or as e consequence of):  Course (Disease or Injury that initiated events resulting in deeth) Lest  Due to (or as e consequence of):  Course (Disease or Injury that initiated events resulting in the underlying cause given in Pert I.  23b. Did tobacco  10c 10c 10c 10c 10c 10c 10c 10c 10c 10c	2 No	1[	☐ Yes 2☐ No											
Physician: this certific ral director,	å	מ	25. Wes casa rafarred to medical examinar?							of Daath	(Check only	one)			
200	F	2	1 ☐ Yas 2 ☐ No	Hospitel:	Inpatient 2 E	R/Outpetier		Otha	4 LI NUIT	sing Horr	ne 5 🗆 Resi	dence	6 □Oth	er (Specif	y)
After fune	Cortification.	STION:	27. Manner of Deeth  1 A Naturel 5 ☐ Pending 2 ☐ Accident investig	28a. Date (Mon		28b. Time of Injury			at ? ∕es 2 □ N		8d. Dascribe	how in	jury occur	red	
i or Attendit efter death. Director: A in by the fu	rtiffic		3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicida determin	e of Injury - At honing, etc. (Specify)	At home, ferm, street, factory, office					28f. Location (Street and Number or Rurel Route Number, City or Town, State)				al Route Number,	
To the Hospital or within 24 hours efter To the Funeral Director Completely filled in the			29e. Certifier 1 Certifying	Phyeician: To the	bast of my know	ledga, daati	occurred et th	ne tim	a, date and	plece, e	nd due to the	cause	(s) end ma	annar as s	tated.
ne Fine Plete	jedios		one) 2 Medical E	xaminer: On the band men	nar stated.	AT BUCKOF IN	vastigetion, in r	ну ор	milon, daath	occurre	eu et the time,	cata e	na piace,	ena due to	tna causa(s)
To t	2	2	29b. Signature end title of certifier	0			29c. Lk	cense	number			29d. D	ete signe	d (Month,	Day, Yaer)
			10	a	_		5	3 1	991				Tille	11.	1997
		-	30. Nama end eddrass of person w	the completed cour	se of death (Itam !	23a) (Tune		.) 8	1 7				2017	-11 ,	1.17
								_	1		0161	1 1 2		9	20
	Ctoto		31. Dete filed (Month, Day, Year)	30 5	Registrar's Signetu	170		,_P	KINUE	17/	EUCKI	CK	cur	30	V 13
Regi	State strar		JUL	1007	Jalia Da		0								
, legi	Struit			- 133/	Jana Wa	namore	adall					_			



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 2 2 4 9 9

Certificate of Death

Reg. No.

1. Dete of Deeth Month Day Year Movita E. Pickens

Novita E. Pickens

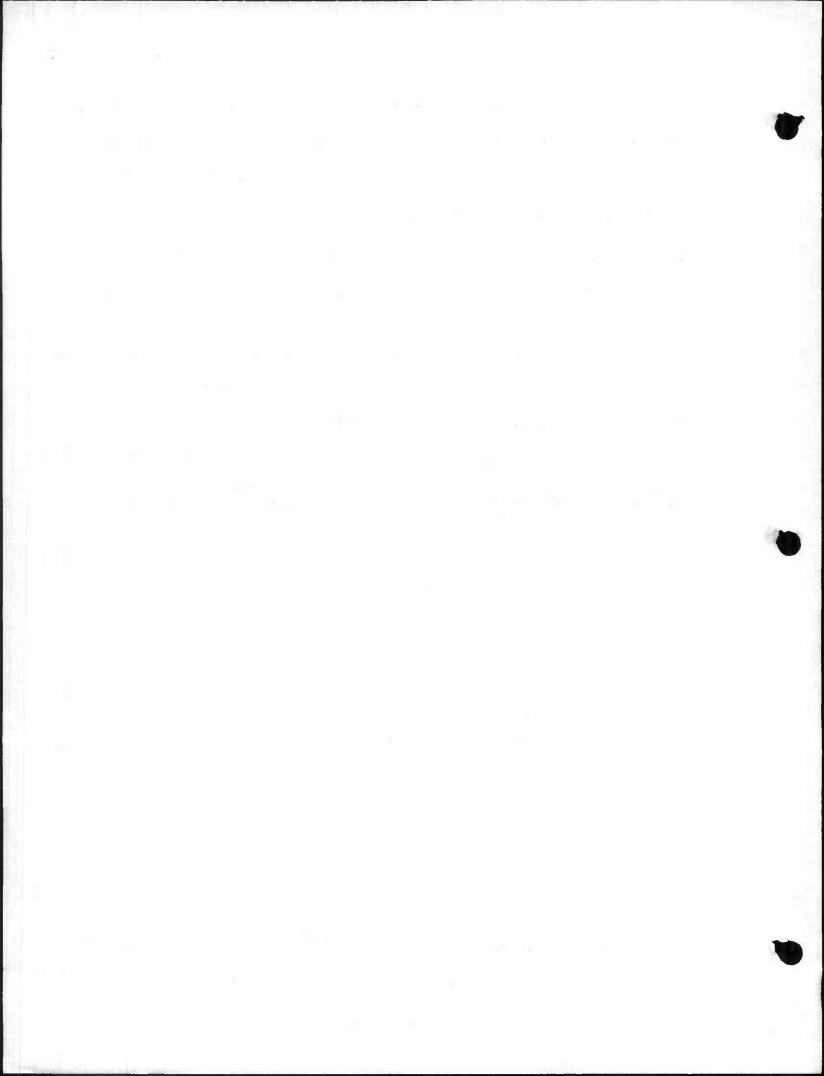
1. Oet 1997 11:04

Dhyoid	ion	Decedent's Neme (First, Middle, Las	1)				2. Dete of Dee	th Day	Year	3. Time of Deeth
Physic /Med			Movita E.	Pic	kens	,	July :		997	11:04 PM
Exami		4e. Fecility Name (If not institution, give	-consequences and			4b. City, Town, or	Location of Death	4c. County	of Deeth	
		Anne Arundel Medic				Annapoli		Anne		
Funera Director		5. Sociel Security Number  233-60-4683  Usual Residence of Decedent	7. Age (In ) ☐ M 2X F 57	yrs. lest birthday Yrs.	Months De			Year)	9. Birthple Countr Ohio	ace (State or Foreig Y)
the Maryland 28a-f ahow	tor	10a. Stete 10b. County Maryland Anne Arus		City, Town or Lavidson					100	d. Inside City Limit
r 28a	rec	10e. Street end Number			10f. Zip Code	9	1	0g. Citizen of V	Whet Countr	ry?
h with	a D	3488 Olympia Rd.			21035			USA		
s 1 and 2 should be filed within 72 hours after death with the Maryland of Health and Mental Hygiene. Item 27 is marked other than "neturel; or items 23a or 28a-f show other traumatic event, it a Medical Examinar insust to notified a	by Funeral Director	11. Maritel Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ever if Armed Forces?  1  Yes 2 No if Yes, Give	in U,S. 13.	Was Decedent of If Yes, specify C	of Hispenic Origin? (Suban, Mexican, Puer No Specify:	Specify Yes or No- to Ricen, etc.)	Blac	e - Americe ck, White, et w: White	tc.
ture	ed b	15. Decedent's Edi	Year or Detes:	16a Dec	edent's Usual Occ	cupation		16h Kind of Bu	isiness/Indi	ietny
within 72 iene. then "ne re medic	Completed	(Specify only highest gred	College (1-4or 5+)	(1-4or 5+) life. DO NOT use retired)						System
2 should be filed with and Mental Hygiene. Is marked other than aumatic event, its M	To Be C	17. Fether's Neme (First, Middle, Last)  Karl Ellcesso				- T	ce Anne Arundel Co.Sc me (First, Middle, Maiden Sumeme) Sharp			
and 2 should the and No. 27 is man	-	19e. informent's Name/Reletionship (7) Roger L. Pickens/I			ling Address <i>(Stre</i> e as ite	ent end Number or R	ural Route Number	City or Town,	Stete, Zip (	Code)
Page nent c int: If		20a. Method of Disposition  1 Burial 2 Cremetion 3 1  4 Donetin 5 Other (Specify,	Removel from State	cemetery, cre	oosition (Neme of ematory or other p itan Cre	ematory 7/		20c. Location -		vn, State Virginia
permit. Pag Department Important: Il any injury o		21. Signature of Funeral Service Licens	ales A	G	-	dress of Fecility Kalas Fu mons Isla			M.I	21027
Physician /Medical Examiner		23a. Fart1. Enter the disease, or comp shock, or heert failure. List only of Immediate Ceuse (Final disease or condition resulting in death)	- 1/	death. Do not er	Failure	dying, such es cerdla	c or respiretory err	est,		Approximate Intervel Between Onset end Death
ped sit	Examiner		Pulma	o (or es a conse	equence of): Odewa				2	hours
The law requires that the death certificate be executed at hes been signed by the ettending physician end page 2 should be deteched for use es the buriel-transit	clan/Medical Exa	Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Lest	c	o (or es e conse						
the ettend thed for us	/sician/	Pert ii. Other significant conditions co	o. ntributing to death but not	resulting in the	underlying ceuse	given in Pert i.	23b. Did to	bacco use co	ntribute to	the cause of deeth
that the d ed by the deteched	/ Physi	1 ympho	Ma				1 □ Y	es 2 No	3 Probe	abiy 4 Unknow
aw requires that is been signed i 2 should be det	Completed by	sp bone ma	ua vvow tvav	nsplau	+		24e. Was e perfor		evei	re eutopsy findings ileble prior to ipletion of cause eath?
The law ate hes page 2	E O						100	s 2 No	ula	Yes 2□ No
	Be	25. Wes cese referred to medicel exeminer?				26. Plece of De	eth (Check only on	e)		
2 00	To	1 ☐ Yes 2 No	Hospitel: 1 Inpatient	2 □ ER/Outpetie	ent 3 DOA	Other: 4 Nursing I	Home 5 ☐ Reside	ence 6 Oth	er (Specify)	
anding Pheath.  or: After the	Certification:	27. Menner of Deeth  1 Naturei 5 Pending 2 Accident Investigation	28d. Describe he	ow injury occur	red					
To the Hospital or Attanding Ph within 24 hours effer death. To the Funeral Director: Affer th completely filled in by the funeral		3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Injury - A building, etc. (Sp		treet, factory, offic	CO .	28f. Location (Si City or Town	reet end Numb n, Stete)	er or Rurel	Route Number,
To the Hospital within 24 hours To the Funerel completely filled	fedical	(Check only 2 Medical Exami	sician: To the best of my ner: On the basis of examend manner stated.				urred et the time, d	ate end place,	end due to t	the cause(s)
To To	Σ	29b. Signeture and title of certifier	il ino		29c. Lice	IQXZX	2	9d. Date signe	d (Month, D	ey, Yeer)

State Registrar

JUL 1 1 1997





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2 2 5 0 0 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Physician July 8, 1997 Isabell Palmer 11:33p.m. /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Washington Adventist Hospital Takoma Park Montgomery | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) | Min. | May 11, 1909 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral**  Birthplace (State or Foreign Country) 1□M 20 F Yrs. 578-38-8945 Director 88 Nova Scotia Usual Residence of Decedent "natural", or items 23a or 28a-f show edical Examiner must be notified at 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1X Yes 2 □ No Director Maryland Prince George's Mount Rainier 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20822 U.S.A. 3306 Shepard Street Funeral 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. 11. Maritai Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Pages 1 and 2 should be filed within 72 hours after onent of Health and Mental Hygiene.
Int: If Item 27 is marked other than "natural", or item ury or other traumatic event, the Mexical Exercinal 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married White 1 ☐ Yes 2 ☑ No Specify: þ 3 Widowed 4 □ Divorced Completed Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) Housewife Own Home 6 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be unknown Philippe LeBlanc 2 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8901 60th avenue, Berwyn Heights, Maryland 20740 Kathleen Ropko - Step daughter 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1X Burial 2 ☐ Cremation 3 ☐ Removel from State permit. Page Department of Important: If any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) 03/11/97Brentwood, Maryland Fort Lincoln Cemetery 21. Signature of Funeral Service License 22. Name end Address of Facility Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Maryland 20781 23a. Part1. Enter the dividese, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** Immediate Cause (Final diseese or condition resulting In death) /Medical BRAIN INFARCT - ACUTE **Examiner** Examiner ATHEROSCLEROTIC VASCULAR DISEASE • Hospital or Attending Physician: The law requires that the death certificate be executed 24 hours after death.
• Z4 hours after death.
• Funeral Director: After this certificate has been signed by the attending physician and leighly filled in by the intended director, page 2 should be deteched for use as the burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last Due to (or es a consequence of): Physician/Medicai Due to (or as e consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown ATRIAL FIBRILLATION by Completed 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24a. Was en autopsy performed? 1 Yes 2 No 1 TYes 2 □ No Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 12 Inpatient Certification: To 2 ER/Outpatient 3 DOA 27, Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) end menner as steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, end due to the cause(s) end manner stated. 29a. Certifier Medical To the Hosp within 24 ho To the Func completely ( (Check only 2 Medical E 29b. Signature and title of conflier 29c. License number 29d. Date signed (Month, Day, Year) D23177

the Maryland

death

21215-0020

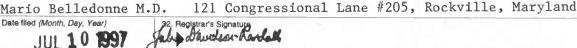
Baltimore, Maryland

P.O. Box 68760.

Records,

Division of Vital

31. Date filed (Month, Day, Year) State JUL 1 0 1997 Registrar



30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

